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Pennsylvania Insurance Department

2008 Pennsylvania CHIP and adultBasic Disenrollment Survey

Research Report

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Prepared by:

Brian Robertson, Ph.D.
Patrick Madden
Jason Maurice, Ph.D.

For more information about this report please contact:

Brian Robertson, Ph.D.
Director of Research
Market Decisions

75 Washington Avenue, Suite 206
Portland, Maine 04101

Phone: **(207) 767-6440 ext. 102**
Fax: **(207) 767-8158**
Email: **brianr@marketdecisions.com**

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I. Survey Methodology

The Sample

The 2008 Pennsylvania CHIP and adultBasic Disenrollment Survey was based on telephone interviews conducted between October 6, 2008 and November 12, 2008 among randomly selected households with a member who was enrolled in one of Pennsylvania's state health insurance programs but did not reenroll in the program.

The survey utilized a stratified sampling methodology. The sample was stratified by program (CHIP or adultBasic) and insurance provider (4 levels within adultBasic and 8 levels within CHIP). Independent samples were drawn for each stratum. The sample included a total of 12 sample strata each representing an insurance provider within the CHIP and adultBasic programs.

The sample of the telephone numbers called was based on a list of residents previously enrolled in CHIP or adultBasic but no longer enrolled. The sample was provided by the Pennsylvania Insurance Department.

When a working residential number was called, the disenrolled resident (adultBasic) or the guardian of the disenrolled child (CHIP) was identified and interviewed. The respondent was asked to provide information about their or their child's disenrollment in the state health insurance program. Up to fifteen attempts were made to contact and interview each selected household and identified respondent. The survey was administered in full to each respondent.

A proportion of the list provided by the Pennsylvania Health Insurance Department did not contain telephone numbers but did contain addresses. These residents were mailed a paper copy of the survey.

Data was obtained on 1,206 residents who were previously enrolled in CHIP (801) or adultBasic (405). The table below provides a summary for adultBasic and CHIP by provider.

Summary of Survey Completions by Provider

	Count	%
adultBasic Highmark	117	10%
adultBasic Independence Blue Cross	110	9%
adultBasic NEPA	119	10%
adultBasic UFHP of PA	59	5%
CHIP Aetna	113	9%
CHIP AmeriChoice	73	6%
CHIP Capital Blue Cross	114	9%
CHIP Highmark	114	9%
CHIP Independence Blue Cross	110	9%
CHIP NEPA	114	9%
CHIP UFHP of PA	113	9%
CHIP UPMC	50	4%
Total	1,206	100%

Sampling Error

The percentages reported for the entire sample are within plus or minus three percent. For example, if our survey showed that 50 percent of the sample felt they were no longer eligible for the state health insurance program, then the comparable figure for the population would be somewhere between 47 percent and 53 percent with a confidence level of 95 percent. Among the adultBasic respondents the sampling error is plus or minus five percent with 95 percent confidence. Among the CHIP respondents the sampling error is plus or minus 3.5 percent with 95 percent confidence.

Survey Design

The survey questionnaire that was used during the course of the 2008 Pennsylvania State Health Insurance Disenrollment Survey was developed in conjunction with the staff of the Pennsylvania Insurance Department.

The initial steps in the survey design focused on formulating the overall goals for the research and then defining specific research questions to address these goals. Market Decisions provided a draft survey instrument to the staff of the Pennsylvania Insurance Department for their review.

Based on feedback provided by the staff of the Pennsylvania Insurance Department, Dr. Robertson made revisions to the final version of the pretest survey instrument.

The basic topic areas of the 2008 survey gathered information from Pennsylvania residents in the following areas:

1. **Survey Lead-in Statement, Introduction**
2. **Verification of Disenrollment**
3. **Reasons for not maintaining enrollment (top of mind)**
4. **Specific reasons for not maintaining enrollment**
    a. **Other Coverage/Source**
    b. **Cost**
    c. **Income Eligibility**
    d. **Limited Coverage**
    e. **Availability of health care providers who accept state health insurance**
    f. **Ease of enrollment**
    g. **Quality of care**
    h. **CHIP/adultBasic customer service**
5. **Satisfaction with the program**
6. **Current insurance Coverage**
7. **Demographics**

A copy of the survey can be found in Appendix A.

Call Dispositions

A summary of call dispositions is provided in the table on page 4. A total of 7,288 telephone numbers were included in the sample. This includes 1,974 telephone numbers used to complete the 405 surveys among adultBasic respondents and 5,314 telephone numbers used to complete 801 survey among CHIP respondents.

Survey Response Rates

The overall response rate (AAPOR RR1) to the 2008 Pennsylvania CHIP and adultBasic Disenrollment Survey was 32 percent. A breakdown of response, cooperation, and refusal rates by program is provided below.

	Total	**adultBasic**	**CHIP**
Response Rate (AAPOR RR1)	32%	33%	31%
Respondent Cooperation Rate (AAPOR COOP1)	87%	86%	88%
Respondent Refusal Rate (AAPOR REF1)	2%	2%	2%

Summary of Call Dispositions

Final Disposition	Total	adultBasic	CHIP
Complete	1,206	405	801
Partial callback	5	1	4
Partial terminate	47	14	33
Soft household refusal	22	10	12
Soft respondent refusal	5	2	3
Hard household refusal	138	60	78
Hard respondent refusal	17	6	11
Hang-up	101	38	63
Schedule callback	107	44	63
No answer	277	79	198
Busy	83	46	37
Answer machine	1,352	415	937
Not available in time frame	42	17	25
Language barrier	154	34	120
Call blocking	12	1	11
Infirm	2	2	0
Contact only	42	8	34
Disconnected phone	1,869	371	1,498
Wrong number	689	155	534
Business	89	30	59
Other	263	61	202
Not a working number	1	0	1
No ring	250	59	191
Fax or modem	84	17	67
Pager, cell phone	50	14	36
Number has been changed	26	7	19
Temporarily out of service	78	14	64
Group quarters or institution	1	0	1
Not a permanent residence	5	3	2
Person is currently enrolled	213	44	169
No reason given for disenrolling	58	17	41
Total	7,288	1,974	5,314

Geographic Regions Included in Analysis

The demographic analysis provided in this summary report includes results broken out by geographic region. These regions were developed by examining the geographic distribution of counties, LMA's and MSA's. Counties were grouped into regions based upon inclusion in LMA's, MSA's and geographic proximity. These regional groupings provide a higher level of precision when presenting results and allow comparisons to be made between various parts of the state. The counties included in each region are summarized below.

Region	Counties
Erie	Erie
	Crawford
	Warren
	Mercer
	Venango
	Lawrence

Region	Counties
North Central	McKean
	Forest
	Elk
	Cameron
	Clarion
	Jefferson
	Clearfield
	Clinton
	Armstrong
	Indiana

Region	Counties
North East	Potter
	Tioga
	Bradford
	Lycoming
	Sullivan

Region	Counties
Wilkes-Barre	Susquehanna
	Wayne
	Wyoming
	Lackawanna
	Pike
	Columbia
	Luzerne
	Monroe
	Carbon

Region	Counties
Pittsburgh	Butler
	Beaver
	Allegheny
	Washington
	Westmoreland
	Greene
	Fayette

Region	Counties
South Central	Centre
	Mifflin
	Cambria
	Blair
	Huntingdon
	Somerset
	Bedford
	Fulton

Region	Counties
Harrisburg	Juniata
	Perry
	Dauphin
	Lebanon
	Cumberland
	Lancaster
	Franklin
	Adams
	York

Region	Counties
Eastern	Montour
	Union
	Snyder
	Northumberland
	Schuylkill
	Berks
	Lehigh
	Northampton

Region	Counties
Philadelphia	Bucks
	Montgomery
	Philadelphia
	Chester
	Delaware

II. Executive Summary

A. Prior CHIP Enrollees

1. Reasons for not Maintaining Enrollment

Respondents were asked a series of questions to determine the most important factors that led to their choice not to pay their CHIP premium or send in their renewal form. These reasons are summarized in Table 1.

Among CHIP respondents, 52 percent did not renew their child's enrollment because they obtained private health insurance coverage for their child. In the vast majority of cases (92%), this insurance was obtained through their employer or the employer of their spouse. Forty-two percent of respondents indicated the difficulty of obtaining proof of income was a factor in their decision not to reenroll their child in the CHIP program. Twenty-three percent of respondents whose children received subsidized CHIP indicated that they were no longer eligible because their income was now too high to meet eligibility requirements. Similarly, a quarter (25%) of families with children who received free CHIP was no longer eligible for this program because of an increase in family income.

The availability of health care providers who accept CHIP was an issue that affected respondent's reenrollment of their child in the program. Specifically, 17 percent of CHIP respondents noted that they could not find a dentist that accepts CHIP in their area, and 11 percent mentioned that there were too few doctors in their area that accepted CHIP. Another eight percent said that a reason they did not reenroll their child is because their child's current doctor does not accept CHIP, and another five percent said that they could not find a doctor at all that accepts CHIP.

A small percentage was concerned about the limited health benefits covered by CHIP as a factor in their decision not to reenroll their child. Eight percent indicated that the health care benefits provided by CHIP were too limited and seven percent said the program does not cover the health care services their child needed. Among these groups of respondents, they mentioned specifically the lack of dental care, the lack of diagnostic tests, medical care for an illness or condition, and the lack of eye care.

Quality of care was only a minor factor in the decision for respondents not to reenroll their child, with five percent indicating concerns about the quality of care their child received while enrolled in CHIP, and four percent indicating they felt their child was treated differently by health care providers because they were enrolled in CHIP.

Only six percent of respondents mentioned issues with the cost of the CHIP program and another six percent cited poor customer service they received from the CHIP staff as a factor in their decision not to reenroll their child. Six percent also mentioned difficulties with the renewal application. Other factors mentioned by relatively small percentages of respondents included that their child now has coverage through another state sponsored health insurance program (8%), that the respondent does not want to be receiving government assistance (10%), and five percent indicated their child has no need for health insurance.

Table 1. Is ____ a reason why you did not pay the premium or send in the renewal form?

	Total	CHIP Provider							
		CHIP Aetna	CHIP Ameri-Choice	CHIP Capital Blue Cross	CHIP High-mark	CHIP Indepen-dence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
My child now has coverage through Private Health Insurance.	52%	50%	45%	60%	56%	46%	54%	56%	44%
It was too difficult to get proof of income.	42%	42%	21%	52%	44%	40%	39%	47%	39%
Our family now makes too much money for my child to qualify for FREE CHIP.	25%	27%	16%	25%	27%	23%	24%	30%	24%
My family now makes too much money to be eligible.	21%	20%	10%	20%	28%	18%	25%	19%	28%
I could not find a dentist that accepts CHIP or is too far away.	17%	18%	15%	6%	16%	10%	18%	35%	28%
There are too few doctors available in my area that accept CHIP.	11%	9%	22%	5%	11%	5%	8%	19%	12%
I don't want to be receiving government assistance.	10%	7%	8%	6%	11%	6%	11%	18%	10%
My child now has coverage through Medicaid, Healthy Beginnings, or Healthy Horizons	8%	9%	12%	6%	11%	5%	10%	7%	10%
My child's current doctor does not accept CHIP.	8%	5%	19%	4%	7%	5%	6%	16%	2%
The health care benefits provided by the CHIP program are too limited.	8%	6%	14%	4%	7%	7%	9%	9%	12%
The program did not provide coverage for health care services my child needs.	7%	6%	10%	7%	4%	3%	8%	8%	10%

Table 1. Is ____ a reason why you did not pay the premium or send in the renewal form? (Continued)

	Total	CHIP Provider							
		CHIP Aetna	CHIP Ameri-Choice	CHIP Capital Blue Cross	CHIP High-mark	CHIP Indepen-dence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
The renewal paperwork was too hard to fill out.	6%	4%	5%	5%	9%	11%	6%	6%	2%
The CHIP program costs too much.	6%	6%	7%	3%	3%	9%	11%	6%	2%
I received poor customer service from the CHIP staff.	6%	3%	11%	6%	6%	9%	2%	8%	4%
I could not find a doctor that accepts CHIP	5%	5%	12%	2%	4%	1%	2%	13%	2%
My child does not really need health insurance.	5%	2%	7%	4%	4%	4%	6%	10%	4%
I was concerned about the quality of care my child was receiving while covered by CHIP.	5%	4%	7%	2%	4%	5%	3%	9%	4%
Because my child's health insurance was provided through CHIP, doctors treated my child differently.	4%	6%	1%		6%	2%	5%	5%	

2. Satisfaction with the CHIP Program

A summary of satisfaction with the CHIP program is provided in Table 2. A large majority of respondents expressed some level of satisfaction with the program on all satisfaction measures. Overall, 93 percent of respondents indicated they were very or somewhat satisfied with the CHIP program. Eighty-nine percent of CHIP respondents were very or somewhat satisfied with their choice of doctors and other health care providers. Nearly all were very or somewhat satisfied with the CHIP staff. Eighty-eight percent were satisfied with the assistance provided by the CHIP staff and 88 percent were satisfied with how well they were treated when contacting the CHIP staff. Significant proportions of CHIP respondents were also satisfied with the cost of the program. Specifically, 87 percent were very or somewhat satisfied with the amount charged for co-pays for doctor's visits, 80 percent were very or somewhat satisfied with the amount charged for co-pays for prescription medicines, and 77 percent were satisfied with the amount charged for the monthly premium.

Nearly all respondents were likely to recommend the CHIP program to friends, co-workers, or family; 87 percent indicated they were very likely to recommend the CHIP program and nine

percent somewhat likely. Only three percent were not very or not at all likely to recommend the CHIP program to a friend, co-worker, or family member.

Table 2. How satisfied were you with the CHIP program?
(% very or somewhat satisfied)

	Total	CHIP Provider							
		CHIP Aetna	CHIP Ameri-Choice	CHIP Capital Blue Cross	CHIP High-mark	CHIP Indepen-dence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Overall	93%	95%	84%	97%	96%	93%	93%	90%	88%
The choice of doctors and other health care providers that were available to your child.	89%	88%	78%	96%	93%	93%	88%	81%	90%
The assistance provided to you by the CHIP staff.	88%	87%	84%	95%	89%	82%	89%	87%	96%
How well you were treated when contacting the CHIP staff.	88%	87%	84%	93%	91%	81%	88%	87%	94%
The amount charged for co-pays for doctor's visits?	87%	75%	71%	100%	89%	90%	92%	78%	75%
The amount charged for co-pays for prescription medicines?	80%	50%	65%	100%	89%	80%	80%	78%	75%
The amount charged for the monthly premium?	77%	75%	88%	94%	89%	75%	64%	56%	75%

3. Experiences While Enrolled in CHIP

Fifty-two percent of CHIP respondents indicated it was very easy to enroll in CHIP while 31 percent indicated the process of enrolling was somewhat easy. Fourteen percent of respondents indicated they experienced some level of difficulty with the enrollment process (10% indicated it was somewhat difficult and 4% very difficult). The main issues raised among those experiencing difficulty were that the process involved too much paperwork or that they were asked too many questions (mentioned by 37% of those experiencing difficulties), and that the process took too much time (29%).

Eleven percent of respondents indicated they experienced problems while enrolling their child and eight percent indicated they experienced problems while their child was enrolled in CHIP. This is summarized in Table 3. Among those who experienced problems while enrolling, the main problem was again that the process involved too much paperwork and there were too many questions (mentioned by 23% of those experiencing problems during the enrollment process). Among respondents who experienced problems while their child was enrolled, problems cited were that a health care provider refused to accept CHIP (40%), and CHIP would not cover some of the costs (21%), among others.

Table 3. Did you experience any problems…

	Total	CHIP Provider							
		CHIP Aetna	CHIP Ameri-Choice	CHIP Capital Blue Cross	CHIP High-mark	CHIP Indepen-dence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
When enrolling in CHIP?	11%	14%	11%	8%	10%	18%	8%	14%	6%
While enrolled in CHIP?	8%	16%	11%	0%	7%	5%	8%	10%	14%

Ten percent of respondents indicated that their child had to delay or did not receive needed care because they could not find a doctor or other health care provider that accepted CHIP. These respondents specifically mentioned dental care and routine or preventive care as the care that was delayed or not received.

Based on their past experience with the CHIP program, most respondents indicated they would consider reapplying for CHIP coverage for their child in the future. Sixty-six percent of respondents indicated they would be very likely to consider reapplying for CHIP in the future and 12 percent would be somewhat likely. Only 10 percent would be not very likely and only 11 percent not at all likely to consider reapplying for CHIP in the future.

4. Current Insurance Coverage

At the time of the survey, 49 percent of past CHIP enrollees were covered by private health insurance through an employer while three percent were covered by private health insurance for which someone paid out of pocket. Thirteen percent had coverage through some form of state sponsored health insurance. At that time, 32 percent of past CHIP enrollees were uninsured.

Among parents of children previously enrolled in CHIP, over half (57%) had coverage through an employer, while four percent were covered by private health insurance for which they paid out of pocket. Nine percent were covered by some form of state sponsored health insurance and five percent were covered by Medicare. About a quarter (26%) was uninsured.

B. Prior adultBasic Enrollees

1. Reasons for not Maintaining Enrollment

Respondents were asked a series of questions to determine the most important factors that led to their choice not to pay their adultBasic premium or send in their renewal form. These reasons are summarized in table 4.

Among adultBasic respondents, 38 percent did not renew their enrollment because they obtained private health insurance coverage. In most cases (86%), this insurance was obtained through their employer or the employer of their spouse. Thirty-one percent of respondents indicated the difficulty of obtaining proof of income was a factor in their decision not to reenroll in the adultBasic program. Twenty-two percent of respondents indicated that they were no longer eligible because their income was now too high to meet eligibility requirements.

The cost of the adultBasic program was an issue for 14 percent of respondents. Among those citing cost as a factor for not reenrolling, 48 percent indicated that the monthly premiums for adultBasic were too expensive to afford, and 41 percent indicated the cost of the monthly premiums and co-pays for services were too high.

Fourteen percent indicated that the limited health benefits covered by adultBasic was a factor in their decision not to reenroll, while 13 percent indicated that adultBasic did not provide coverage for the health care services they needed. Among these groups of respondents, they mentioned specifically the lack of dental care, the lack of coverage of prescription medications, and the lack of eye care.

The lack of providers was an issue for a small percentage of respondents. This included 11 percent that indicated there were too few doctors in their area that accepted adultBasic, eight percent indicated their current doctor did not accept adultBasic, and five percent indicated they could not find a doctor at all in their area that accepted adultBasic.

Quality of care was only a minor factor in the decision for respondents not to reenroll with six percent indicating concerns about the quality of care they received while enrolled in adultBasic and three percent indicated they felt they were treated differently by health care providers because they were enrolled in adultBasic.

Only six percent of respondents mentioned issues with customer services they received from the adultBasic staff as a factor in their decision not to reenroll and only four percent mentioned difficulties with the renewal application. Other factors mentioned by small percentages of respondents included that they now have coverage through another state sponsored health insurance program (9%), that the respondent does not want to be receiving government assistance (9%), and five percent indicated they have no need for health insurance.

Table 4. Is ____ a reason why you did not pay the premium or send in the renewal form?

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
I now have coverage through Private Health Insurance.	38%	44%	30%	41%	37%
It was too difficult to get proof of income.	31%	28%	25%	37%	34%
I now make too much money to be eligible.	22%	22%	15%	24%	29%
The adultBasic program costs too much.	14%	10%	23%	14%	3%
The health care benefits provided by adultBasic are too limited.	14%	9%	25%	8%	17%
The program did not provide coverage for health care services I need.	13%	10%	18%	11%	14%
There are too few doctors available in my area that accept adultBasic.	11%	4%	8%	12%	29%
I now have coverage through Medicaid or Healthy Horizons.	9%	8%	5%	13%	8%
I don't want to be receiving government assistance.	9%	7%	8%	9%	15%
My current doctor does not accept adultBasic.	8%	4%	5%	7%	22%
I received poor customer service from the adultBasic staff.	6%	5%	7%	3%	15%
I was concerned about the quality of care I was receiving while covered by adultBasic.	6%	3%	11%	3%	8%
I do not really need health insurance.	5%	2%	5%	6%	10%
I could not find a doctor that accepts adultBasic.	5%	1%	1%	7%	19%
The renewal paperwork was too hard to fill out.	4%	3%	2%	3%	8%
Because my health insurance was provided through adultBasic, doctors treated me differently.	3%	1%	2%	4%	10%

2. Satisfaction with the adultBasic Program

A summary of satisfaction with the adultBasic program is provided in Table 5. Nearly all respondents expressed some level of satisfaction with the program on all satisfaction measures. Overall, 91 percent of respondents indicated they were very or somewhat satisfied with the adultBasic program. Ninety-three percent of adultBasic respondents were very or somewhat satisfied with the amount charged for the monthly premium and 91 percent were very or somewhat satisfied with the amount charged for co-pays for doctor's visits. Nearly all were very or somewhat satisfied with their choice of doctors and other health care providers. Respondents were also satisfied with the adultBasic staff. Eighty-seven percent were satisfied with the assistance provided by the adultBasic staff and 86 percent were satisfied with how well they were treated when contacting the adultBasic staff.

Nearly all respondents were likely to recommend the adultBasic program to friends, co-workers, or family; 81 percent indicated they were very likely to recommend the adultBasic program and 13 percent somewhat likely. Only five percent was not very or not at all likely to recommend the adultBasic program to a friend, co-worker, or family member.

Table 5. How satisfied were you with the adultBasic program?
(% very or somewhat satisfied)

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Overall	91%	95%	87%	93%	88%
With the amount charged for the monthly premium?	93%	95%	89%	93%	98%
With the amount charged for co-pays for doctor's visits?	91%	95%	85%	92%	92%
The choice of doctors and other health care providers that were available to you.	91%	95%	95%	91%	76%
The assistance provided to you by the adultBasic staff.	87%	86%	89%	91%	78%
How well you were treated when contacting the adultBasic staff.	86%	85%	85%	88%	85%

3. Experiences While Enrolled in adultBasic

Forty-percent of adultBasic respondents indicated it was very easy to enroll in adultBasic while 30 percent indicated the process of enrolling was somewhat easy. Twenty-nine percent of respondents indicated they experienced some level of difficulty with the enrollment process (17% indicating it was somewhat difficult and 12% very difficult). The main issues raised among those experiencing difficulty were the wait time in the process (mentioned by 75% of those experiencing difficulties), or that the process involved too much paperwork or that they were asked too many questions (17%).

Fifteen percent of respondents indicated they experienced problems while enrolling and 14 percent indicated they experienced problems while they were enrolled in adultBasic. This is summarized in Table 6. Among those who experienced problems while enrolling, the main problems were again the time it took to apply (mentioned by 68% of those experiencing problems during the enrollment process) and that the process involved too much paperwork or that they were asked too many questions (18%). Among respondents that experienced problems while they were enrolled, problems cited were that adultBasic would not cover some of the costs (18%), problems with lost payments of premiums (13%), or that a health care provider refused to accept adultBasic (11%), among others.

Table 6. Did you experience any problems…

		adultBasic Provider			
	Total	adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
When enrolling in adultBasic?	15%	11%	15%	14%	22%
While enrolled in adultBasic?	14%	12%	15%	11%	19%

Only six percent of respondents indicated that they had to delay or did not receive needed care because they could not find a doctor or other health care provider that accepted adultBasic. These respondents specifically mentioned dental care, routine or preventive care, eye care, the inability to find a physician at all, diagnostic tests, medical care for an illness, or medical care for an injury.

Based on their past experience with the adultBasic program, most respondents indicated they would consider reapplying for adultBasic coverage in the future. Sixty percent of respondents indicated they would be very likely to consider reapplying for adultBasic in the future and 16 percent would be somewhat likely. Only 11 percent would be not very likely and only 12 percent not at all likely to consider reapplying for adultBasic in the future.

4. Current Insurance Coverage

At the time of the survey, 35 percent of past adultBasic enrollees were covered by private health insurance through an employer, while five percent had private health insurance for which they paid out of pocket. Ten percent had coverage through Medicare, and six percent was covered through some form of state sponsored health insurance. At that time, 45 percent of past adultBasic enrollees were uninsured.

III. Key Findings

A. Prior CHIP Enrollees

1. Reasons for Not Maintaining Enrollment

- Unaided, the largest percentage of respondents indicated they did not enroll their child in CHIP because they were currently covered by private health insurance or were ineligible due to age at the time of the survey.

- 8% of respondents did not reenroll their child in CHIP because they were currently covered by another state sponsored health insurance program.

- 52% of respondents did not reenroll their child in CHIP because they were currently covered by private health insurance.

- 6% of respondents did not reenroll their child in adultBasic because the program cost too much. 67% found the premiums too expensive, while 27% indicated both premiums and co-pays were too expensive.

- 23% of respondents whose child or children were receiving subsidized CHIP did not reenroll their child in the program because their family's income was now too high to qualify.

- 25% of respondents did not reenroll their child in FREE CHIP because their family's income was now too high to qualify.

- 42% of respondents did not reenroll their child in CHIP because it was too difficult to provide proof of income.

- 8% of respondents did not reenroll their child in CHIP because they felt the health benefits provided were too limited.

- 7% of respondents did not reenroll their child in CHIP because the program did not provide coverage for the health care services needed.

- 11% of respondents did not reenroll their child in CHIP because there were too few doctors in their area that accepted CHIP, 5% could not find a doctor that accepted CHIP, and 8% did not reenroll because their child's current doctor did not accept CHIP.

- 17% of respondents did not reenroll their child in CHIP because they could not find a dentist in the area that accepts CHIP.

- 6% of respondents did not reenroll their child in CHIP because the renewal paperwork was too difficult to fill out.

- 5% of respondents did not reenroll their child in CHIP because they feel they their child does not need health insurance coverage.

- 5% of respondents did not reenroll their child in CHIP because they were concerned about the quality of care they received while covered by CHIP.

- 4% of respondents did not reenroll their child in CHIP because they believed that doctors treated their child differently because they were enrolled in CHIP.

- 10% of respondents did not reenroll their child in CHIP because they didn't want to receive government assistance.

- 6% of respondents did not reenroll their child in CHIP because they received poor customer service from the CHIP staff.

- 26% of respondents recalled receiving a call from the call center once the renewal application letter was sent.

2. Satisfaction with the CHIP Program

- 93% of respondents were very or somewhat satisfied with the CHIP program, overall.

- 77% of respondents were very or somewhat satisfied with the amount the CHIP program charged for the monthly premium.

- 86% of respondents were very or somewhat satisfied with the amount charged for co-pays for doctor's visits.

- 80% of respondents were very or somewhat satisfied with the amount charged for prescription medicines.

- 88% of respondents were very or somewhat satisfied with the choice of doctors and other health care providers that were available.

- 89% of respondents were very or somewhat satisfied with the assistance provided by CHIP staff and 87% were satisfied with how they were treated when contacting CHIP staff.

- Almost all (96%) respondents would recommend CHIP to friends, family, or co-workers.

3. Experiences While Enrolled in CHIP

- 83% of respondents indicated it was very or somewhat easy to enroll their child in CHIP. Almost two-thirds (63%) completed the application in-person on paper.
- 11% of respondents experienced problems while enrolling their child in CHIP.
- 8% of respondents said their child experienced problems while enrolled in CHIP.
- 10% of respondents said their child either delayed or did not receive needed care because they could not find a health care provider that accepted CHIP.
- Respondents suggested that follow-ups with clients, improved customer service, and changing the eligibility requirements were strategies for increasing renewals.
- 78% of respondents were very or somewhat likely to reapply for CHIP coverage in the future.

4. Current Insurance Coverage

- The largest percentage of past CHIP enrollees were either currently insured through private health insurance (52%) or uninsured (32%).

B. Prior adultBasic Enrollees

1. Reasons for Not Maintaining Enrollment

- Unaided, the largest percentage of respondents indicated they did not enroll because they were currently covered by private health insurance, they could not afford the cost, or were ineligible due to income.

- 9% of respondents did not reenroll in adultBasic because they were covered by another state sponsored health insurance program at the time of the survey.

- 38% of respondents did not reenroll in adultBasic because they were covered by private health insurance at the time of the survey.

- 14% of respondents did not reenroll in adultBasic because the program cost too much. 48% found the premiums too expensive while 41% indicated both premiums and co-pays were too expensive.

- 22% of respondents did not reenroll in adultBasic because their incomes were too high to qualify.

- 31% of respondents did not reenroll in adultBasic because it was too difficult to provide proof of income.

- 14% of respondents did not reenroll in adultBasic because they felt the health benefits provided were too limited.

- 13% of respondents did not reenroll in adultBasic because the program did not provide coverage for the health care services needed.

- 11% of respondents did not reenroll in adultBasic because there were too few doctors in their area that accepted adultBasic, 5% could not find a doctor that accepted adultBasic, and 8% did not reenroll because their current doctor did not accept adultBasic.

- 4% of respondents did not reenroll in adultBasic because the renewal paperwork was too difficult to fill out.

- 5% of respondents did not reenroll in adultBasic because they felt they did not need health insurance coverage.

- 6% of respondents did not reenroll in adultBasic because they were concerned about the quality of they received while covered by adultBasic.

- 3% of respondents did not reenroll in adultBasic because they believed that doctors treated them differently because they were enrolled in adultBasic.

- 9% of respondents did not reenroll in adultBasic because they didn't want to receive government assistance.

- 6% of respondents did not reenroll in adultBasic because they received poor customer service from the adultBasic staff.

- Only 13% of respondents recalled receiving a call from the call center once the renewal application letter was sent.

2. Satisfaction with the adultBasic Program

- 91% of respondents were very or somewhat satisfied with the adultBasic program, overall.

- 93% of respondents were very or somewhat satisfied with the amount the adultBasic program charged for the monthly premium.

- 91% of respondents were very or somewhat satisfied with the amount charged for co-pays for doctor's visits.

- 91% of respondents were very or somewhat satisfied with the choice of doctors and other health care providers that were available.

- 87% of respondents were very or somewhat satisfied with the assistance provided by adultBasic staff and 86% were satisfied with how they were treated when contacting adultBasic staff.

- Nearly all (94%) of respondents would recommend adultBasic to friends, family, or co-workers.

3. Experiences While Enrolled in adultBasic

- 70% of respondents indicated it was very or somewhat easy to enroll in adultBasic. More than three quarters (77%) completed the application in-person on paper.

- 15% of respondents experienced problems while enrolling in adultBasic.

- 14% of respondents experienced problems while enrolled in adultBasic.

- 6% of respondents either delayed or did not receive needed care because they could not find a health care provider that accepted adultBasic.

- Respondents suggested that reducing premiums and costs, expanding benefits, providing a grace period for premium payments, improved customer service, and follow-ups with clients were strategies for increasing renewals.

- 76% of respondents were very or somewhat likely to reapply for adultBasic coverage in the future.

4. Current Insurance Coverage

- The largest percentage of past adultBasic enrollees were either uninsured (45%) or covered by private health insurance (40%) at the time of the survey.

IV. Summary Report

A. Prior CHIP Enrollees

1. Reasons for not Maintaining Enrollment

Unaided, the largest percentage of respondents indicated they did not enroll their child in CHIP because they were currently covered by private health insurance or were ineligible due to age.

What is the primary reason you chose not to (pay the premium/send in the renewal) and continue your child's enrollment in the CHIP program?

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
COVERED BY OTHER SOURCE-PRIVATE HI	42%	39%	27%	52%	46%	37%	44%	43%	36%
INELIGIBLE-TOO OLD FOR PROGAM-CHIP	12%	14%	14%	14%	14%	7%	11%	9%	12%
FORGOT TO SEND IN RENEWAL FORM	7%	10%	7%	5%	7%	8%	3%	10%	10%
NEVER RECEIVED RENEWAL PAPERWORK-NEED INFO ON HOW TO RENEW	6%	6%	16%	2%	5%	4%	8%	4%	2%
INELIGIBLE-INCOME IS NOW TOO HIGH	5%	7%	4%	4%	6%	4%	5%	4%	10%
COVERED BY OTHER SOURCE-MEDICAID	5%	4%	8%	4%	5%	3%	7%	3%	10%
TOO DIFFICULT TO PROVE INCOME	3%	4%	1%	3%	6%	3%	2%	4%	4%
PAPERWORK-FORMS TOO HARD TO FILL	3%	1%	1%	4%	3%	6%	1%	4%	2%
MOVED OUT OF STATE	2%	4%	4%	4%	2%	4%		2%	2%
COST-CANNOT AFFORD, COST INCREASED	2%	3%	1%	1%	1%	3%	4%	2%	
INELIGIBLE-INCOME IS NOW TOO LOW	2%		4%		3%	3%	3%	2%	2%
SENT IN RENEWAL-NEVER INFORMED WHETHER ACCEPTED OR NO	2%	2%	3%	2%	1%	4%	1%	1%	
COVERED BY OTHER SOURCE-OTHER	1%	1%		1%	3%	1%	2%	4%	

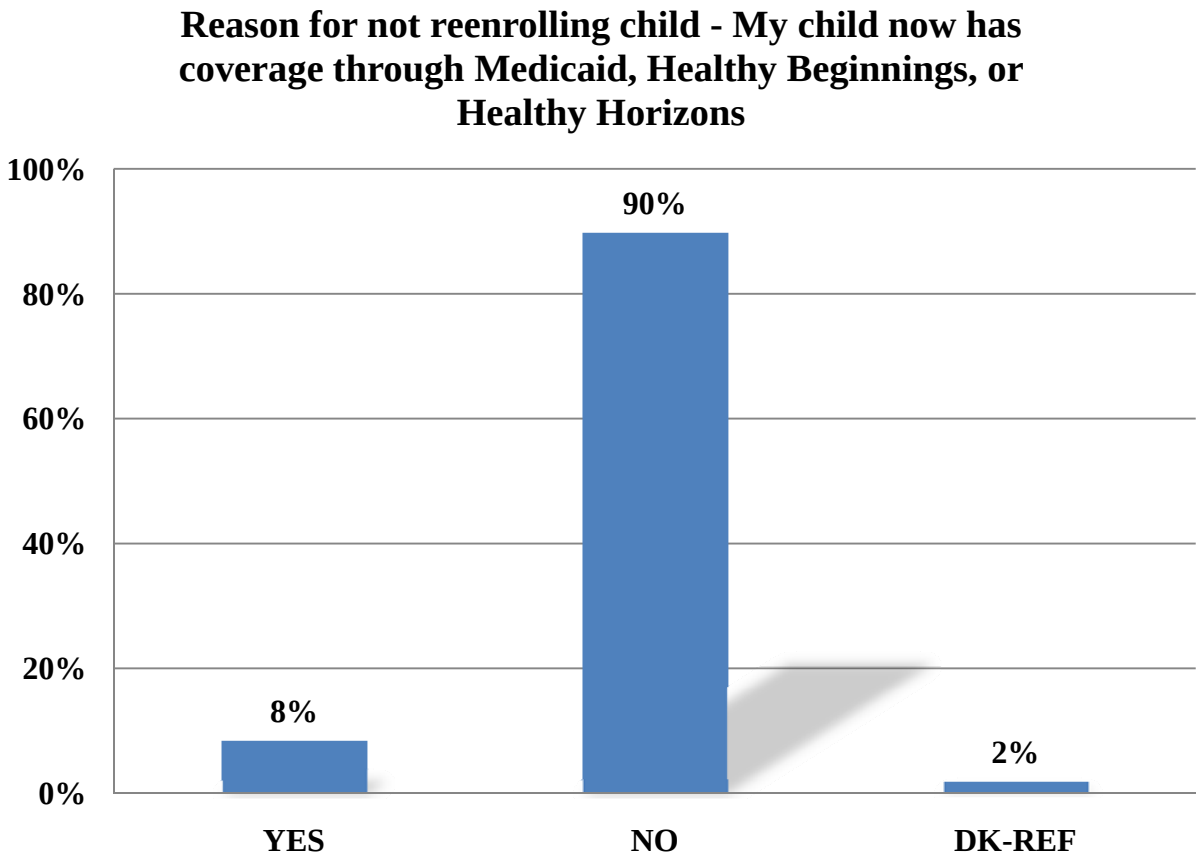
What is the primary reason you chose not to (pay the premium/send in the renewal) and continue your child's enrollment in the CHIP program?
(continued)

COST-PREMIUMS TOO HIGH	1%	2%		1%		4%	3%		
INELIGIBLE-SOME OTHER REASON	1%	1%	1%		1%	3%	2%		2%
LIMITED COVERAGE-NEEDED SERVICES	1%	1%	1%	2%	1%			2%	
PROVIDERS-LIMITED MD's WHO ACCEPT	1%	1%	1%	1%			1%	2%	
FORGOT TO SEND IN PREMIUM	1%	1%		1%		1%	1%	1%	2%
LIMITED COVERAGE-LIMITED BENEFITS	0%	1%		1%			1%		
PROVIDERS-CURRENT MD DOESN'T ACCEPT	0%		1%					2%	
COST-CO-PAYS TOO HIGH	0%	1%					1%		
PROVIDERS-CANT FIND MD WHO ACCEPT	0%	1%	1%						
HAVE SENT IN RENEWAL FORM	0%								2%
OTHER	8%	7%	7%	8%	4%	9%	8%	8%	14%
DO NOT NEED, NO LONGER NEED HI	0%						1%		
DK	2%	3%	1%	1%	1%	4%	1%	4%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Respondents were asked why they chose not to renew their child's enrollment in CHIP as an open-ended unaided questions. The most frequently mentioned reason was that their child was now covered by private health insurance coverage (mentioned by 42%) while 12 percent indicated that their child was no longer eligible for CHIP due to age. Other reasons given by respondents include that the respondent had forgotten to send in the renewal form (7%), they never received the renewal paperwork or need more information on how to reenroll (6%), their children were now covered by Medicaid (5%), and that they were no longer eligible due to an increased family income (5%), among other reasons.

Eight percent (8%) of respondents did not reenroll their child in CHIP because they were currently covered by another state sponsored health insurance program.



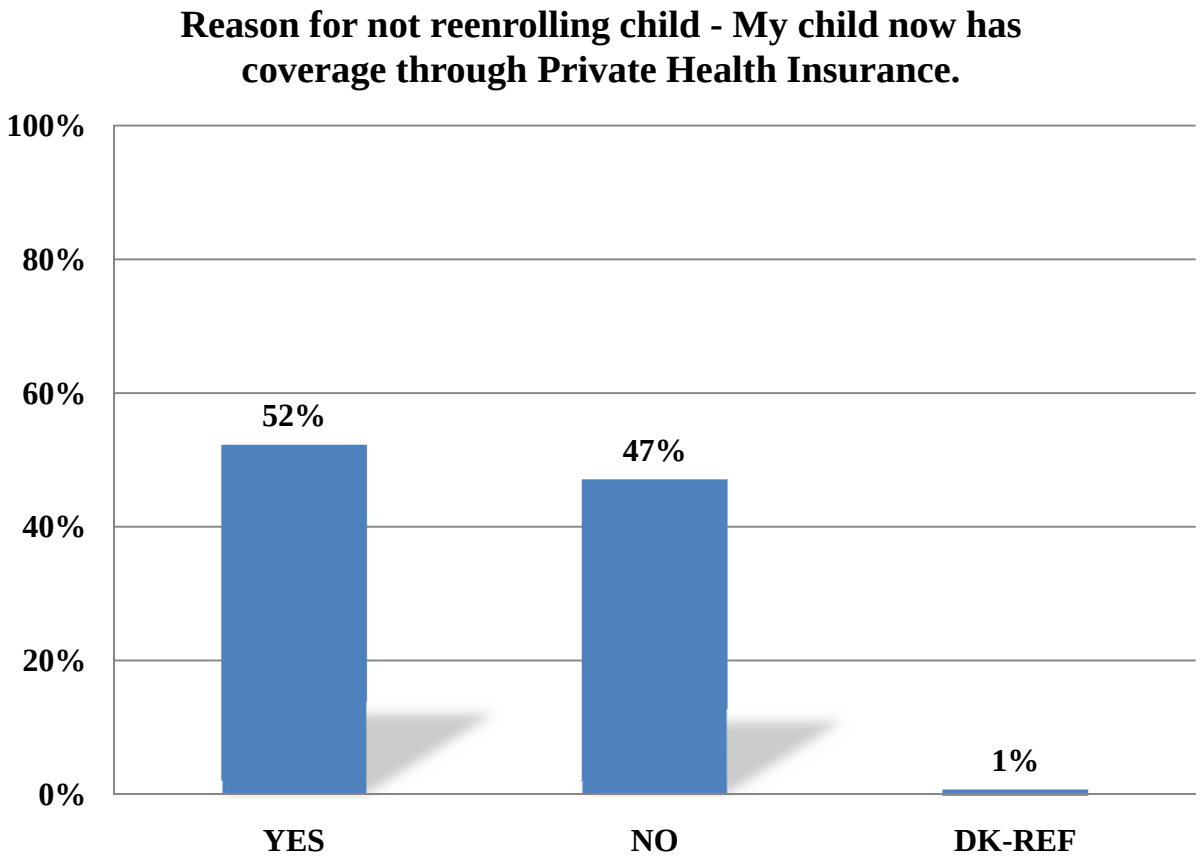
	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	8%	9%	12%	6%	11%	5%	10%	7%	10%
NO	90%	90%	85%	92%	89%	94%	88%	89%	88%
DK-REF	2%	1%	3%	2%		2%	3%	4%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

After their initial response to the unaided question, respondents were given a list of specific reasons why a person might choose not to reenroll. For each, respondents were asked if this was a reason they had chosen not to reenroll their child in CHIP.

Among CHIP respondents, eight percent indicated they did not reenroll their child in CHIP because they were now covered under another state sponsored health insurance program (Medicaid, Healthy Beginnings or Healthy Horizons). By provider, the largest percentage of those who were now enrolled in another state sponsored health insurance program was among those who received services through AmeriChoice (12%).

Fifty-two percent (52%) of respondents did not reenroll their child in CHIP because they were currently covered by private health insurance.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	52%	50%	45%	60%	56%	46%	54%	56%	44%
NO	47%	50%	52%	40%	44%	53%	45%	44%	54%
DK-REF	1%		3%			1%	1%		2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

You indicated that your child is currently covered by private health insurance-
Is this coverage provided by your employer, your spouse's employer or some other source?
(% among respondent currently covered by private health insurance)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Employer, Spouse's Employer	92%	89%	91%	94%	91%	94%	94%	94%	91%
Pay out of pocket	2%	7%	6%	3%			2%		
Medicaid	2%	2%	3%	1%	2%	4%		3%	5%
School	1%	2%		1%			2%		
Military	0%					2%		2%	
NO COVERAGE	0%						2%		
OTHER	1%				5%			2%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

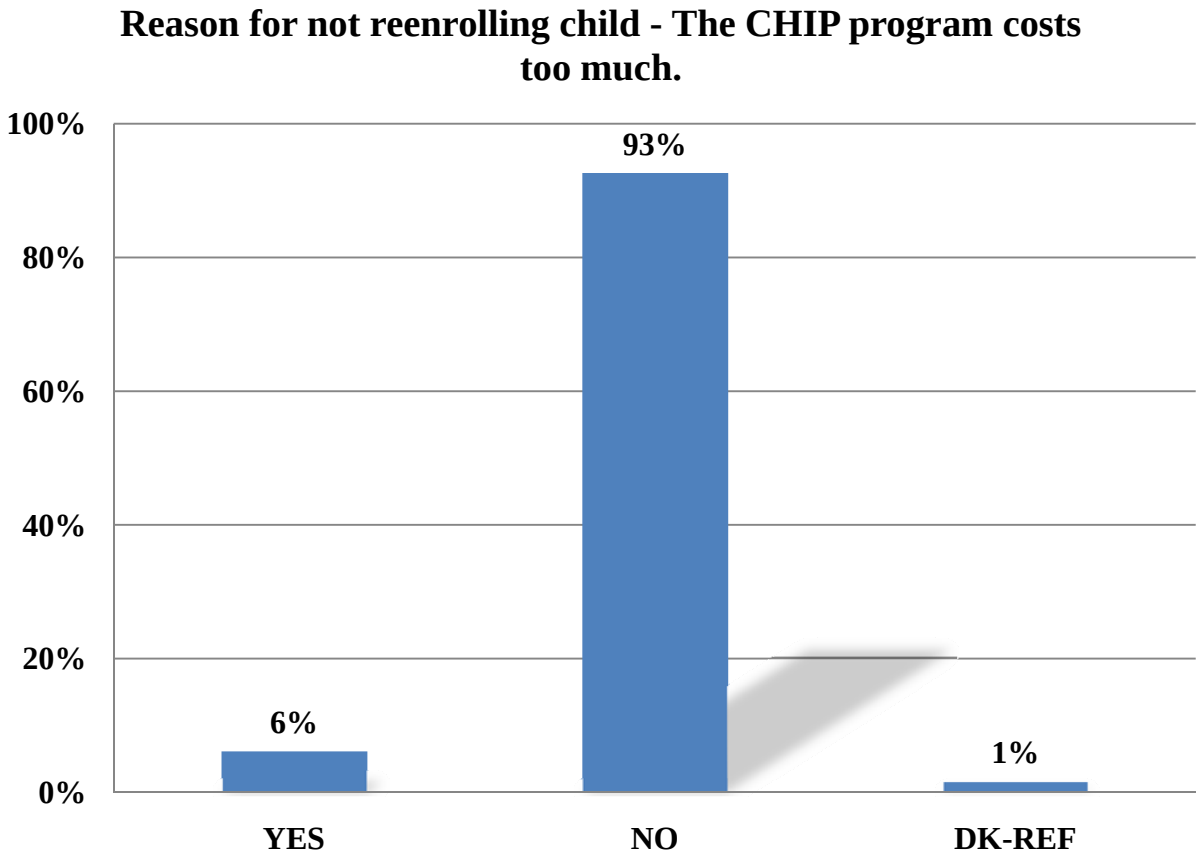
Among CHIP respondents, 52 percent indicated they did not reenroll their child in CHIP because they were now covered under a private health insurance. This was the most common reason for choosing not to reenroll their child in CHIP given by respondents. Among those who had private health insurance coverage for their child at the time of the survey, 92 percent indicated this coverage was provided through their employer or their spouse's employer.

By provider, the largest percentage of those whose child was now covered by private insurance was among those who received services through Capital Blue Cross (60%).

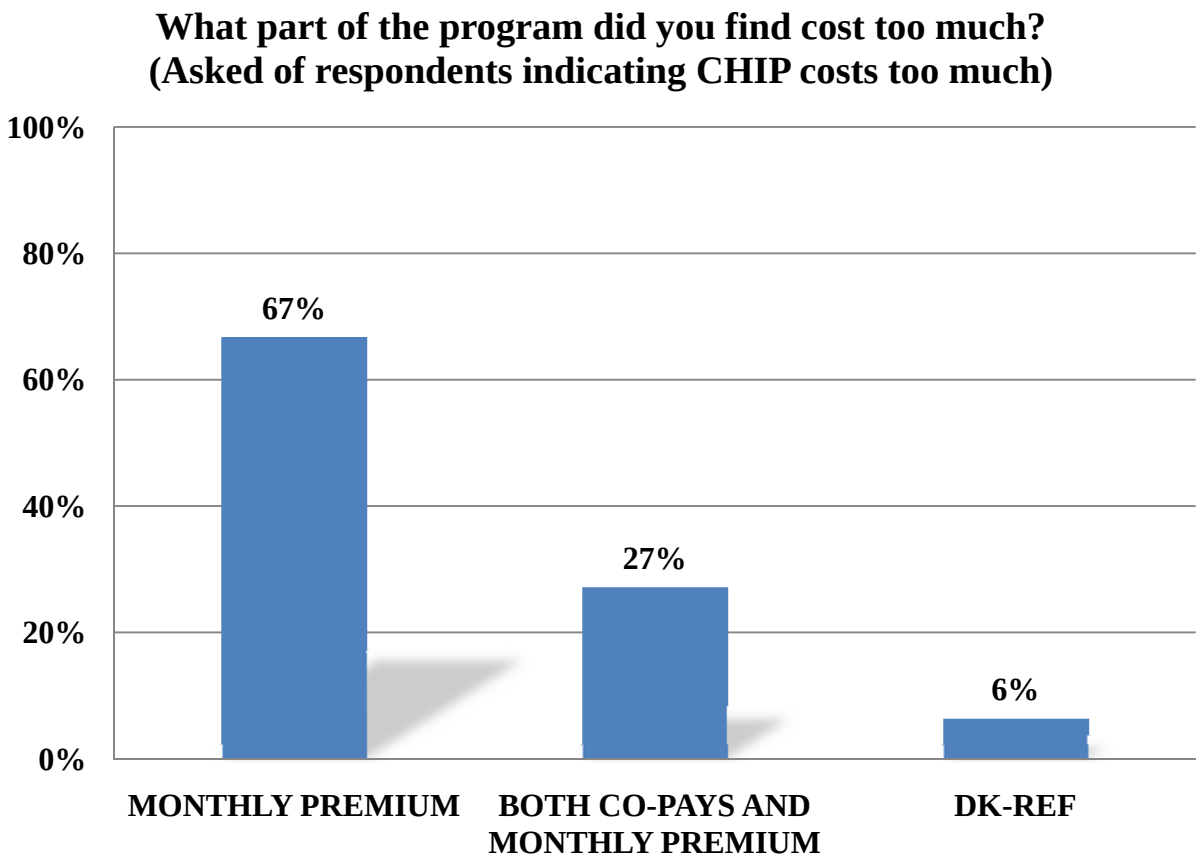
Significant Differences by Demographic Groups:

- 73% of respondents in the Erie Region did not reenroll their child because of current coverage through private insurance.
- 23% of respondents making less than $10,000 did not reenroll their child because of current coverage through private insurance.
- 30% of respondents making between $10,000 and $19,999 did not reenroll their child because of current coverage through private insurance.

Six percent (6%) of respondents did not reenroll their child in adultBasic because the program costs too much. 67 percent found the premiums too expensive, while 27 percent indicated both premiums and co-pays are too expensive.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	6%	6%	7%	3%	3%	9%	11%	6%	2%
NO	93%	93%	90%	96%	97%	88%	89%	91%	98%
DK-REF	1%	1%	3%	2%		3%	1%	3%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%



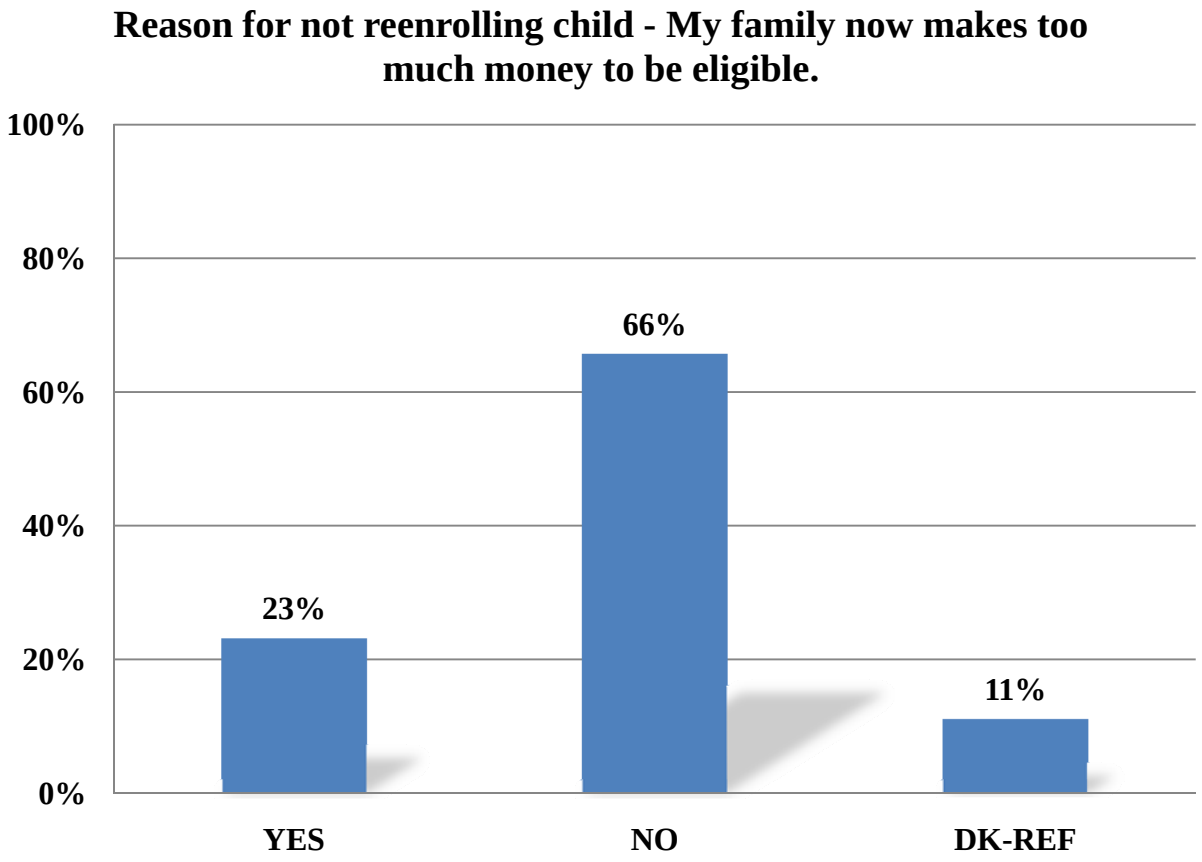
	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
MONTHLY PREMIUM	67%	57%	60%	67%	33%	70%	75%	86%	
BOTH	27%	29%	20%	33%	33%	30%	25%	14%	100%
DK-REF	6%	14%	20%		33%				
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Among CHIP respondents, six percent indicated they did not reenroll their child in CHIP because the program costs too much. Among these respondents, 67 percent indicated that the monthly premium was too expensive to afford; another 27 percent indicated that both the monthly premium and co-pays were too expensive to afford.

By provider, the largest percentage of those indicating the CHIP program was too expensive to afford was among those who received services through NEPA (11%).

Twenty-three percent (23%) of respondents with children receiving subsidized CHIP did not reenroll their child in the program because their family's income was now too high to qualify.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	23%	20%	10%	20%	28%	18%	25%	19%	28%
NO	66%	75%	78%	72%	63%	77%	68%	72%	62%
DK-REF	11%	4%	12%	8%	9%	5%	8%	10%	10%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Among CHIP respondents whose child or children were on subsidized CHIP, 23 percent indicated they did not reenroll their child in CHIP because they were no longer eligible due to their income.[1] This was the third most common reason mentioned among all CHIP respondents.

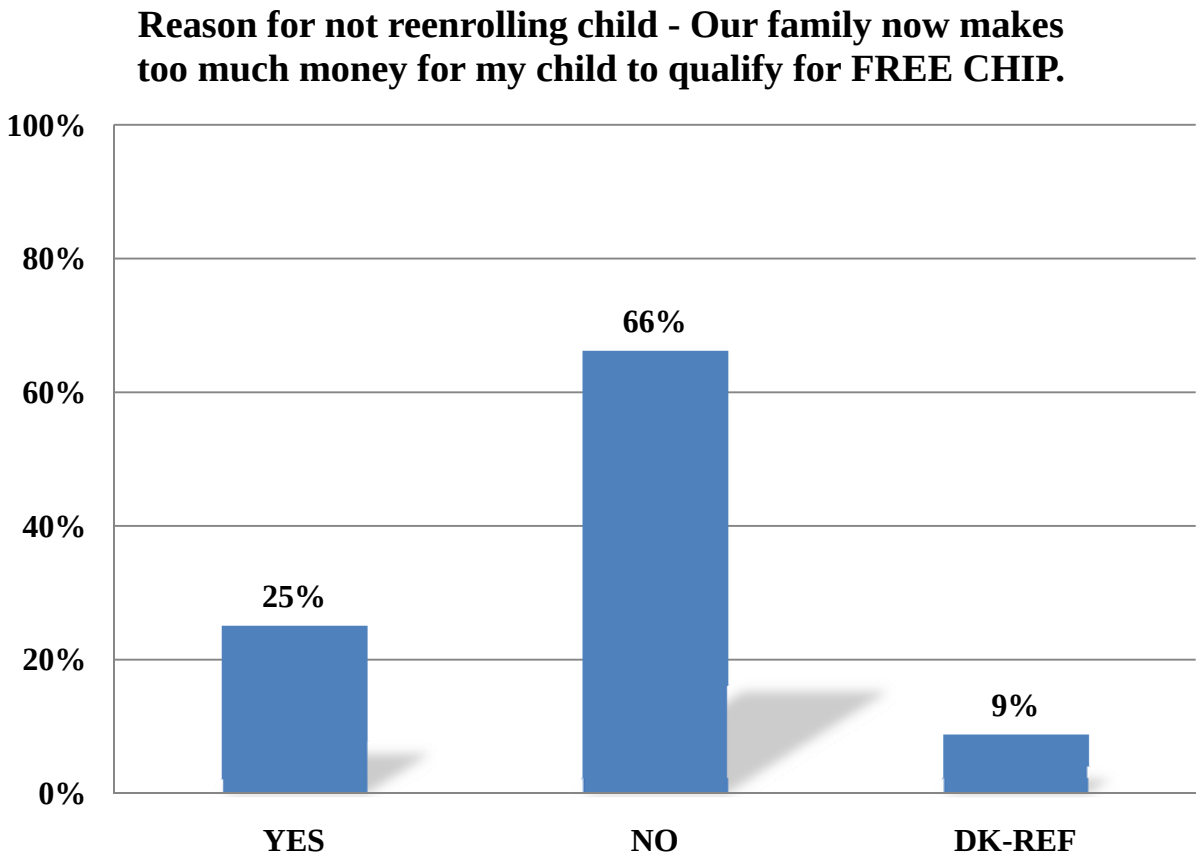
By provider, the largest percentage of those who indicated their child was no longer eligible due to their family income was among those who received services through Highmark (28%) or UPMC (28%).

Significant Differences by Demographic Groups:

- 37% of respondents in the North Central Region did not reenroll their child because their income was now too high to qualify.
- 54% of respondents in the North East Region did not reenroll their child because their income was now too high to qualify.
- 33% of respondents earning more than $40,000 annually did not reenroll their child because their income was now too high to qualify.

[1] It should be noted that even though individuals with children receiving at cost CHIP do not lose eligibility due to income, 14% of those with children receiving at cost CHIP said they no longer qualify because their income is now too high.

Twenty-five percent (25%) of respondents did not reenroll their child in FREE CHIP because their family's income was too high to qualify.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	25%	27%	16%	25%	27%	23%	24%	30%	24%
NO	66%	67%	77%	65%	62%	69%	69%	62%	65%
DK-REF	9%	6%	7%	10%	11%	8%	8%	9%	11%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

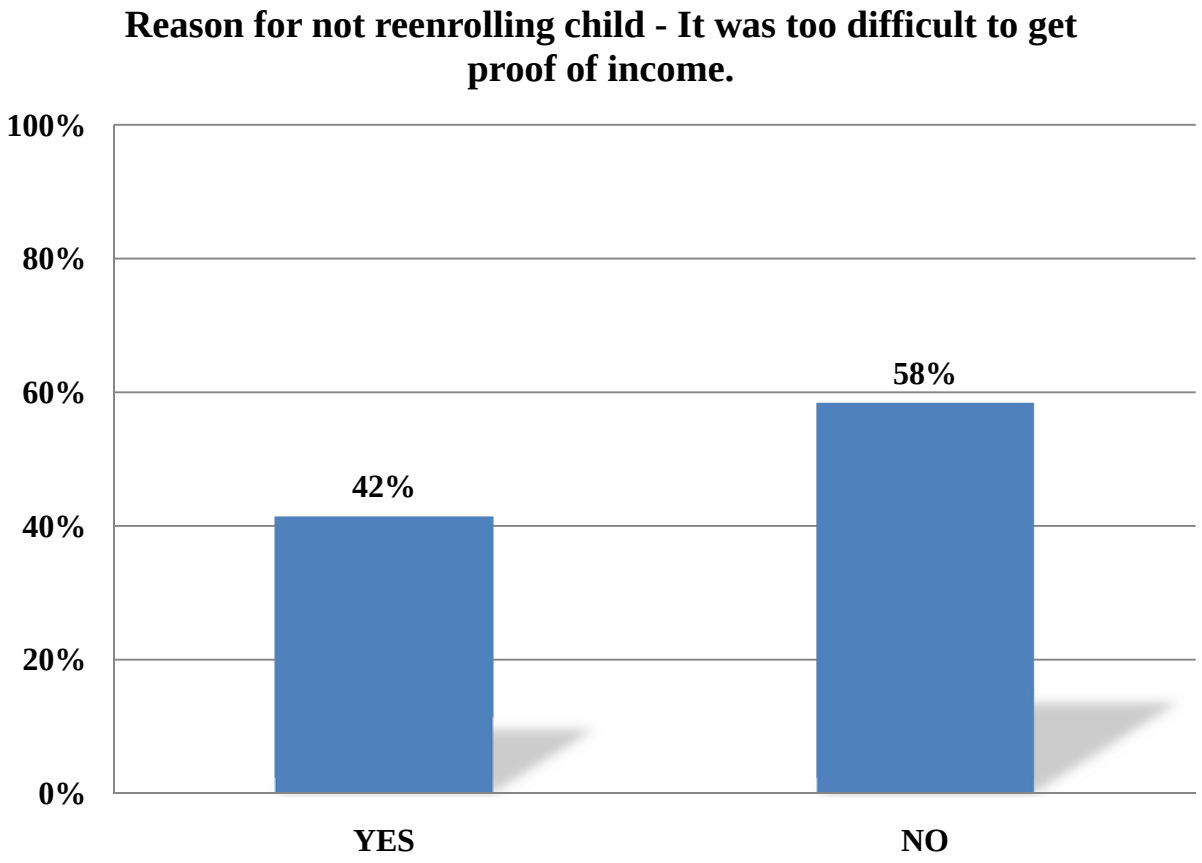
Among respondents with children receiving Free CHIP, 25 percent indicated they did not reenroll their child in Free CHIP because they were no longer eligible due to income. Similar to that mentioned above but specific to those receiving Free CHIP, making too much money was the third most common reason respondents did not reenroll their child in the program.

By provider, the largest percentage of those indicating their child was no longer eligible for Free CHIP due to their family income was among those who received services through UFHP of PA (30%).

Significant Differences by Demographic Groups:

- 45% of respondents in the North East Region did not reenroll their child because their income was too high to qualify for FREE CHIP at the time of the survey.
- 13% of respondents earning between $10,000 and $19,999 did not reenroll their child because their income was too high to qualify for FREE CHIP at the time of the survey.
- 13% of respondents earning between $20,000 and $29,999 did not reenroll their child because their income was too high to qualify for FREE CHIP at the time of the survey.
- 47% of respondents earning more than $40,000 annually did not reenroll their child because their income was too high to qualify for FREE CHIP at the time of the survey.
- 12% of respondents whose child was uninsured at the time of the survey did not reenroll their child because their income was too high to qualify for FREE CHIP.

Forty-two percent (42%) of respondents did not reenroll their child in CHIP because it was too difficult to provide proof of income.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	42%	42%	21%	52%	44%	40%	39%	47%	39%
NO	58%	58%	79%	48%	56%	60%	61%	53%	61%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

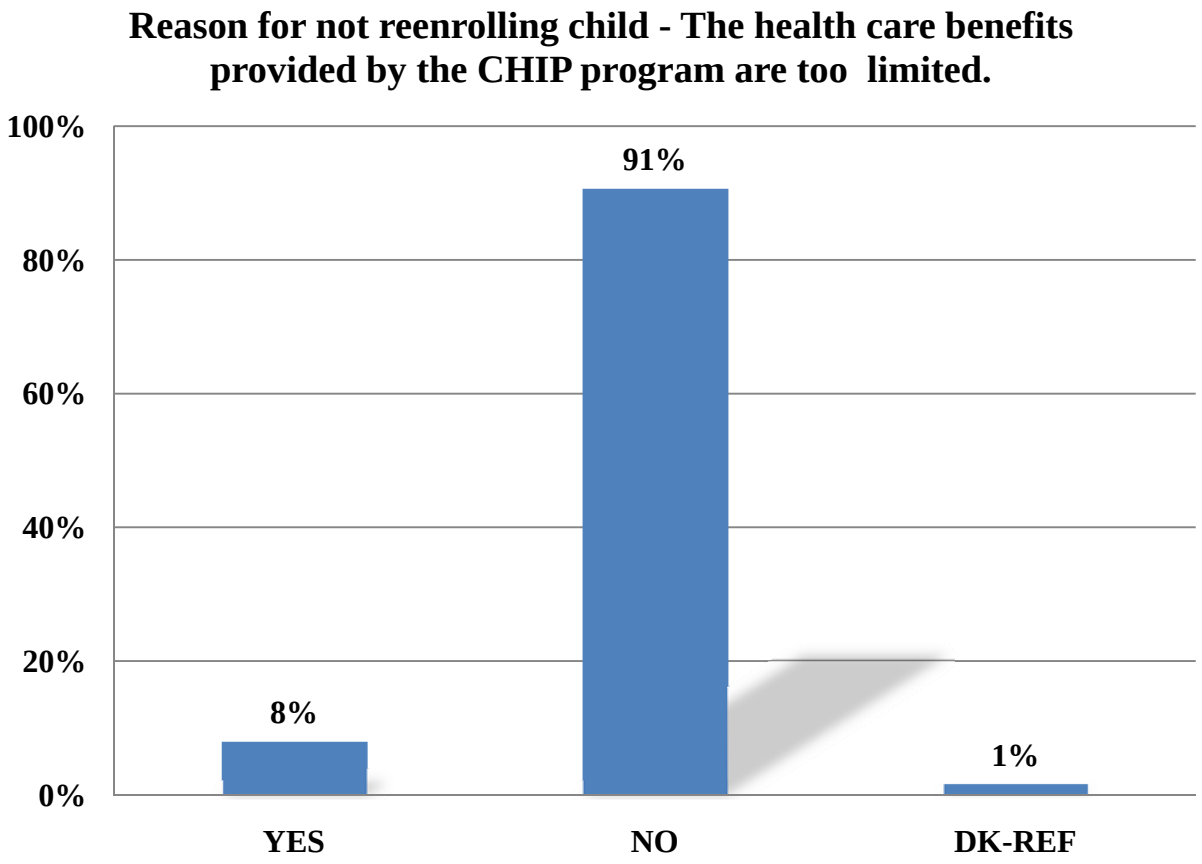
Among CHIP respondents, 42 percent indicated they did not reenroll their child in CHIP because it was too difficult to get proof of income. This was the second most commonly mentioned reason for not renewing given by CHIP respondents.

By provider, the largest percentage of those indicating it was too difficult to provide proof of income was among those who received services through Capital Blue Cross (52%).

Significant Differences by Demographic Groups:

- 23% of respondents earning less than $10,000 did not reenroll their child because it was too difficult to get proof of income.
- 28% of respondents earning between $10,000 and $19,999 did not reenroll their child because it was too difficult to get proof of income.
- 59% of respondents earning more than $40,000 did not reenroll their child because it was too difficult to get proof of income.
- 69% of respondents whose child is currently covered by employer sponsored insurance did not reenroll because it was too difficult to get proof of income.
- 20% of respondents whose child is currently uninsured did not reenroll because it was too difficult to get proof of income.

Eight percent (8%) of respondents did not reenroll their child in CHIP because they felt the health benefits provided were too limited.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	8%	6%	14%	4%	7%	7%	9%	9%	12%
NO	91%	94%	84%	95%	92%	92%	89%	88%	88%
DK-REF	1%		3%	2%	1%	1%	2%	4%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Among CHIP respondents, eight percent indicated they did not reenroll their child in CHIP because they felt that the health benefits provided by CHIP were too limited. Among these respondents, the main limitation cited was the lack of dental care (mentioned by 37% of those indicating health benefits were too limited). One-in-ten also mentioned that the coverage provided limited benefits for diagnostic tests (10%), medical care for an illness or chronic condition (10%), and eye care (10%).

By provider, the largest percentage of those indicating the health benefits provided through the CHIP program were too limited was among those who received services through AmeriChoice (14%).

Significant Differences by Demographic Groups:

- 20% of respondents earning less than $10,000 did not reenroll their child because they felt the health benefits were too limited.

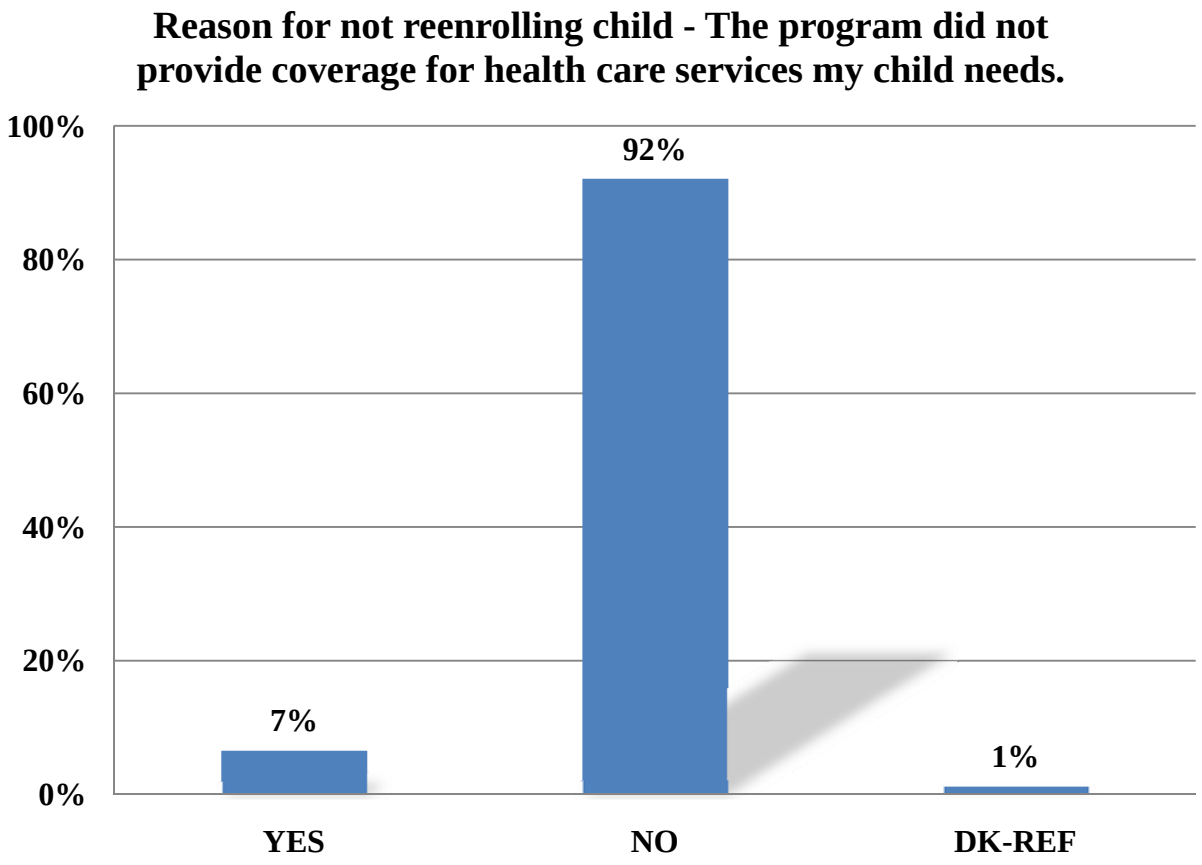
You indicated that the program had limited benefits. What types of benefits were not provided?
(% among respondents indicating the health benefits provided by CHIP were too limited)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
DENTAL CARE INCLUDING CHECKUPS	37%	43%		75%	50%	63%	20%	20%	67%
DIAGNOSTIC TEST - CAT SCAN, MRI, LAB WORK, OR X-RAY	10%	14%			13%	13%		30%	
MEDICAL CARE FOR AN ILLNESS-CONDITION -FLU, ASTHMA	10%				13%	25%	10%	10%	17%
EYE CARE	10%	14%		25%	13%		10%	20%	
COULDN'T FIND DR THAT ACCEPTED-DIDN'T LIKE DRs AVAILABLE	10%		20%			13%	20%	10%	
EMERGENCY ROOM CARE	6%				25%	13%		10%	
ROUTINE OR PREVENTIVE MEDICAL CARE - CHECKUP, WELL BABY	6%		10%		13%		10%	10%	
HOSPITAL CARE, HOSPITAL STAY	5%				13%	13%		10%	
MEDICAL CARE FOR AN INJURY OR POISONING	5%	14%			13%	13%			
MENTAL HEALTH CARE OR COUNSELING	3%				13%				17%
BEHAVIORAL ISSUES-ADHD	3%		10%	25%					
OTHER SPECIALIST SERVICES-NEUROLOGIST, KIDNEY, UNSPECIFIED, ETC	3%		10%				10%		
PRESCRIPTION MEDICINES	2%					13%			
CHIROPRACTIC SERVICES	2%				13%				

You indicated that the program had limited benefits. What types of benefits were not provided?
(% among respondents indicating the health benefits provided by CHIP were too limited - continued)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
GYNOCOLOGICAL SERVICES	2%							10%	
PEDIATRIC CARE	2%		10%						
OTHER	11%	14%	20%		13%	13%	20%		
NOTHING	6%						20%	10%	17%
DK-REF	6%	14%	20%					10%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Seven percent (7%) of respondents did not reenroll their child in CHIP because the program did not provide coverage for the health care services needed.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	7%	6%	10%	7%	4%	3%	8%	8%	10%
NO	92%	91%	90%	93%	95%	95%	90%	90%	90%
DK-REF	1%	3%			1%	2%	2%	2%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Among CHIP respondents, seven percent indicated they did not reenroll their child in the CHIP program because it did not provide coverage for health care services their child required. Among these respondents, the main limitations cited were the lack of dental care (mentioned by 53% of those indicating CHIP did not cover needed health services). About one-in-ten also mentioned lack of benefits for diagnostic tests (9%), medical care for an illness or chronic condition (9%), and eye care (9%)

By provider, the largest percentage of those indicating the program did not provide needed health care services was among those who received services through AmeriChoice (10%) or UPMC (10%).

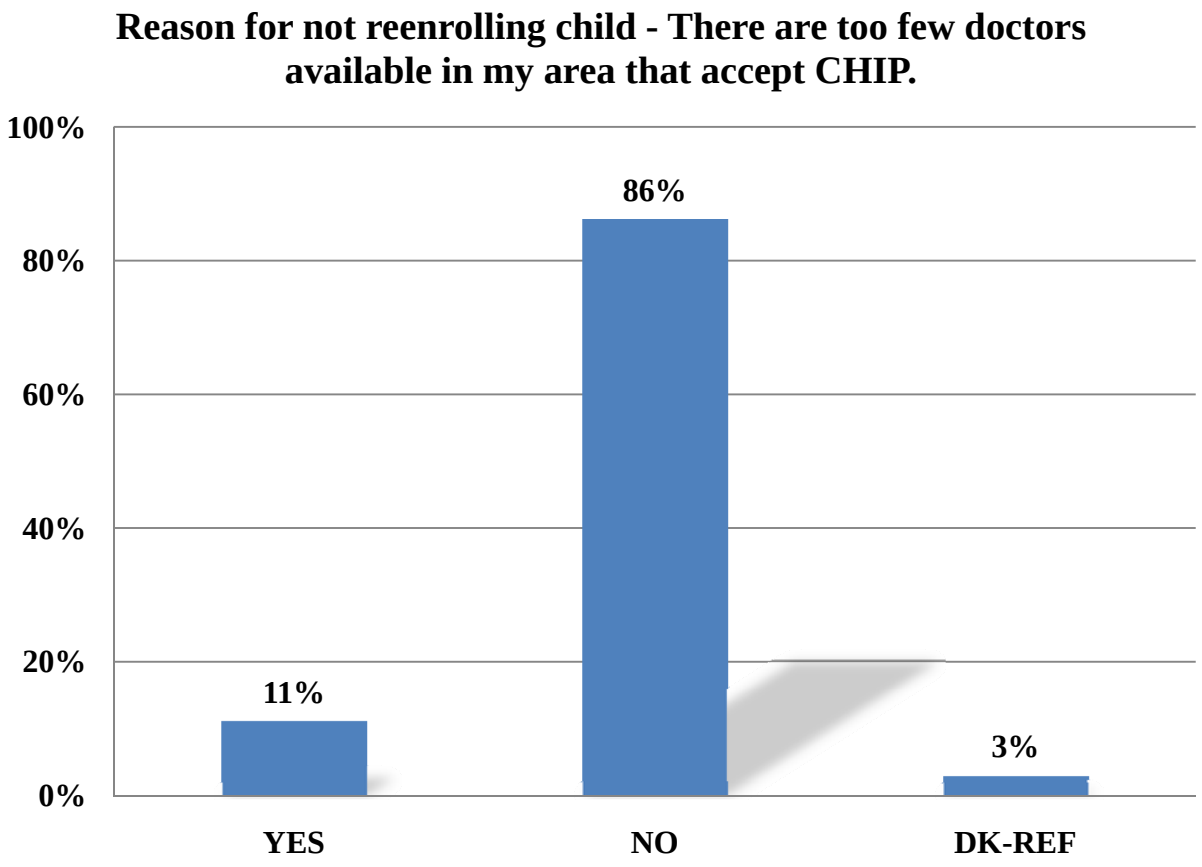
You indicated that the program did not provide services you needed. What types of needed services were not provided?
(% among respondents indicating CHIP did not cover needed services)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
DENTAL CARE INCLUDING CHECKUPS	53%	29%		88%	40%	67%	67%	56%	80%
DIAGNOSTIC TEST - CAT SCAN, MRI, LAB WORK, OR X-RAY	9%				20%	33%		33%	
MEDICAL CARE FOR AN ILLNESS-CONDITION -FLU, ASTHMA	9%		14%		20%	33%	11%		20%
EYE CARE	9%	14%		13%			11%	22%	
EMERGENCY ROOM CARE	8%				40%	33%		11%	
COULDN'T FIND DR THAT ACCEPTED-DIDN'T LIKE DRs AVAILABLE	8%	29%	14%						20%
MEDICAL CARE FOR AN INJURY OR POISONING	6%	14%			20%	33%			
ROUTINE OR PREVENTIVE MEDICAL CARE - CHECKUP, WELL BABY	6%		14%		20%			11%	
HOSPITAL CARE, HOSPITAL STAY	4%				20%	33%			
MENTAL HEALTH CARE OR COUNSELING	4%				20%		11%		
REHABILITATION SERVICES	2%		14%						
SURGERY	2%							11%	
BEHAVIORAL ISSUES-ADHD	2%		14%						
CHIROPRACTIC SERVICES	2%				20%				
GYNOCOLOGICAL SERVICES	2%							11%	

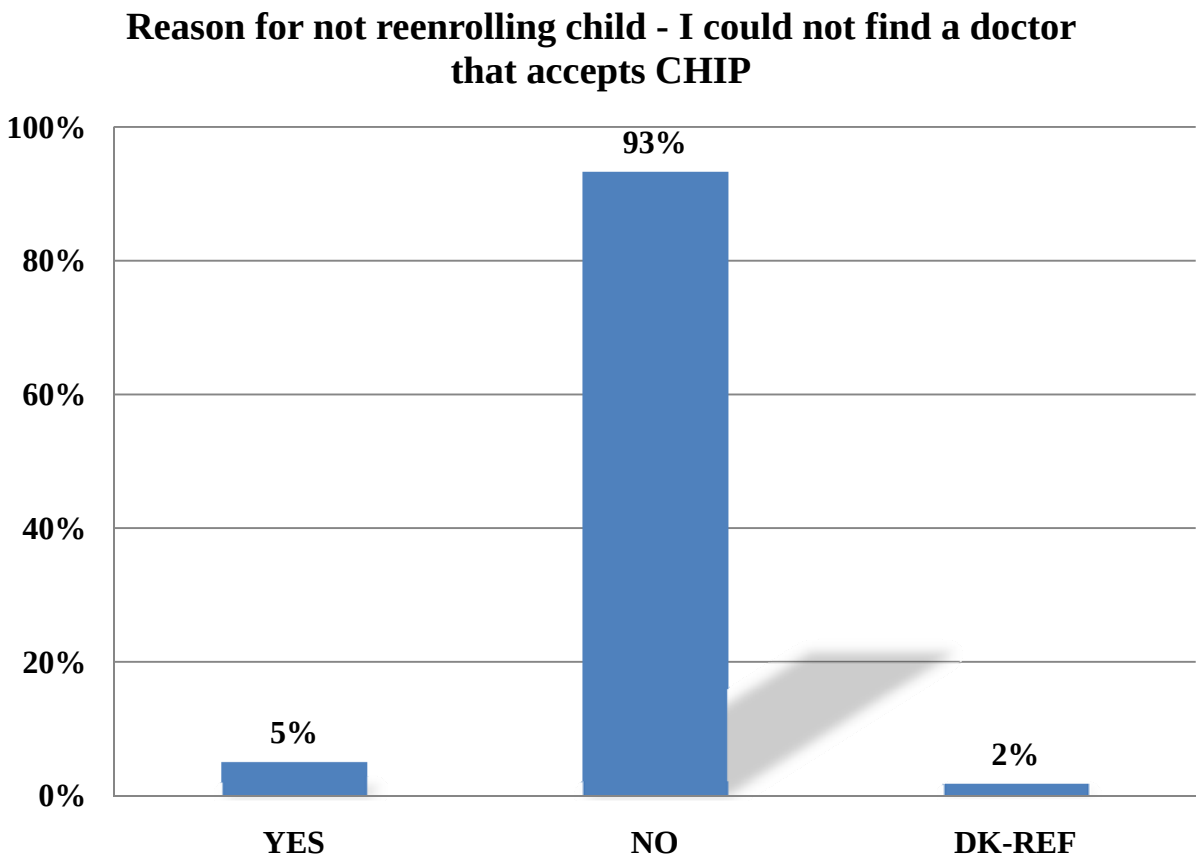
You indicated that the program did not provide services you needed. What types of needed services were not provided?
(% among respondents indicating CHIP did not cover needed services - continued)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Other Specialist Services -Neurologist, Kidney, Unspecified, Etc	2%		14%						
OTHER	8%		29%			33%	11%		
NOTHING	4%			13%					20%
DK-REF	4%	29%							
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

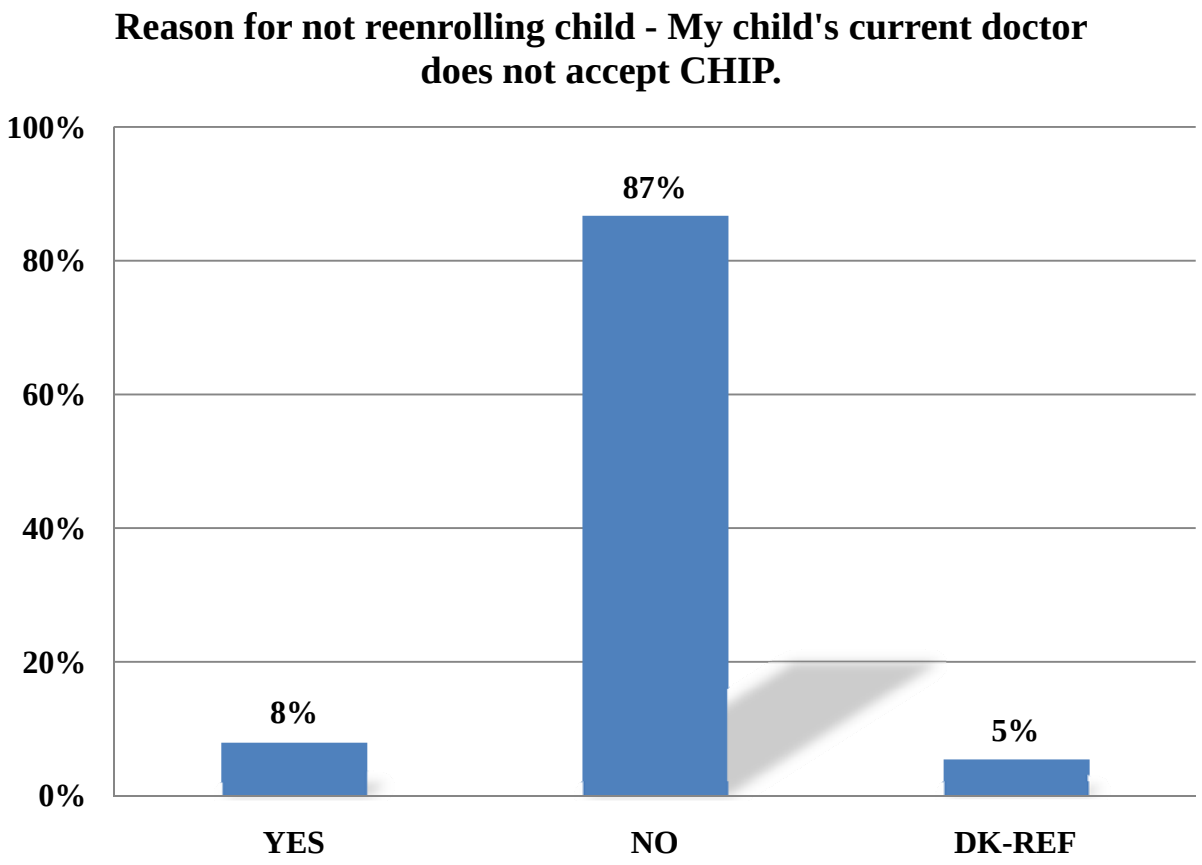
Eleven percent (11%) of respondents did not reenroll their child in CHIP because there were too few doctors in their area that accepted CHIP, five percent could not find a doctor that accepted CHIP, and eight percent did not reenroll because their child's current doctor did not accept CHIP.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	11%	9%	22%	5%	11%	5%	8%	19%	12%
NO	86%	87%	71%	92%	88%	93%	89%	79%	86%
DK-REF	3%	4%	7%	3%	1%	2%	4%	2%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	5%	5%	12%	2%	4%	1%	2%	13%	2%
NO	93%	92%	85%	97%	96%	96%	96%	84%	98%
DK-REF	2%	3%	3%	1%		3%	2%	3%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	8%	5%	19%	4%	7%	5%	6%	16%	2%
NO	87%	88%	77%	96%	88%	89%	86%	76%	94%
DK-REF	5%	6%	4%	1%	5%	5%	8%	8%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

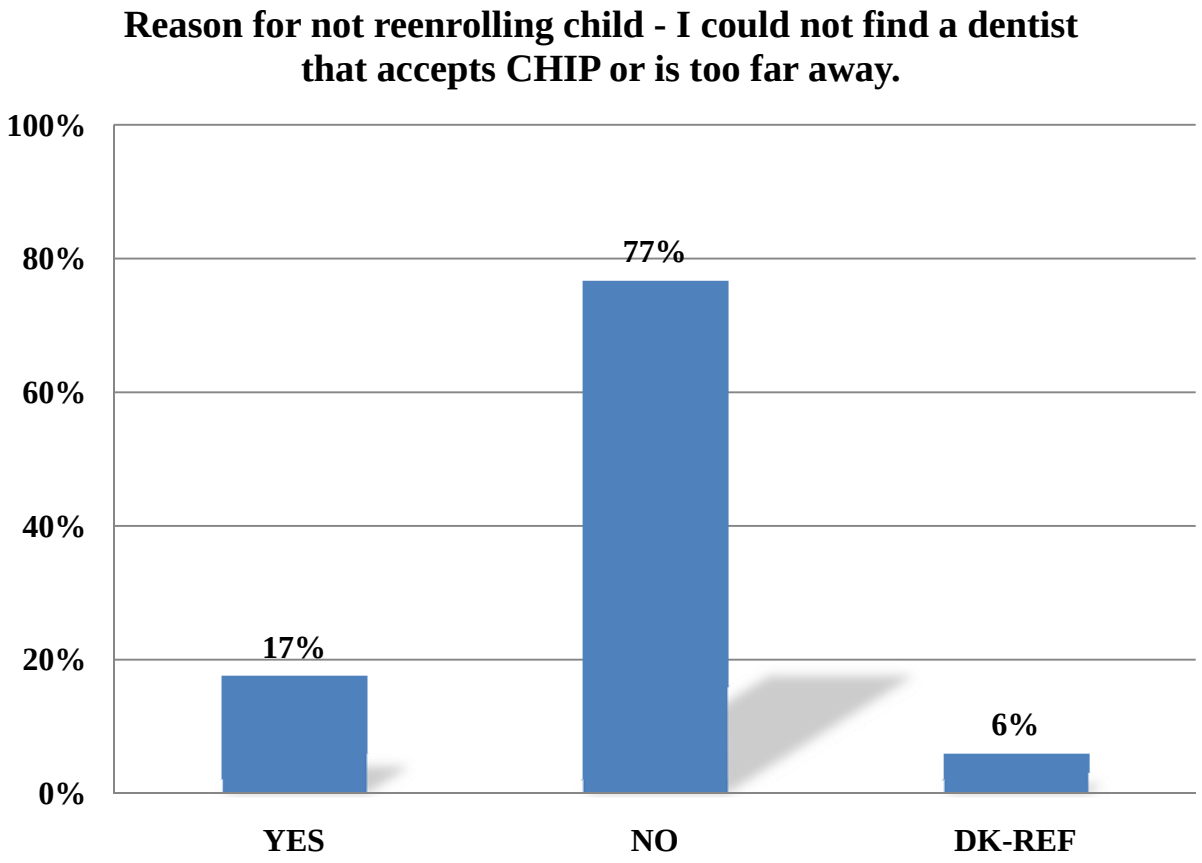
Among CHIP respondents, about one-in-ten respondents cited the inability to find a physician to provide care as a reason for not reenrolling their child. Eleven percent indicated that there were too few doctors in their area that accepted CHIP. Five percent indicated they could not find a doctor at all that would accept CHIP and eight percent indicated that their child's current doctor would not accept CHIP.

By provider, the largest percentage of those indicating they chose not to reenroll their child in CHIP was among those receiving services through AmeriChoice (22%). Among these respondents, 12 percent could not find any doctor that would accept CHIP, and 19 percent indicated their child's current doctor would not accept CHIP.

Significant Differences by Demographic Groups:

- 20% of respondents earning less than $10,000 did not reenroll their child because there were too few doctors available in their area that accepted CHIP.
- 18% of respondents earning less than $10,000 did not reenroll their child because they could not find a doctor that accepted CHIP.
- 23% of respondents earning less than $10,000 did not reenroll their child because their child's current doctor did not accept CHIP.

Seventeen percent (17%) of respondents did not reenroll their child in CHIP because they could not find a dentist in the area that accepted CHIP.



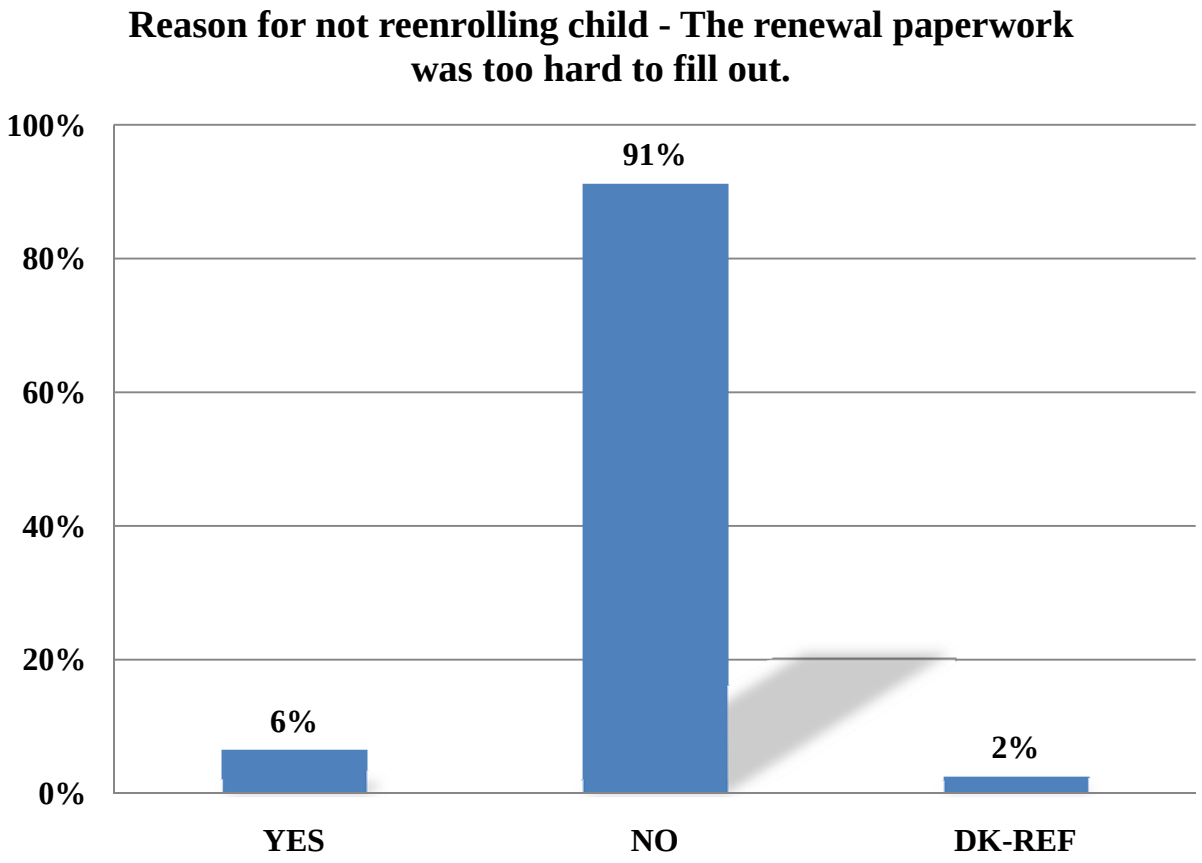
	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	17%	18%	15%	6%	16%	10%	18%	35%	28%
NO	77%	74%	75%	92%	82%	86%	75%	56%	68%
DK-REF	6%	8%	10%	2%	3%	4%	8%	10%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Among CHIP respondents, 17 percent indicated they did not reenroll their child in the CHIP program because they could not find a dentist in their area that accepted CHIP.

By provider, the largest percentage of those indicating they could not find a dentist that accepted CHIP in their area was among those who received services through UFHP of PA (35%).

Six percent (6%) of respondents did not reenroll their child in CHIP because the renewal paperwork was too difficult to fill out.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	6%	4%	5%	5%	9%	11%	6%	6%	2%
NO	91%	96%	86%	94%	89%	87%	91%	92%	92%
DK-REF	2%	1%	8%	1%	2%	2%	3%	2%	6%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Among CHIP respondents, only six percent indicated they did not reenroll their child in CHIP because the renewal paperwork was too difficult to fill out. Among this small percentage of respondents, the difficulties encountered included that there was simply too much paperwork or that too many questions were asked (29%), the directions were unclear or hard to understand (18%), the forms were not provided in the language they speak (14%), the proof of income requirement (12%), they had trouble reading the forms (10%), and the questions were hard to answer (10%). Sixteen percent of respondents citing difficulties with the renewal forms as a reason for choosing not to reenroll indicated they would like to see online renewal services with a live person. Twelve percent see the need for more one on one help, while 10 percent indicated the need to simplify the application process with less paperwork and fewer repetitive questions.

By provider, the largest percentage of those indicating that difficulties with the renewal form was a reason for choosing not to reenroll their child was among those who received services through Independence Blue Cross (11%).

Significant Differences by Demographic Groups:

- 18% of respondents earning less than $10,000 did not reenroll their child because they experienced difficulties filling out the renewal paperwork.

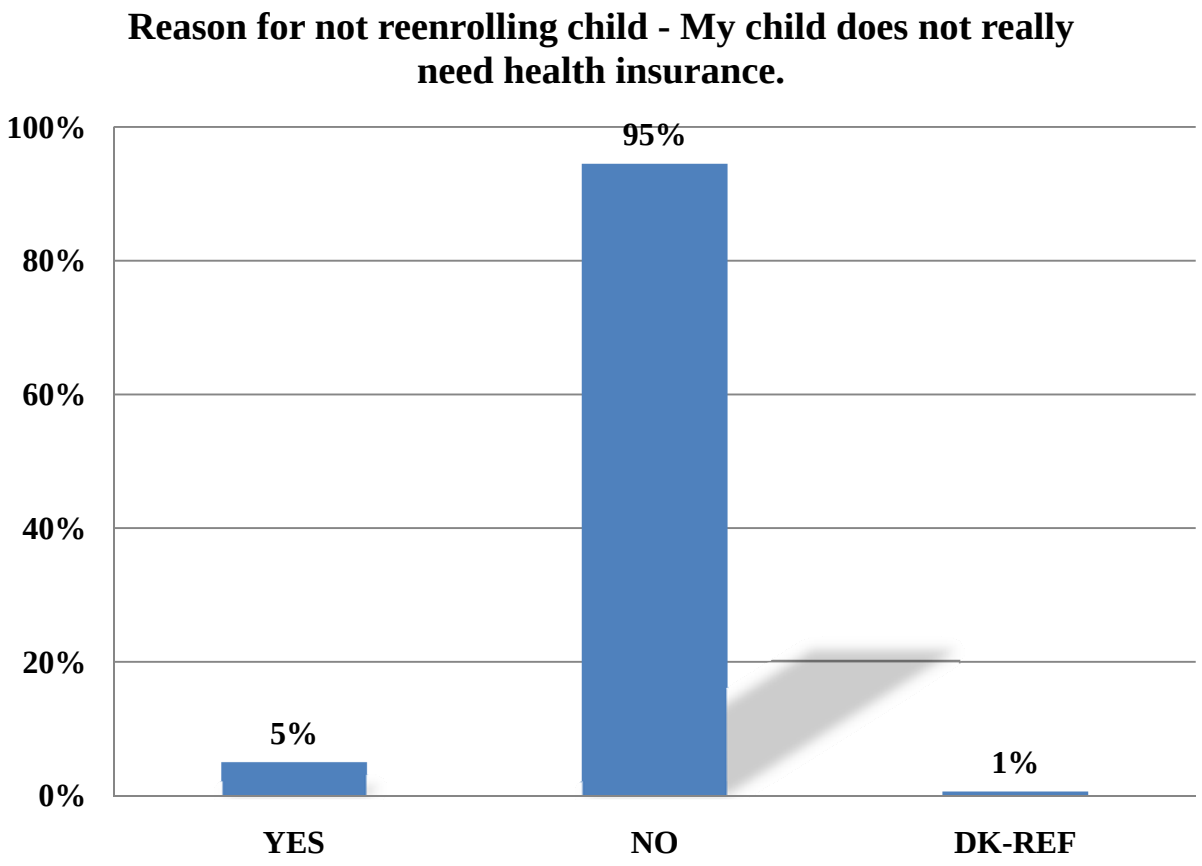
You indicate you found it hard to fill out the renewal paperwork. Can you tell me what it was that made the renewal form difficult?
(% among respondents indicating renewal paperwork was too difficult)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS	29%	25%	50%		30%	25%	29%	43%	100%
DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND	18%				20%	17%	29%	43%	
LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE	14%		50%		10%	25%		14%	
PROOF OF INCOME	12%	50%			20%	8%	14%		
CAN'T READ FORMS, TROUBLE READING FORMS	10%			17%	10%	8%		29%	
QUESTIONS HARD TO ANSWER, UNDERSTAND	10%				30%	17%			
TOOK TOO LONG, TOO MUCH TIME TO APPLY	8%			17%	10%	8%	14%		
NEEDED HELP IN FILLING OUT APPLICATION FORMS	6%				10%	8%		14%	
STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP	6%			17%	10%	8%			
DIFFICULTIES WITH ON-LINE RENEWAL	4%					17%			
OTHER	14%			33%	20%	17%	14%		
DK-REF	10%	25%		17%	20%			14%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

What type of assistance could be provided to make the process of filling the renewal application easier?
(% among respondents indicating renewal paperwork was too difficult)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
PROVIDE OVER THE PHONE RENEWAL WITH LIVE PERSON	16%	25%	25%	17%		17%	14%	29%	
PROVIDE 1 ON 1 DETAILED HELP	12%	25%		17%	10%		14%	29%	
LESS PAPERWORK-LESS REPETITIVE INFO REQUESTED-COMBINE PAPERWORK	10%		25%	17%		8%	29%		
MAINTAIN PREVIOUS INFORMATION SO RENEWALS DO NOT REQUIRE ALL INFORMATION TO BE REENTERED	8%			17%	10%	8%			100%
PROVIDE HELP WITH LANGUAGE-TRANSLATION	6%		25%			17%			
BETTER COMMUNICAITON	6%	25%	25%				14%		
PROVIDE BETTER EXPLANATIONS	4%				10%	8%			
MAKE ONLINE RENEWAL EASIER	2%					8%			
OTHER	24%			17%	60%	17%	14%	29%	
DK-REF	14%	25%		17%	10%	17%	14%	14%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Five percent (5%) of respondents did not reenroll their child in CHIP because they felt their child did not need health insurance coverage.

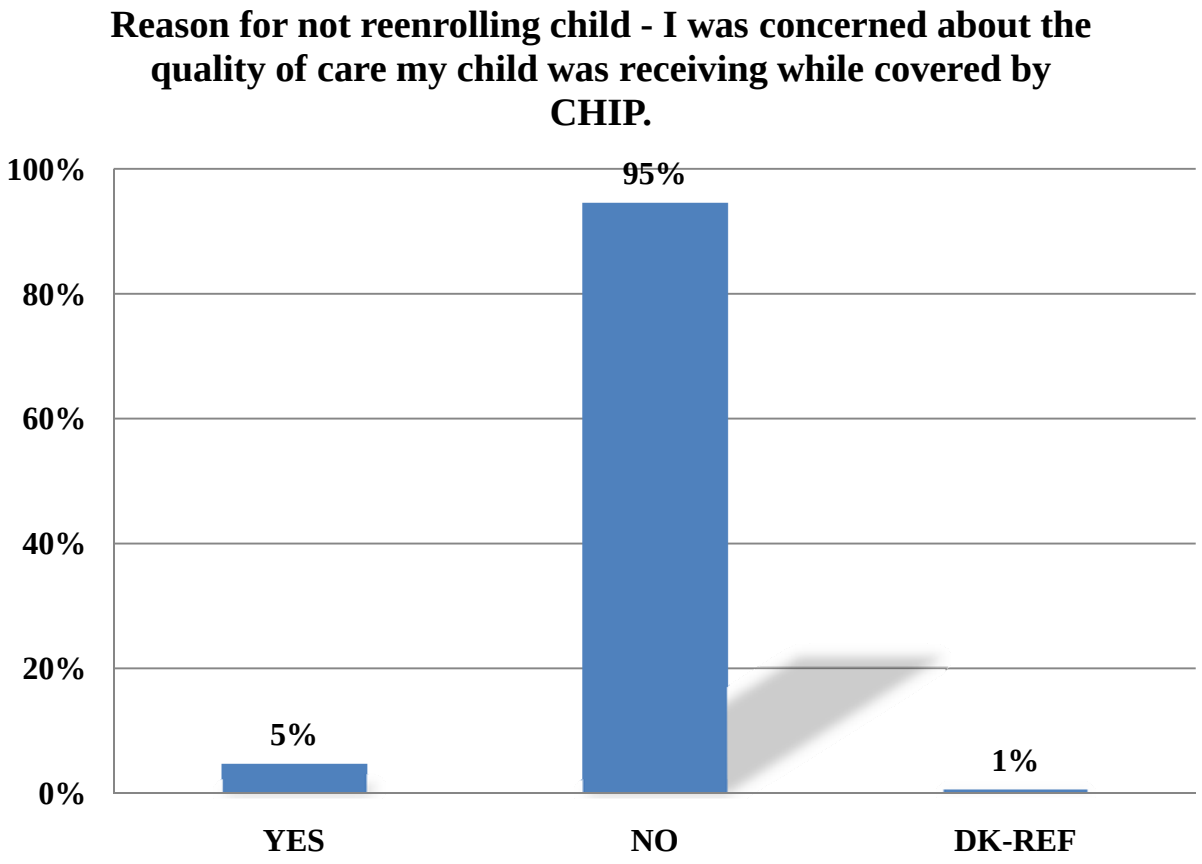


	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	5%	2%	7%	4%	4%	4%	6%	10%	4%
NO	95%	98%	93%	96%	96%	95%	94%	89%	96%
DK-REF	1%			1%	1%	2%		1%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Among CHIP respondents, only five percent indicated they did not reenroll their child in CHIP because they did not need health insurance coverage.

Five percent (5%) of respondents did not reenroll their child in CHIP because they were concerned about the quality of care they received while covered by CHIP.



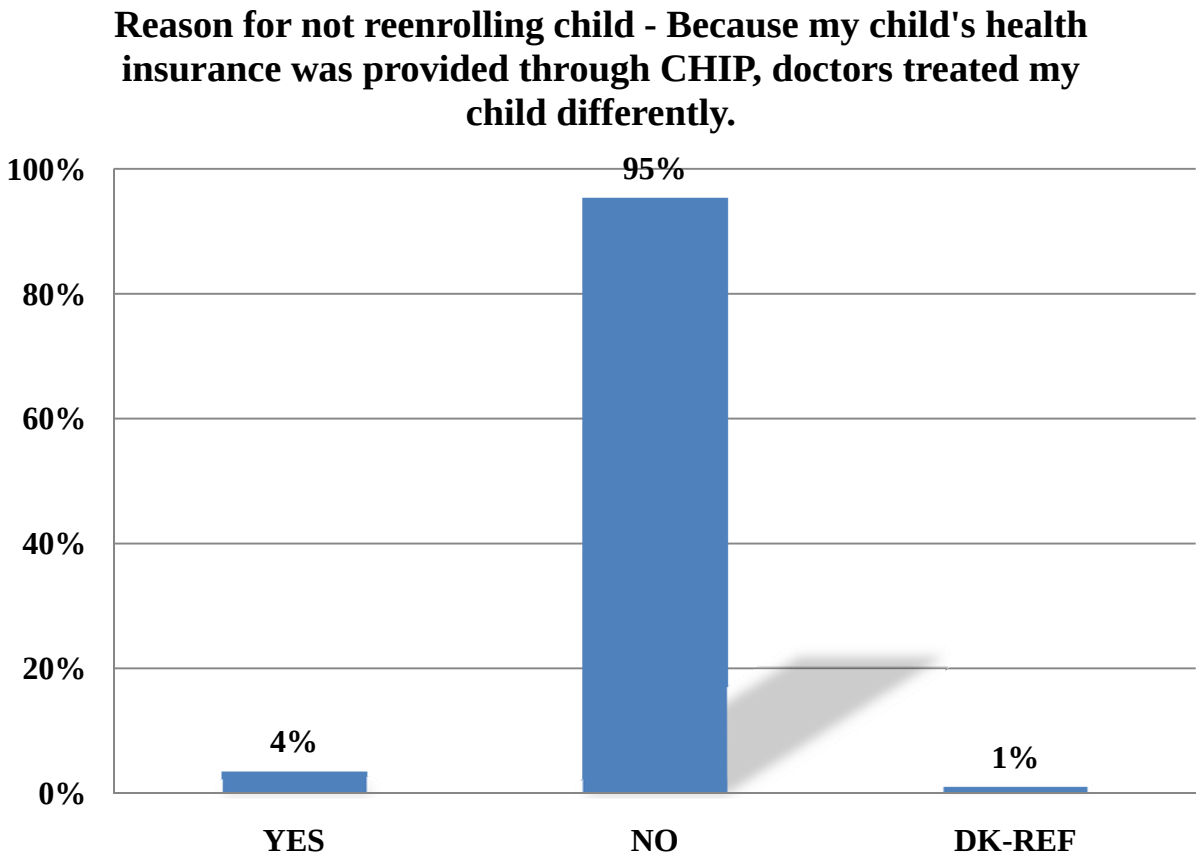
	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	5%	4%	7%	2%	4%	5%	3%	9%	4%
NO	95%	95%	92%	98%	96%	95%	96%	89%	96%
DK-REF	1%	1%	1%				1%	2%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Among CHIP respondents, only five percent indicated they did not reenroll their child in CHIP because of concerns over the quality of care provided.

By provider, the largest percentage of those indicating concerns about the quality of care was among those who received services through UFHP of PA (11%).

Four percent (4%) of respondents did not reenroll their child in CHIP because they believed that doctors treated their child differently because they were enrolled in CHIP.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	4%	6%	1%		6%	2%	5%	5%	
NO	95%	93%	97%	100%	94%	95%	93%	94%	100%
DK-REF	1%	1%	1%			3%	2%	1%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Among CHIP respondents, only four percent indicated they did not reenroll their child in CHIP because they were treated differently by health care providers. Among these respondents, 24 percent indicated the care provided was impatient and rushed, 14 percent indicated they were treated poorly or just different in general, 10 percent indicated that providers were condescending, and 10 percent indicated they had to wait a long time for service.

By provider, the largest percentage of those indicating that health care providers treated their child differently because they were covered by CHIP was among those who received services through Aetna (6%) and Highmark (6%).

Significant Differences by Demographic Groups:

- 23% of respondents earning less than $10,000 did not reenroll their child because they felt their child was treated differently by health care providers.

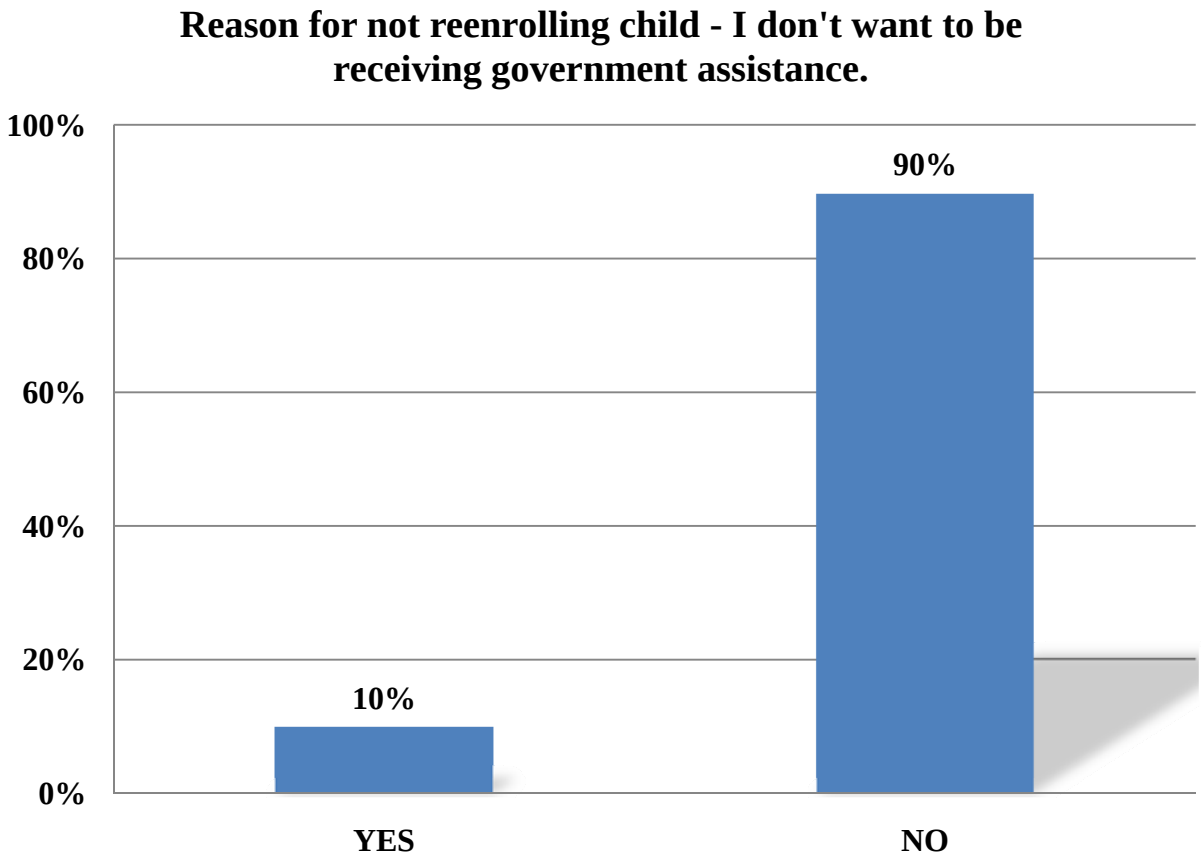
How did doctors treat your child differently?
(% among respondents indicating doctor treated their child differently)

		CHIP Provider							
	Total	CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
IMPATIENT, RUSHED CARE	24%			14%	50%	67%	17%	24%	
RUDE, TREATED POORLY, TREATED DIFFERENTLY-GENERAL	14%	29%		14%		17%		14%	29%
CONDESCENDING	10%			14%			33%	10%	
HAD TO WAIT A LONG TIME	10%	14%		14%		17%		10%	14%
THEY IGNORED US-WOULDN'T HELP US-FELT ISOLATED	7%	14%					17%	7%	14%
FOCUS WAS ON WHAT Tx WAS COVERED NOT WHAT Tx WAS BEST	7%		100%	14%				7%	
OTHER	24%	29%		29%	50%		33%	24%	29%
DK-REF	3%	14%						3%	14%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

And how do you think this affected the quality of health care that your child received?
(% among respondents indicating doctor treated their child differently)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
CARE WAS INADEQUATE,RUSHED-WASN'T PAYING ATTENTION	24%	29%		14%		50%	17%	24%	29%
IT WAS AFFECTED - GENERAL	14%	14%		29%		17%		14%	14%
DIDN'T RECEIVE CARE-ONLY RECEIVE CARE IN EMERGENCIES	14%	29%		14%			17%	14%	29%
TREATED ME LIKE I WAS LOWER CLASS, RUDE TREATMENT	10%			29%			17%	10%	
NONE, LITTLE EFFECT	10%	29%	100%					10%	29%
DIDN'T GET THE Tx WANTED, GOT WHAT INSURANCE WOULD PAY FOR	3%						17%	3%	
OTHER	17%			14%	100%		33%	17%	
DK-REF	7%					33%		7%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Ten percent (10%) of respondents did not reenroll their child in CHIP because they didn't want to receive government assistance.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	10%	7%	8%	6%	11%	6%	11%	18%	10%
NO	90%	93%	90%	94%	89%	91%	89%	82%	90%
DK-REF	0%		1%			3%			
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

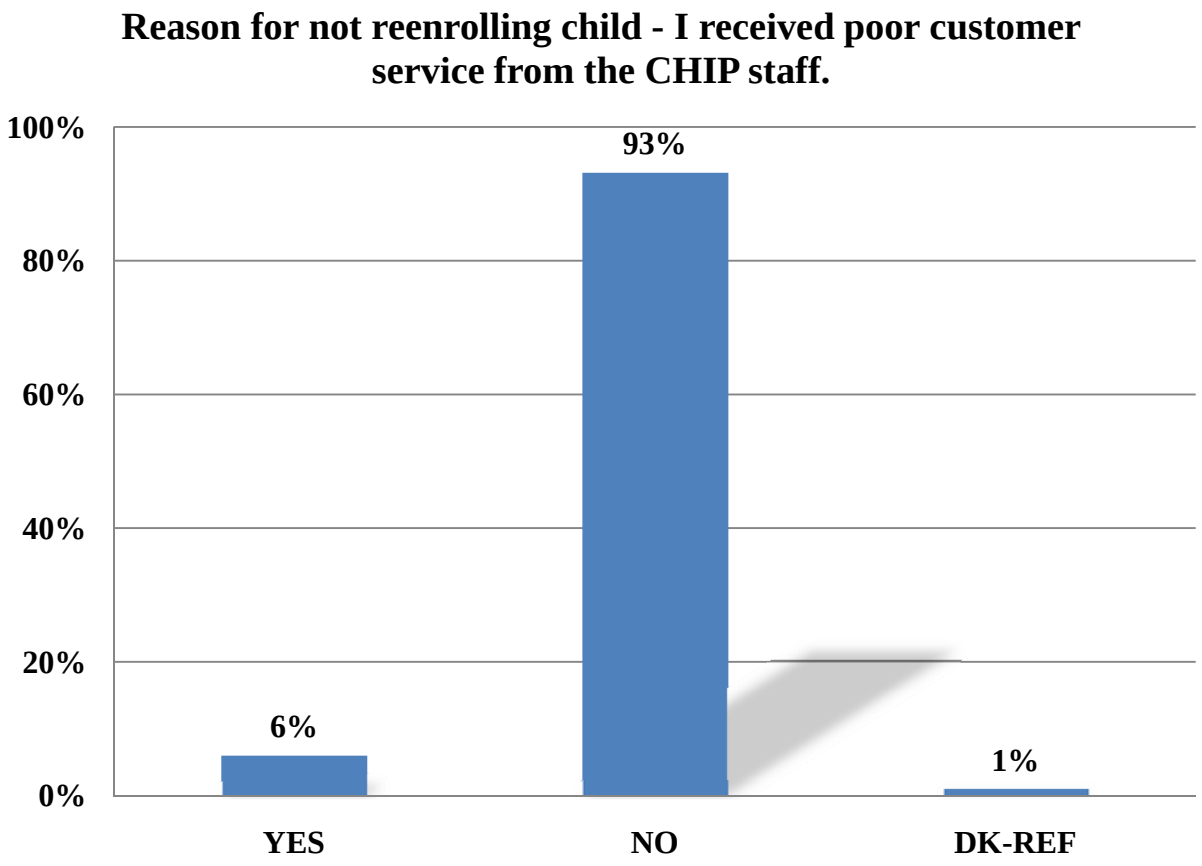
Comments:

Among CHIP respondents, 10 percent indicated they did not reenroll their child in the CHIP program because they didn't want to be receiving government assistance.

Significant Differences by Demographic Groups:

- 28% of respondents whose child was currently covered by private insurance that someone paid for out of pocket did not reenroll their child because they did not want to receive government assistance.

Six percent (6%) of respondents did not reenroll their child in CHIP because they received poor customer service from the CHIP staff.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	6%	3%	11%	6%	6%	9%	2%	8%	4%
NO	93%	96%	89%	93%	94%	89%	97%	90%	96%
DK-REF	1%	1%		1%		2%	1%	2%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Among CHIP respondents, only six percent indicated they did not reenroll their child in CHIP because of poor customer service provided by the CHIP staff.

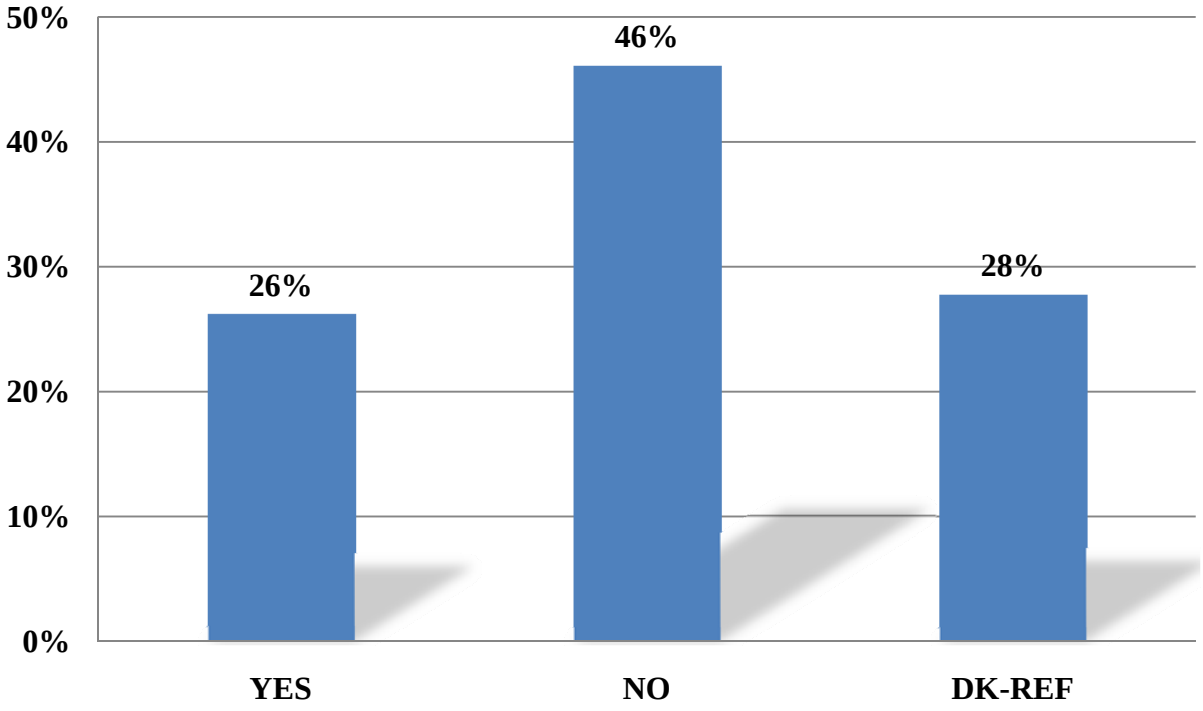
By provider, the largest percentage of those indicating poor customer service provided by the CHIP staff was a factor in choosing not to reenroll was among those who received services through AmeriChoice (11%).

Significant Differences by Demographic Groups:

- 15% of respondents earning less than $10,000 did not reenroll because they felt they received poor customer service from the CHIP staff.

Twenty-six percent (26%) of respondents recalled receiving a call from the call center once the renewal application letter was sent.

Did you receive a call from our call center to assist you in filling out the renewal application after the letters were sent?



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	26%	21%	39%	19%	27%	27%	17%	33%	42%
NO	46%	45%	46%	46%	46%	55%	52%	38%	29%
DK-REF	28%	34%	15%	35%	26%	18%	31%	28%	29%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

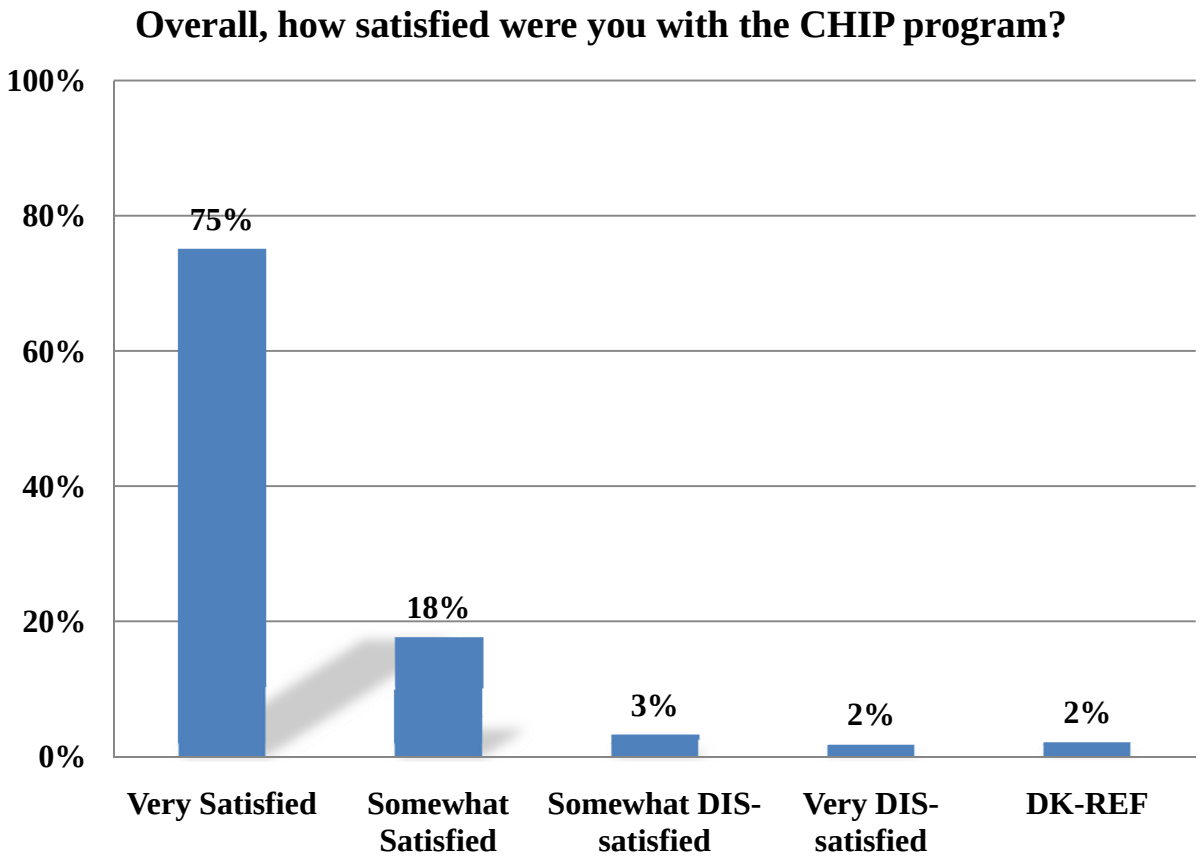
Among all CHIP respondents, 73 percent indicated they received a letter telling them their coverage was about to end. Among those who received this letter, 26 percent indicated they received a call from the CHIP call center to assist in filling out their renewal application.

Significant Differences by Demographic Groups:

- 50% of respondents in the North East Region did not recall receiving a call from the CHIP call center.
- 57% of respondents in the Eastern Region did not recall receiving a call from the CHIP call center.
- 33% of respondents in the Pittsburgh Region did not recall receiving a call from the CHIP call center.

2. Satisfaction with CHIP

Ninety-three percent (93%) of respondents were very or somewhat satisfied with the CHIP program, overall.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Very Satisfied	75%	80%	58%	88%	84%	74%	82%	58%	68%
Somewhat Satisfied	18%	15%	26%	10%	12%	19%	11%	33%	20%
Somewhat Dissatisfied	3%	2%	7%	3%	1%	5%	1%	4%	8%
Very Dissatisfied	2%	2%	4%		3%	1%	2%	3%	2%
DK-REF	2%	2%	5%			2%	4%	3%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

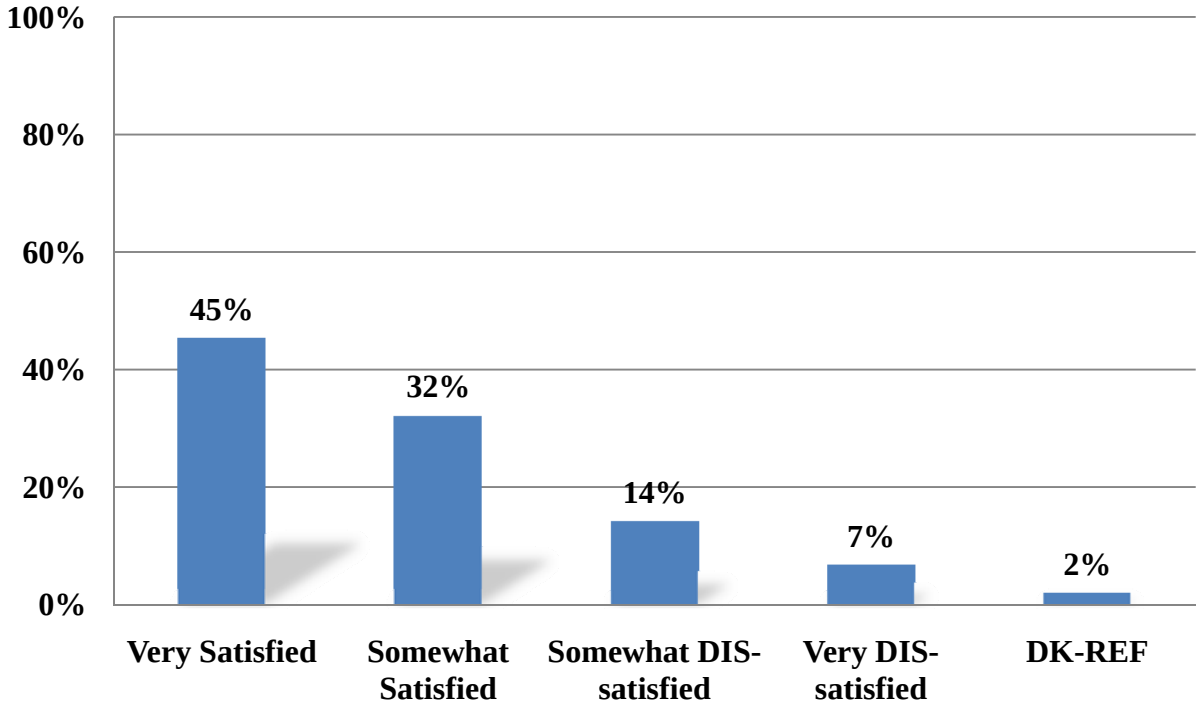
Comments:

Nearly all CHIP respondents were satisfied with the CHIP program. Seventy-five percent of respondents were very satisfied with the CHIP program, overall, while another 18 percent were somewhat satisfied. Only five percent of respondents expressed any level of dissatisfaction with the program.

In general, overall satisfaction was high among clients of all CHIP providers. Overall satisfaction ranged from 84 percent very and somewhat satisfied among those who received service from AmeriChoice to 98 percent among those who received service from Capital Blue Cross.

Seventy-seven percent (77%) of respondents were very or somewhat satisfied with the amount the CHIP program charged for the monthly premium.

How satisfied were you with the amount charged for the monthly premium?
(Asked of at cost and subsidized CHIP respondents)



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Very Satisfied	45%	50%	35%	67%	89%	30%	32%	56%	25%
Somewhat Satisfied	32%	25%	53%	28%		45%	32%		50%
Somewhat Dissatisfied	14%	25%	6%	6%	11%	15%	16%	33%	25%
Very Dissatisfied	7%					10%	16%	11%	
DK-REF	2%		6%				4%		
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

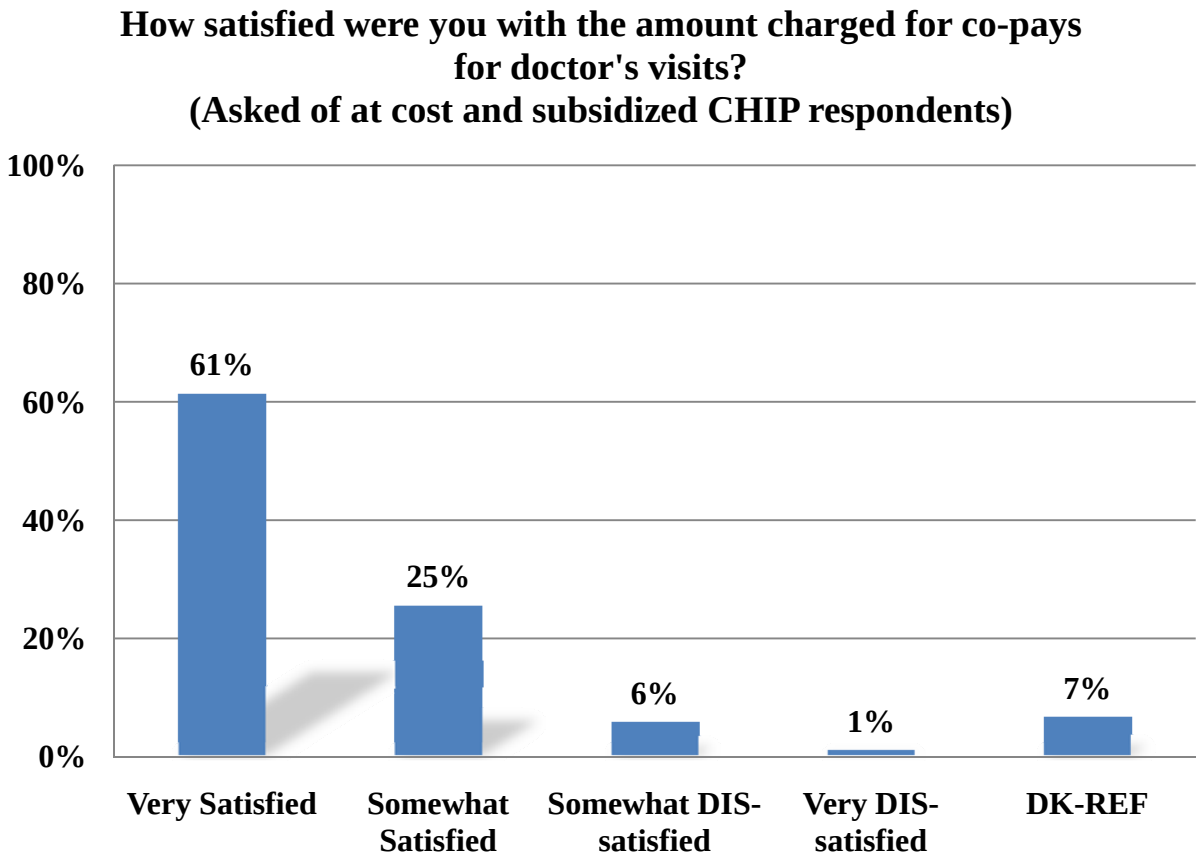
In general, CHIP respondents were satisfied with the amount they paid for their monthly premiums for the CHIP program. Forty-five percent of respondents were very satisfied with the amount they were charged for monthly premiums, while another 32 percent were somewhat satisfied. About one-in-five respondents (21%) expressed dissatisfaction with the amount they were charged for monthly premiums.

Satisfaction with monthly premiums ranged from 56 percent very and somewhat satisfied among those who received service from UFHP of PA to 95 percent among those who received service from Capital Blue Cross.

Significant Differences by Demographic Groups:

- 75% of respondents in the North East Region were very or somewhat dissatisfied with the monthly premiums.
- 40% of respondents earning less than $10,000 were very or somewhat dissatisfied with the monthly premiums.
- 50% of respondents earning between $10,000 and $19,999 were very or somewhat dissatisfied with the monthly premiums.

Eighty-six percent (86%) of respondents were very or somewhat satisfied with the amount charged for co-pays for doctor's visits.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Very Satisfied	61%	75%	41%	94%	89%	55%	48%	56%	50%
Somewhat Satisfied	25%		29%	6%		35%	44%	22%	25%
Somewhat Dissatisfied	6%		6%		11%	10%		11%	25%
Very Dissatisfied	1%	25%							
DK-REF	7%		24%				8%	11%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

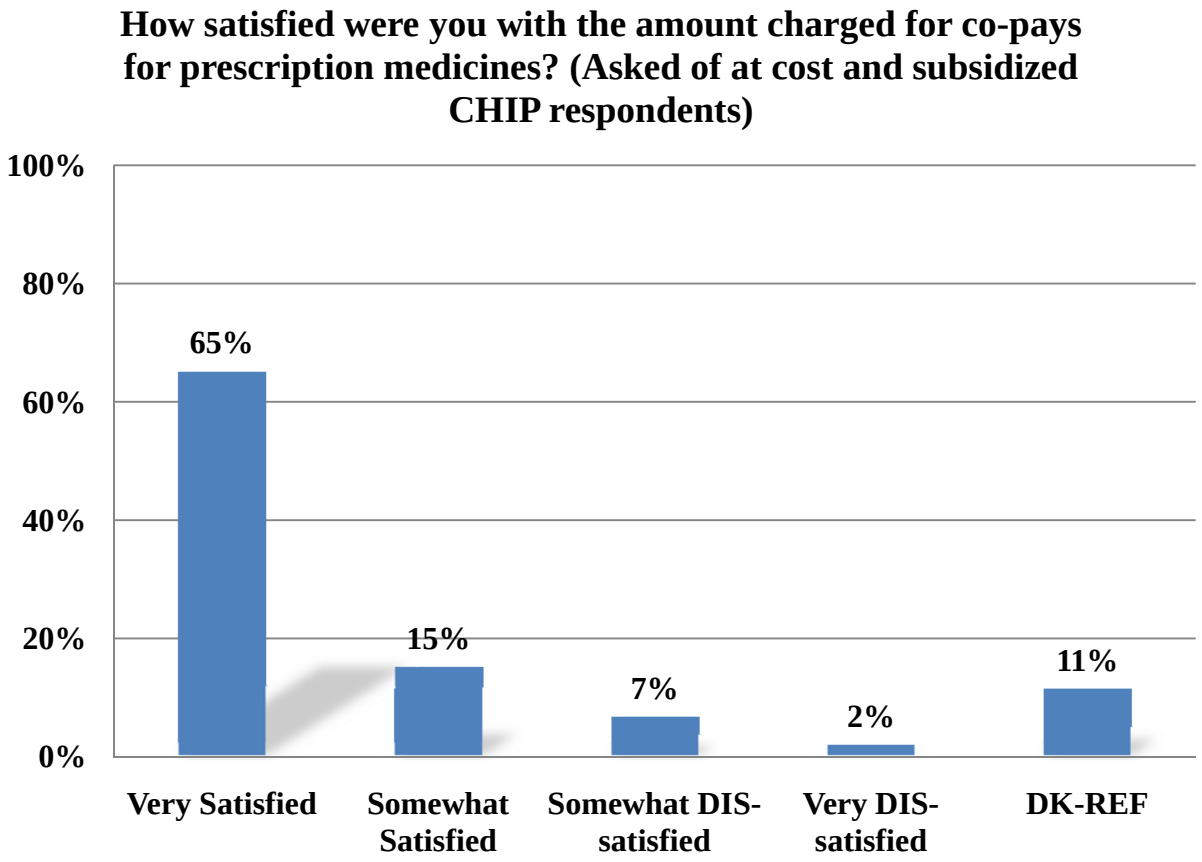
A large majority of CHIP respondents were satisfied with the amount charged for co-pays for doctor's visits. Sixty-one percent of respondents were very satisfied with the amount they were charged for co-pays, while another 25 percent were somewhat satisfied. Seven percent of respondents expressed dissatisfaction with the amount they were charged for co-pays for a doctor's visit.

Satisfaction was high among clients of most CHIP providers. Satisfaction with co-pays ranged from 100 percent very and somewhat satisfied among those who received service from Aetna to 70 percent among those who received service from AmeriChoice.

Significant Differences by Demographic Groups:

- 29% of respondents in the Erie Region were very or somewhat dissatisfied with the amount charged for co-pays for doctor's visits.
- 33% of respondents in the North Central Region were very or somewhat dissatisfied with the amount charged for co-pays for doctor's visits.
- 40% of respondents earning less than $10,000 were very or somewhat dissatisfied with the amount charged for co-pays for doctor's visits.
- All respondents earning between $10,000 and $19,999 were very or somewhat dissatisfied with the amount charged for co-pays for doctor's visits.

Eighty-one percent (80%) of respondents were very or somewhat satisfied with the amount charged for prescription medicines.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Very Satisfied	65%	50%	35%	100%	89%	50%	72%	56%	50%
Somewhat Satisfied	15%		29%			30%	8%	22%	25%
Somewhat Dissatisfied	7%		6%		11%	15%		11%	25%
Very Dissatisfied	2%	25%					4%		
DK-REF	11%	25%	29%			5%	16%	11%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

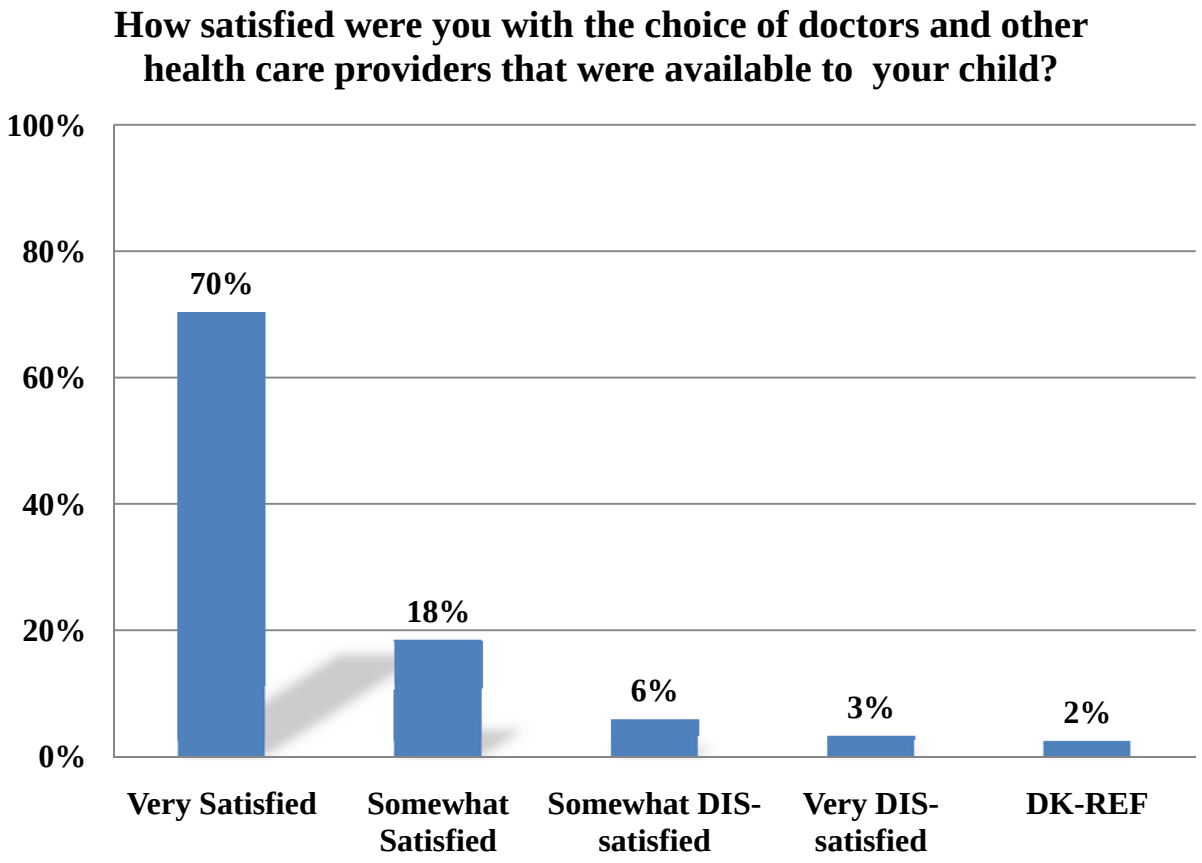
A vast majority of at cost and subsidized CHIP respondents were satisfied with the amount charged for co-pays for doctor's visits. Sixty-five percent of respondents were very satisfied with the amount they were charged for co-pays, while another 15 percent were somewhat satisfied. Nine percent of respondents expressed dissatisfaction with the amount they were charged for co-pays for a doctor's visit.

In general, satisfaction was high among clients of all CHIP providers. Satisfaction with co-pays ranged from 50 percent very and somewhat satisfied among those who received service from Aetna to 100 percent among those who received service from Capital Blue Cross.

Significant Differences by Demographic Groups:

- 29% of respondents in the Erie Region were very or somewhat dissatisfied with the amount charged for co-pays for prescription medicines.
- 33% of respondents in the North Central Region were very or somewhat dissatisfied with the amount charged for co-pays for prescription medicines.
- 40% of respondents earning less than $10,000 were very or somewhat dissatisfied with the amount charged for co-pays for prescription medicines.
- All respondents earning between $10,000 and $19,999 were very or somewhat dissatisfied with the amount charged for co-pays for prescription medicines.

Eighty-eight percent (88%) of respondents were very or somewhat satisfied with the choice of doctors and other health care providers that are available.



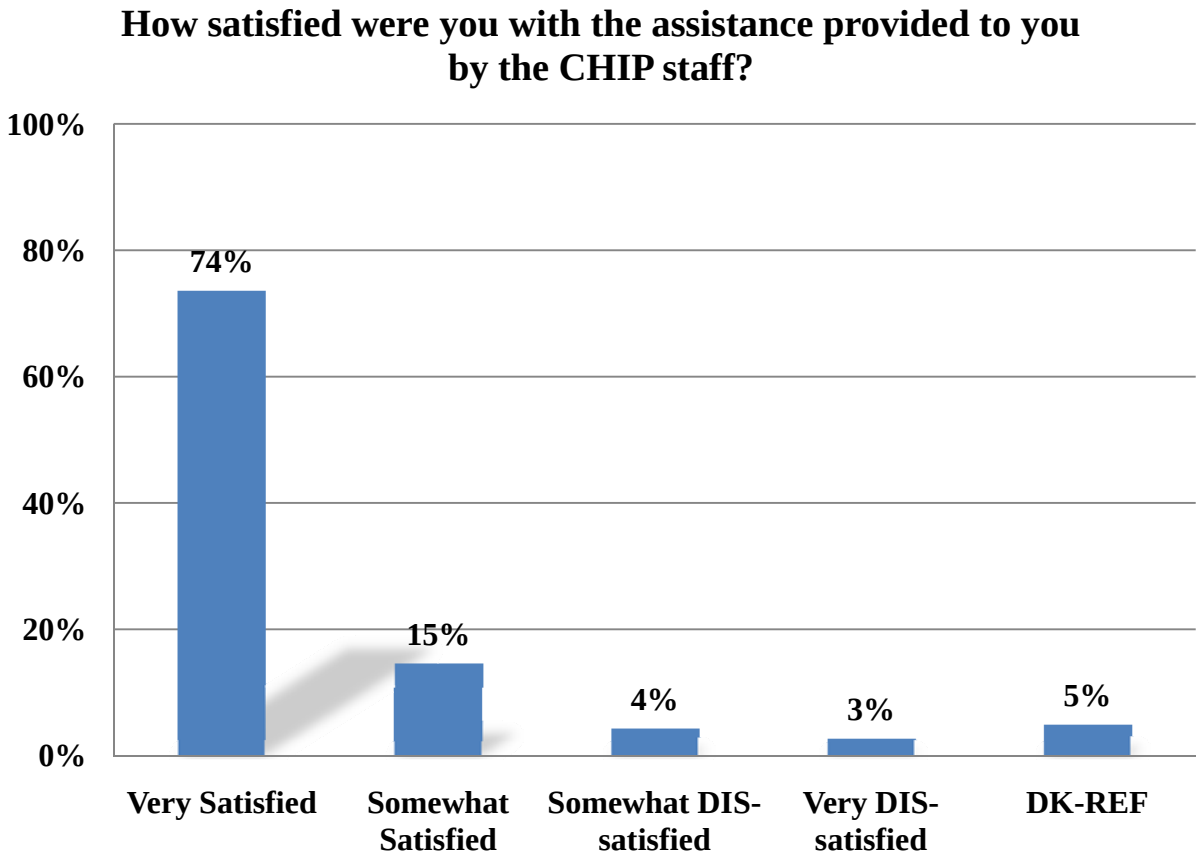
	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Very Satisfied	70%	71%	59%	82%	79%	75%	73%	58%	52%
Somewhat Satisfied	18%	17%	19%	14%	14%	18%	15%	23%	38%
Somewhat Dissatisfied	6%	7%	11%	3%	4%	4%	4%	9%	10%
Very Dissatisfied	3%	4%	4%	1%	3%	1%	4%	8%	
DK-REF	2%	2%	7%			3%	5%	3%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

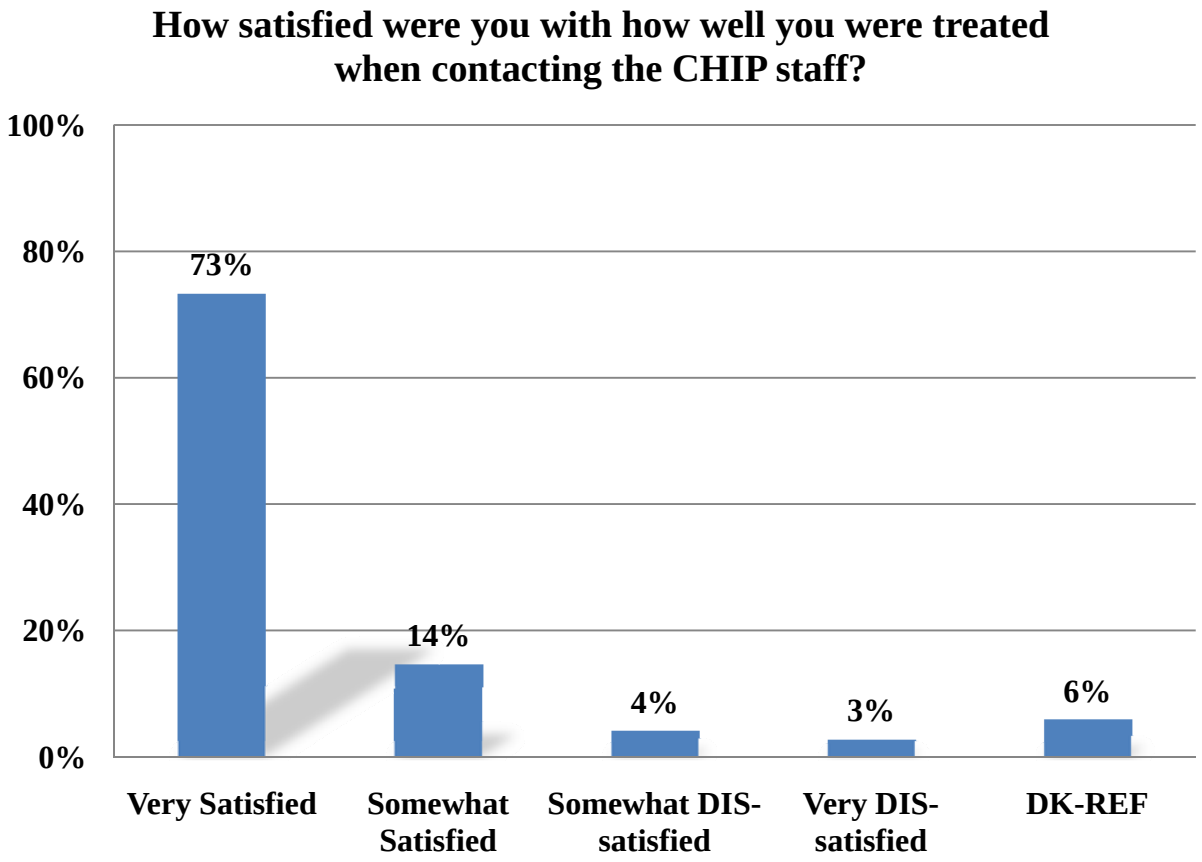
A vast majority of CHIP respondents were satisfied with their choice of doctors and other health care providers. Seventy percent of respondents were very satisfied with their choice of health care providers while another 18 percent were somewhat satisfied. Nine percent of respondents expressed dissatisfaction with their choice of doctors or other health care providers.

In general, satisfaction was high among clients of all CHIP providers. Satisfaction with choice of providers ranged from 78 percent among those who received service from AmeriChoice to 96 percent very and somewhat satisfied among those who received service from Capital Blue Cross.

Eighty-nine percent (89%) of respondents were very or somewhat satisfied with the assistance provided by CHIP staff and 87 percent were satisfied with how they were treated when contacting CHIP staff.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Very Satisfied	74%	75%	64%	82%	77%	70%	75%	66%	76%
Somewhat Satisfied	15%	12%	19%	12%	12%	12%	14%	20%	20%
Somewhat Dissatisfied	4%	4%	5%	4%	3%	7%	3%	5%	4%
Very Dissatisfied	3%	1%	7%		4%	6%	3%	1%	
DK-REF	5%	9%	4%	2%	4%	5%	5%	7%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

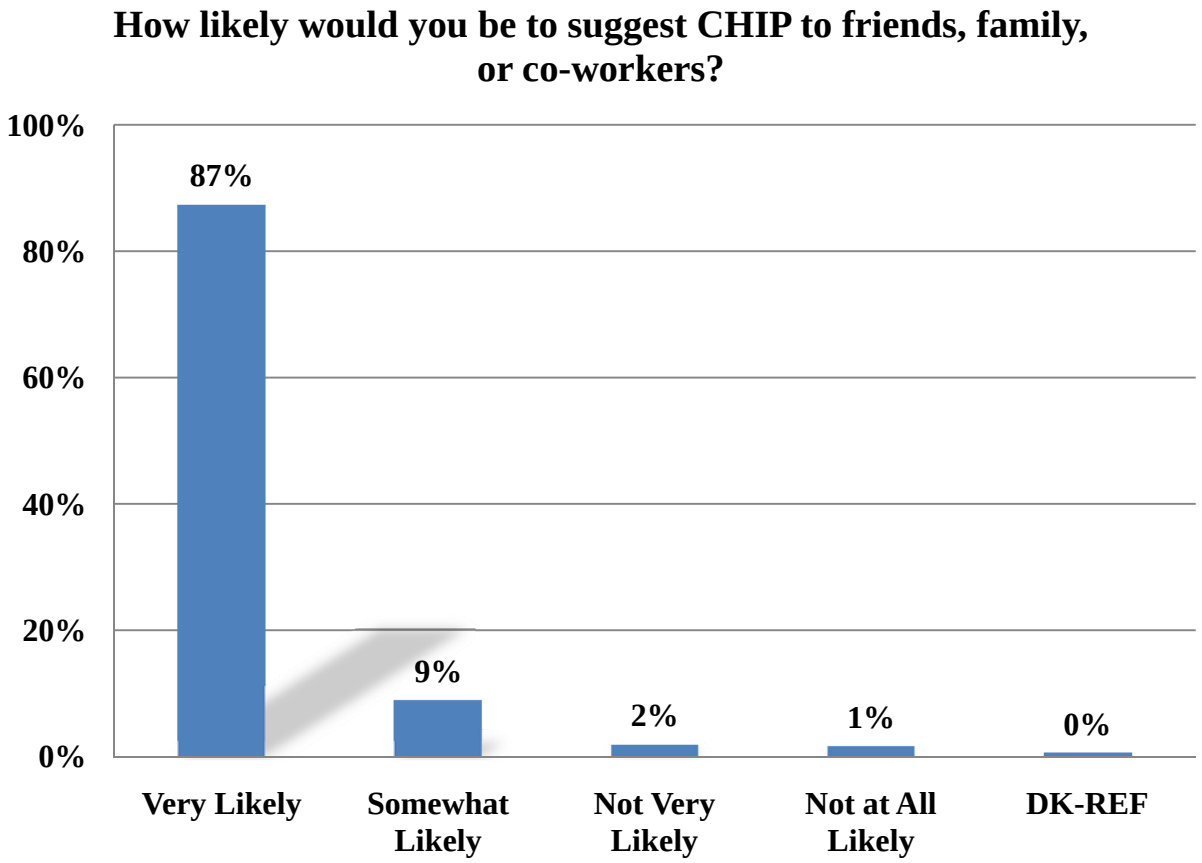


	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Very Satisfied	73%	78%	60%	84%	75%	68%	74%	66%	78%
Somewhat Satisfied	14%	9%	23%	9%	16%	13%	14%	20%	16%
Somewhat Dissatisfied	4%	1%	3%	4%	3%	10%	3%	4%	4%
Very Dissatisfied	3%	1%	7%	2%	3%	3%	4%	2%	
DK-REF	6%	12%	7%	2%	4%	6%	5%	7%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Satisfaction with the CHIP staff was high among all CHIP respondents. Eighty-nine percent were satisfied with the assistance provided by the CHIP staff (74% were very satisfied and another 15% were somewhat satisfied). Eighty-seven percent were satisfied with the way they were treated when contacting CHIP staff (73% were very satisfied and another 14% were somewhat satisfied). Only seven percent of respondents expressed any level of dissatisfaction with the assistance provided by the CHIP staff and only seven percent expressed any level of dissatisfaction with the way they were treated when contacting the CHIP staff.

Almost all (96%) respondents would recommend CHIP to friends, family, or co-workers.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Very Likely	87%	88%	78%	96%	89%	85%	88%	81%	90%
Somewhat Likely	9%	9%	12%	3%	7%	12%	9%	12%	10%
Not Very Likely	2%	2%	7%	1%	1%	1%	1%	4%	
Not at All Likely	1%	2%	1%		2%	2%	2%	3%	
DK-REF	0%		1%		1%		1%	1%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

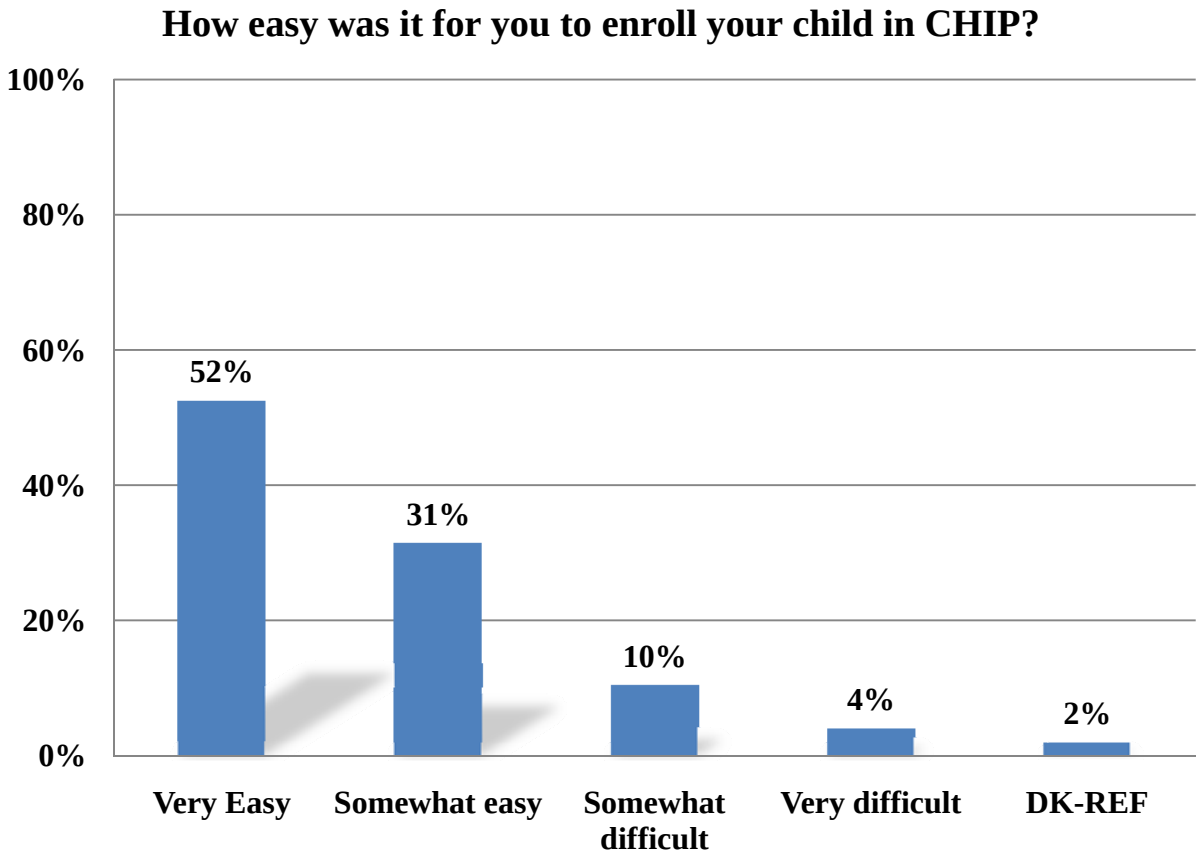
Comments:

Nearly all CHIP respondents would recommend the program to their friends, co-workers, or family. Eighty-seven percent of respondents were very likely to recommend the CHIP program and another nine percent was somewhat likely to recommend the program to friends, co-workers, or family.

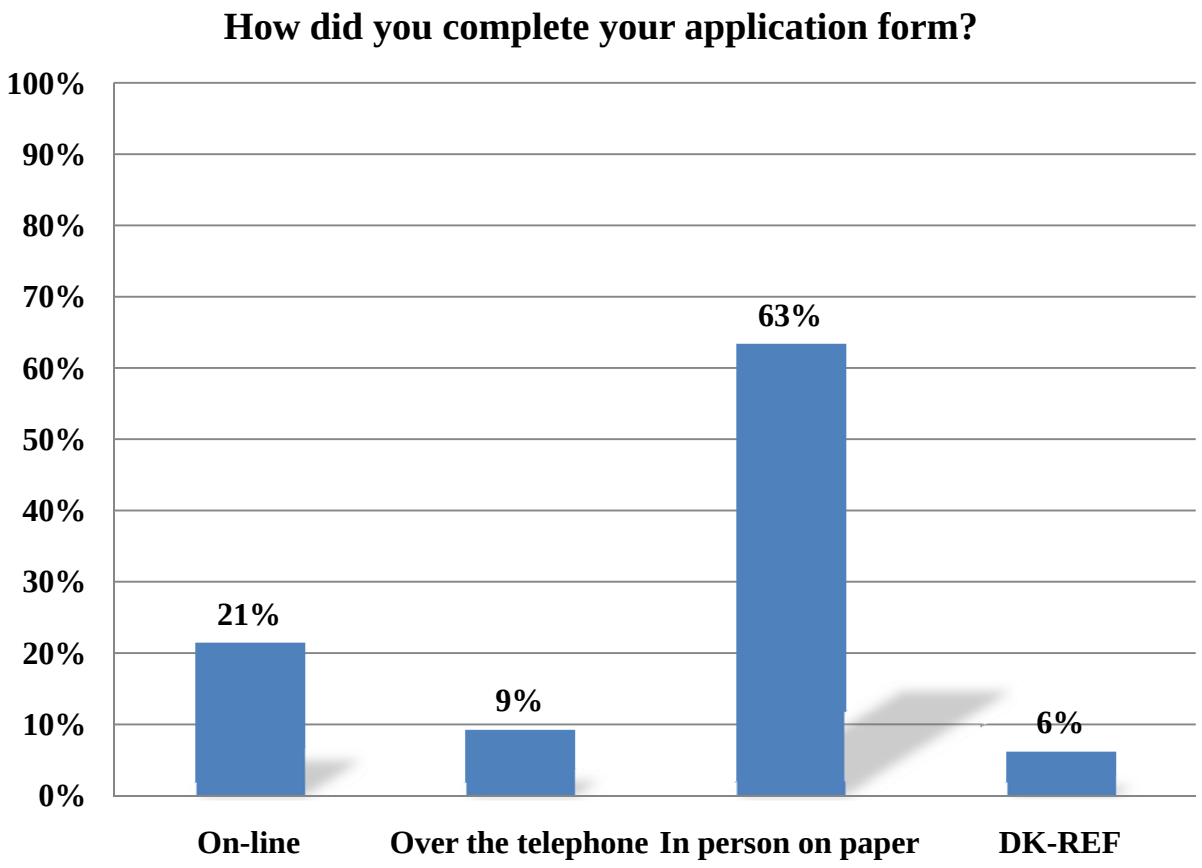
Clients of all providers would recommend the program. The percentage indicating they were very or somewhat likely to recommend the CHIP program to a friend, co-worker, or family member ranged from 100 percent among those who received service from UPMC to 90 percent among those who received service from AmeriChoice.

3. Experiences While Enrolled in CHIP

Eighty-three percent (83%) of respondents indicated it was very or somewhat easy to enroll their child in CHIP. Almost two-thirds (63%) completed the application in-person on paper.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Very Easy	52%	58%	55%	51%	52%	54%	52%	44%	58%
Somewhat Easy	31%	31%	26%	36%	33%	28%	32%	31%	32%
Somewhat Difficult	10%	7%	10%	11%	8%	12%	12%	14%	8%
Very Difficult	4%	1%	7%	2%	7%	6%	1%	7%	
DK-REF	2%	3%	3%	1%			4%	4%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
On-line	21%	24%	22%	26%	25%	20%	18%	19%	12%
Over the Telephone	9%	10%	5%	4%	7%	11%	11%	10%	20%
In person on paper	63%	61%	67%	63%	60%	68%	62%	66%	56%
DK-REF	6%	5%	5%	6%	8%	1%	9%	5%	12%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Sixty-three percent completed their application in-person on paper. Most respondents found the application process for the CHIP program easy to complete. Fifty-two percent of respondents indicated that the process was very easy and another 31 percent indicated the process was somewhat easy. Among the 14 percent indicating they experienced at least some difficulty in completing the application, 37 percent indicated that there was too much paperwork and they were asked too many questions, 29 percent said that the process just took too long and another 10 percent felt that the staff did not provide enough help or made the process difficult.

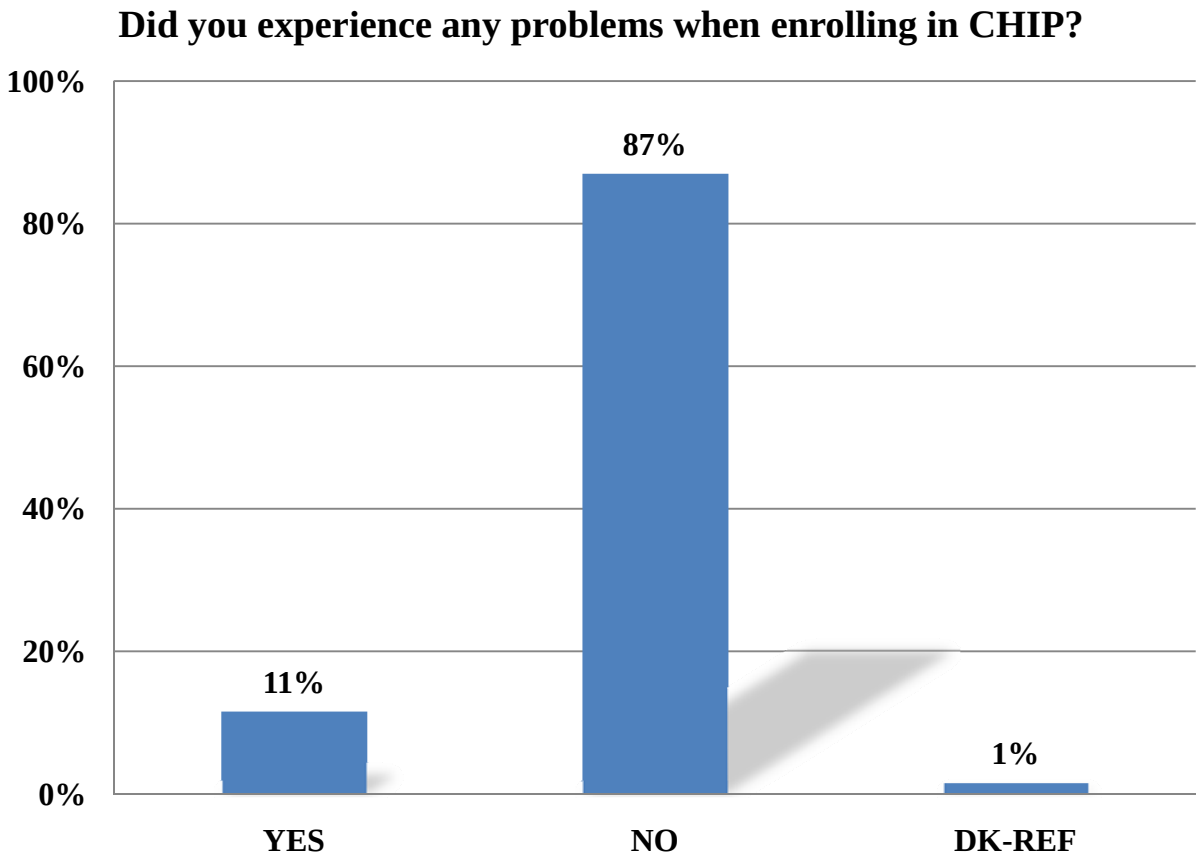
Why do you say that? What could have been done to make the enrollment process easier?
(% of respondents indicating enrollment was difficult)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS	37%	44%	42%	29%	29%	50%	13%	50%	25%
TOOK TOO LONG, TOO MUCH TIME TO APPLY	29%	33%	33%	14%	24%	30%	40%	25%	50%
STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP	10%	11%	25%	7%	18%	10%	7%		
DIFFICULT PROVING INCOME	9%	11%		14%	24%	10%		4%	
ELIGIBILITY UNCLEAR-BOUNCED FROM PROGRAM TO PROGRAM-POOR COMMUNICATION BETWEEN PROGRAMS	9%		25%	14%			13%	8%	25%
DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND	6%			7%	12%		20%	4%	
QUESTIONS HARD TO ANSWER, UNDERSTAND	5%			14%	6%	5%		8%	
CAN'T READ FORMS, TROUBLE READING FORMS	3%			14%	6%	5%			
INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH	3%				6%	10%		4%	
NEEDED HELP IN FILLING OUT APPLICATION FORMS	3%	22%			6%	5%			

Why do you say that? What could have been done to make the enrollment process easier?
(% of respondents indicating enrollment was difficult - Continued)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independent Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE	2%		8%		6%				
COULDN'T FIND INFORMATION ON PROGRAM	2%						7%		25%
TECH ISSUES-ONLINE RENEWAL DIFFICULT, FAXES NOT RECEIVED	2%			7%				4%	
STIGMA, SHAME OF APPLYING	1%			7%					
NEVER RECEIVED APPLICATION	1%				6%				
OTHER	12%	22%		14%	6%	30%	13%	4%	
DK-REF	1%		8%						
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Eleven percent (11%) of respondents experienced problems while enrolling their child in CHIP.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	11%	14%	11%	8%	10%	18%	8%	14%	6%
NO	87%	85%	85%	91%	89%	82%	90%	82%	94%
DK-REF	1%	1%	4%	1%	1%		2%	4%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Only 11 percent of CHIP respondents indicated that they experienced problems while they were enrolling in the CHIP program. Among those indicating problems, 23 percent mentioned that there was too much paperwork or that they were asked too many questions, 15 percent said they had difficulties proving income, 14 percent said the process took too long, 11 percent said that the staff did not provide enough help or made the process difficult and another 11 percent said that the application got lost.

Significant Differences by Demographic Groups:

- 24% of respondents in the North Central Region indicated they experienced problems while enrolling their child in CHIP.

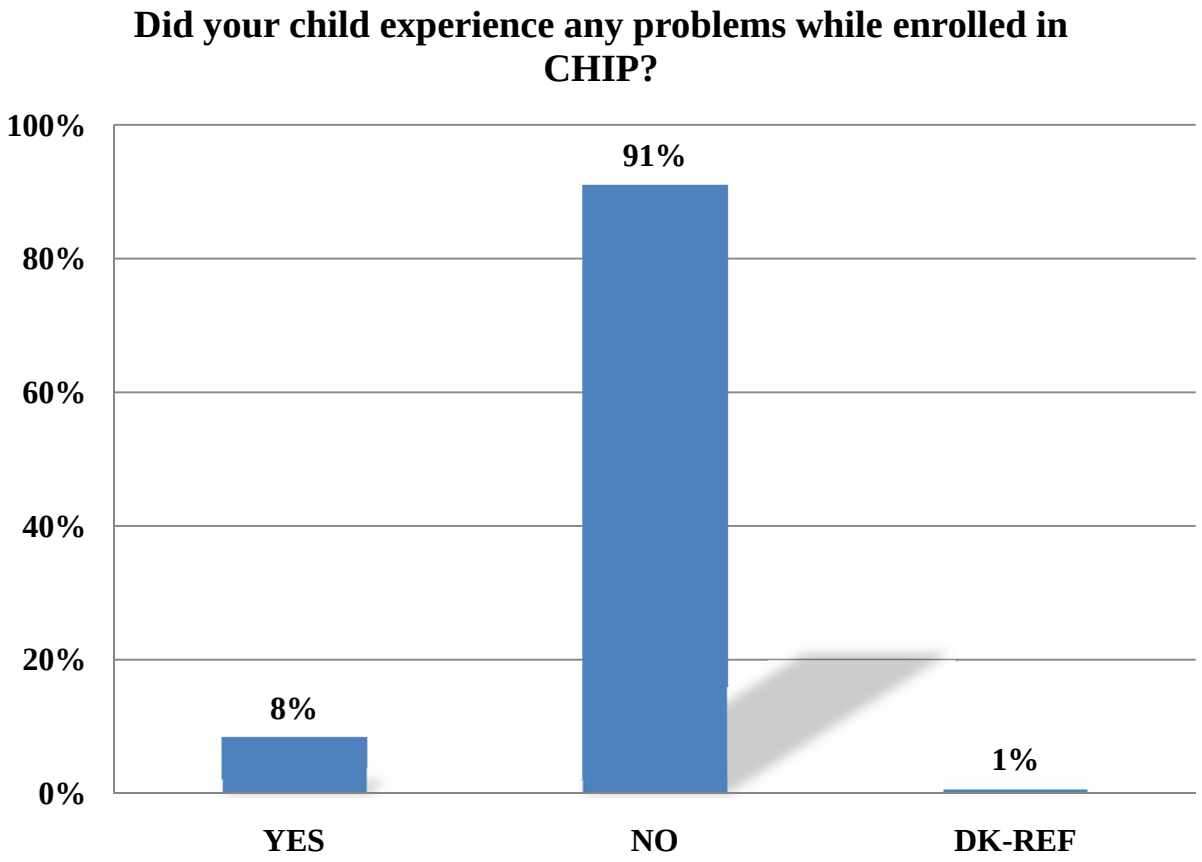
What were these problems?
(% among respondents experiencing problems enrolling in CHIP)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS	23%	19%	25%	22%	27%	25%	22%	25%	
DIFFICULTIES PROVING ELIGIBILITY, CHILD SUPPORT	15%	31%	13%		18%	10%	11%	19%	
TOOK TOO LONG, TOO MUCH TIME TO APPLY	14%	13%		11%		35%	22%	6%	
STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP	11%		13%	22%	9%	10%	22%	6%	33%
LOST APPLICATION, STAFF LOST APPLICATION	11%	19%	13%	22%		10%	11%		33%
DOCTOR, OTHER PROVIDER REFUSED TO ACCEPT MEDICAID	8%	6%	13%	11%	9%	5%		6%	33%
DID NOT RECEIVE PAPERWORK	7%		13%		18%	5%		13%	
DENIED APPLICATION, SAID NOT QUALIFIED	5%				18%	10%		6%	
LACK OF COMMUNICATION BETWEEN PROGRAMS	5%		25%		9%			13%	
BILLED FOR EXPENSES MEDICAID SHOULD HAVE COVERED	4%		13%		9%	5%		6%	

What were these problems?
(% among respondents experiencing problems enrolling in CHIP - continued)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND	3%				9%	5%		6%	
NEEDED HELP IN FILLING OUT APPLICATION FORMS	3%	6%					11%	6%	
CAN'T READ FORMS, TROUBLE READING FORMS	2%				9%	5%			
INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH	2%					10%			
COST INCREASES, INCREASE IN PREMIUMS, OUT OF POCKET COSTS	2%				9%	5%			
MEDICAID WON'T COVER SOME EXPENSES, COSTS	2%		13%					6%	
RECEIVED CONFLICTING INFO ON ACCEPTANCE	2%		13%					6%	
QUESTIONS HARD TO ANSWER, UNDERSTAND	1%							6%	
LOST COVERAGE, NO LONGER HAVE MEDICAID	1%							6%	
OTHER	12%	25%	13%	22%	9%	15%			
DK-REF	1%			11%					
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Eight percent (8%) of respondents said their child experienced problems while enrolled in CHIP.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	8%	16%	11%		7%	5%	8%	10%	14%
NO	91%	82%	88%	100%	93%	95%	90%	90%	86%
DK-REF	1%	2%	1%				2%		
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Only eight percent of CHIP respondents indicated that their child experienced problems while they were enrolled in the CHIP program. Among those experiencing problems, 40 percent indicated a doctor refused to accept their CHIP, 21 percent said there were expenses the program would not cover, and 10 percent said they were billed for service CHIP should have covered.

By provider, the percentage who experienced problems while enrolled ranged from 16 percent among those who received service from Aetna to zero percent among those who received service from Capital Blue Cross.

Significant Differences by Demographic Groups:

- 22% of respondents in the North Central Region indicated they experienced problems while their child was enrolled in CHIP.
- 20% of respondents earning less than $10,000 indicated they experienced problems while their child was enrolled in CHIP.

What were these problems?
(% among respondents experiencing problems while their child was enrolled in CHIP)

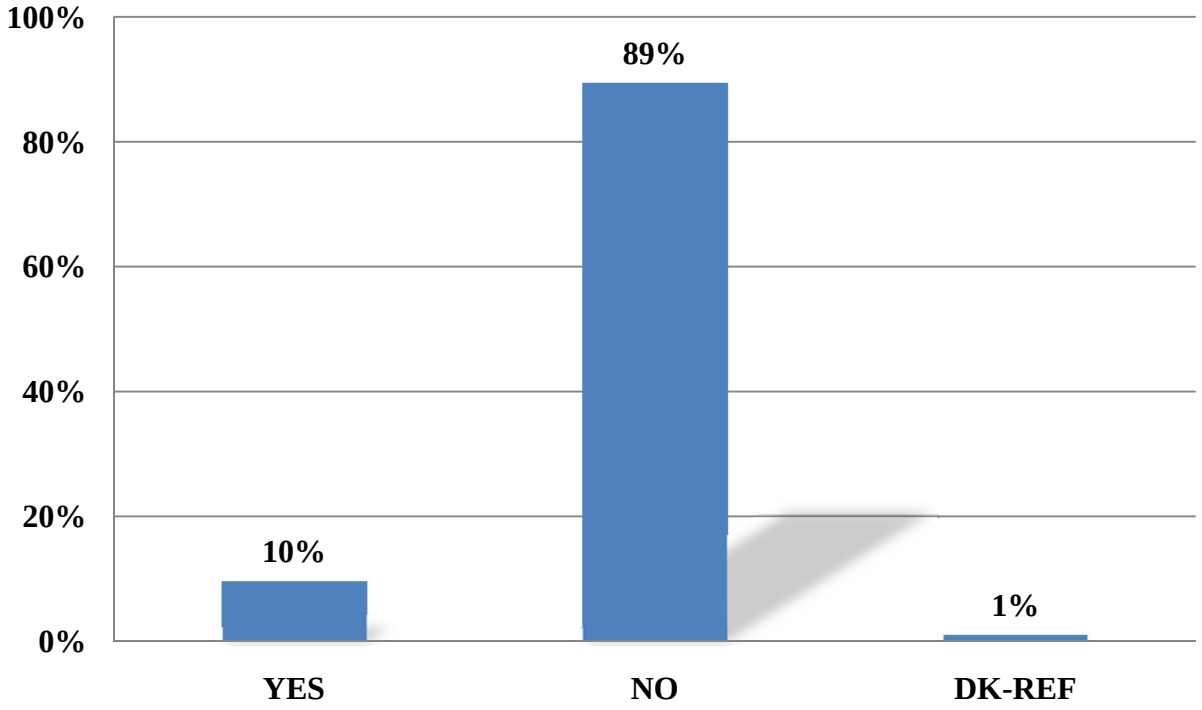
	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
DOCTOR, OTHER PROVIDER REFUSED TO ACCEPT MEDICAID	40%	44%	38%	38%	33%	33%	36%	57%	40%
MEDICAID WON'T COVER SOME EXPENSES, COSTS	21%			13%	17%	44%	36%	57%	21%
BILLED FOR EXPENSES MEDICAID SHOULD HAVE COVERED	10%	11%	25%	13%	17%		9%		10%
STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP	7%	6%	38%				9%		7%
TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS	6%	17%	13%						6%
COST INCREASES, INCREASE IN PREMIUMS, OUT OF POCKET COSTS	4%	6%		13%	17%				4%
DENIED APPLICATION, SAID NOT QUALIFIED	4%			13%	33%				4%
RECEIVED POOR QUALITY CARE	4%			13%		11%	9%		4%
RECEIVED MISCOMMUNICATION ABOUT ENROLLMENT	4%		13%		17%	11%			4%
DIFFICULTY EXPERIENCED WITH RENEWING	4%	17%							4%
CAN'T READ FORMS, TROUBLE READING FORMS	3%			13%	17%				3%
DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND	3%			13%	17%				3%
LOST APPLICATION, STAFF LOST APPLICATION	3%		13%	13%					3%

What were these problems?
(% among respondents experiencing problems while their child was enrolled in CHIP - continued)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH	1%						9%		1%
TOOK TOO LONG, TOO MUCH TIME TO APPLY	1%		13%						1%
LOST COVERAGE, NO LONGER HAVE MEDICAID	1%						9%		1%
PROBLEMS WITH PAYMENTS - PAYMENTS WERE LOST	1%				17%				1%
OTHER	9%	11%	13%	25%			9%		9%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Ten percent (10%) of respondents said their child either delayed or did not receive needed care because they could not find a health care provider that accepted CHIP.

Did your child ever delay or not get care because you could not find or did not know a doctor or other health care provider who accepts CHIP?



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
YES	10%	10%	10%	7%	7%	4%	13%	15%	14%
NO	89%	89%	86%	93%	93%	96%	84%	84%	86%
DK-REF	1%	1%	4%				3%	1%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Ten percent of CHIP respondents indicated their child had to delay or not receive needed medical care because they could not find a doctor that accepted CHIP. Among this group, 60 percent indicated they did not get needed dental care, while only eight percent did not receive routine or preventive care.

By provider, the percentage indicating their child did not receive needed medical care because they could not find a doctor that accepted CHIP ranged from 15 percent among those who received service from UFHP of PA to four percent among those who received service from Independence Blue Cross.

What types of needed services were not provided?
(% of respondents indicating they delayed or did not receive needed care)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
DENTAL CARE INCLUDING CHECKUPS	60%	55%	14%	63%	75%	100%	60%	53%	86%
ROUTINE OR PREVENTIVE MEDICAL CARE - CHECKUP, WELL BABY	8%		43%				7%	12%	
DIAGNOSTIC TEST - CAT SCAN, MRI, LAB WORK, OR X-RAY	5%	9%			13%	25%		6%	
MEDICAL CARE FOR AN ILLNESS-CONDITION -FLU, ASTHMA	5%				25%	25%		6%	
EYE CARE	5%						13%	12%	
OTHER SPECIALIST SERVICES-NEUROLOGIST, KIDNEY, UNSPECIFIED, ETC	5%	9%					13%	6%	
EMERGENCY ROOM CARE	4%		14%		13%	25%			
HOSPITAL CARE, HOSPITAL STAY	4%				13%	25%		6%	
MEDICAL CARE FOR AN INJURY OR POISONING	4%			13%	13%	25%			
PEDIATRIC CARE	4%	9%	14%				7%		
COULDN'T FIND DR THAT ACCEPTED-DIDN'T LIKE DRs AVAILABLE	4%	18%	14%						
MENTAL HEALTH CARE OR COUNSELING	3%			13%					14%
IMMUNIZATIONS	1%		14%						
OTHER	10%			13%	13%		13%	24%	
NOTHING	1%							6%	
DK-REF	4%	9%	14%	13%					
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Respondents suggest that follow-ups with clients, improved customer service, and changing the eligibility requirements are strategies for increasing renewals.

Based on your experiences, what could have been done to get you to renew your child's enrollment in CHIP?

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
MAKE SURE RENEWAL FORM IS RECEIVED, MAKE FOLLOWUP CALLS	7%	7%	11%	6%	11%	9%	4%	6%	
SERVICE IMPROVE CUSTOMER SERVICE OF CHIP, ADULTBASIC STAFF	4%	2%	8%	4%	4%	8%	3%	2%	6%
CHANGE ELIGIBILITY REQUIREMENTS-AGE, EMPLOYMENT,INCOME	4%	4%	7%	3%	4%	2%	4%	4%	2%
COST REDUCE PREMIUM COSTS, CHANGE PAYMENT SCHEDULE	3%	2%	4%	3%	1%	5%	7%	4%	
FORMS SIMPLIFY PAPERWORK, FORMS, RENEWAL FORMS	3%	2%	5%	1%	4%	5%	1%	5%	2%
FORMS SIMPLIFY INCOME VERIFICATION	3%	2%	3%	2%	4%	2%	4%	3%	8%
LIMITED COVERAGE EXPAND BENEFITS COVERED	3%	1%	1%	3%	4%	3%	4%	1%	6%
PROVIDERS INCREASE NUMBER OF PROVIDERS THAT ACCEPT CHIP, ADULTBASIC	2%	2%	5%	1%	1%	2%	4%	4%	
FORMS PROVIDE ASSISTANCE IN FILLING OUT PAPERWORK, RENEWALS	2%	2%	4%	2%	3%	4%		4%	
COST INCREASE INCOME ALLOWED FOR FREE CHIP	2%	3%		2%	1%	5%	2%	3%	

Based on your experiences, what could have been done to get you to renew your child's enrollment in CHIP?
(Continued)

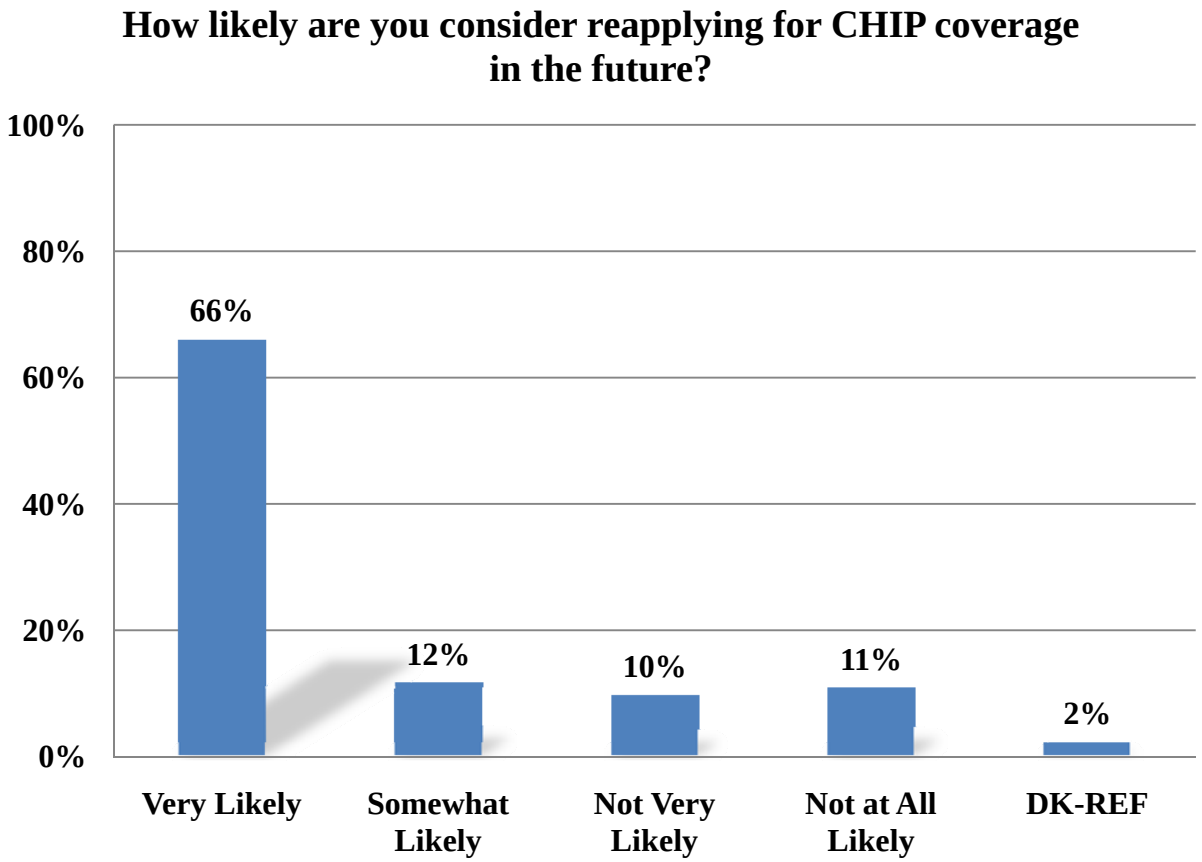
	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
SERVICE IMPROVE STAFF ATTITUDE, UNDERSTANDING OF PEOPLE'S SITUATION	2%	2%	4%	1%	2%	4%	2%	1%	
RESPONDENT TAKES PERSONAL RESPONSIBILITY FOR FAILURE TO KEEP CHIP	2%	4%	1%	3%			1%	4%	
COST REDUCE CO-PAYS	1%		3%		1%	2%	3%	2%	
MORE EXPLANATION-LITERATURE ON PROGRAM	1%	1%	1%	2%		1%	4%		2%
FORMS MAKE FORMS AND DIRECTION EASIER TO UNDERSTAND,	1%			1%	1%	2%	2%	1%	
ALLOW MORE TIME TO SEND IN FORMS	1%	1%				1%	2%	1%	
DECREASE WAIT TIME	0%		1%		1%	1%	1%		
PROVIDE A GRACE PERIOD FOR PAYMENT	0%		1%	1%					
WILL OR PLAN TO RENEW, SEND IN PAYMENT	4%	5%	4%	2%	1%	5%	3%	8%	4%
NO LONGER ELIGIBLE - DUE TO AGE, INCOME	9%	8%	11%	8%	11%	7%	8%	11%	14%
NOTHING - HAVE OTHER HEALTH INSURANCE COVERAGE NOW	40%	35%	22%	50%	41%	36%	46%	41%	42%
NOTHING - DO NOT NEED HEALTH INSURANCE	4%	4%	7%	4%	4%	5%		4%	6%
Nothing- Moved	1%	2%	3%	2%	2%		1%		2%
OTHER	7%	7%	10%	7%	10%	3%	7%	7%	6%
DK-REF	5%	11%	4%	4%	5%	7%	6%	3%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Forty percent of respondents indicated there was nothing that could have been done to get them to renew simply because there was no need; they were currently covered by health insurance. Nine percent indicated they were no longer eligible for the program. Five percent of respondents were unsure what might have been done to get them to renew their enrollment in CHIP.

A few respondents, however, did offer suggestions for things that could have been done to get them to renew their enrollment. Seven percent indicated the need for CHIP staff to follow-up with clients to make sure that the renewal paperwork has been received, four percent would like to see improved customer service among the CHIP staff, and another four percent said that a change in the eligibility requirements may have gotten them to renew. Other suggestions included reducing the cost of premiums and co-pays (3%), simplifying the paperwork (3%), simplifying the income verification (3%), and expanding benefits (3%).

Seventy-eight percent (78%) of respondents were very or somewhat likely to reapply for CHIP coverage in the future.



	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Very Likely	66%	63%	63%	67%	70%	70%	61%	65%	70%
Somewhat Likely	12%	14%	18%	9%	10%	12%	8%	12%	14%
Not Very Likely	10%	11%	10%	12%	9%	7%	11%	10%	4%
Not at All Likely	11%	10%	8%	11%	10%	8%	17%	11%	12%
DK-REF	2%	3%	1%	2%	2%	3%	3%	3%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Most respondents indicated a willingness to consider reapplying for CHIP in the future. Some 66 percent indicated they were very likely to consider reapplying for CHIP in the future and 12 percent were somewhat likely. Ten percent indicated they were not very and 11 percent were not at all likely to consider reapplying for CHIP in the future.

By provider, the percentage indicating they would consider reapplying for adultBasic ranged from 84 percent among those who received service from UPMC to 69 percent among those who received service from NEPA.

4. Current Insurance Coverage

The largest percentage of past CHIP enrollees was either currently insured through private health insurance (52%) or uninsured (32%).

Is your child currently covered by ANY type of health insurance?

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Private health insurance thru Employer	49%	49%	36%	61%	56%	40%	53%	44%	40%
Medicaid-Access Program, Access card	13%	12%	21%	9%	11%	11%	16%	10%	22%
Private health insurance that paid out-of-pocket	3%	3%	4%	4%	4%	3%	2%	4%	
Medicare	1%	1%	3%	1%	1%			1%	2%
Military, Veterans, or TRICARE-formally known as CHAMPUS	1%			1%		2%	1%	2%	2%
CHIP-Children's Health Insurance Program	1%	1%	1%			1%	1%	1%	
Healthy Beginnings	0%	1%							2%
MEDICAL ASSISTANCE FOR WORKERS WITH DISABILITIES	0%					1%			2%
SSI-SSDI-WELFARE-DISABILITY	0%			1%					

Is your child currently covered by ANY type of health insurance?
(Continued)

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Some other type of insurance-SPECIFY	0%				1%				
NO INSURANCE COVERAGE	32%	33%	33%	25%	26%	42%	27%	36%	34%
DK-REF	3%	3%	4%	1%	4%	2%	3%	5%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Comments:

Currently, 49 percent of past CHIP enrollees were covered by private health insurance through an employer, while three percent had private health insurance for which someone paid out of pocket. Thirteen percent had coverage through the Medicaid Access Program, and about three percent were covered through some other health insurance. At the time of the survey, 32 percent of past CHIP enrollees were uninsured.

Among parents of past CHIP enrollees, 61 percent were covered by private health insurance through someone's employer or paid out of pocket. Nine percent were covered by state sponsored health insurance, while five percent were on Medicare. About a quarter (26%) was uninsured at the time of the survey.

Are you currently covered by ANY type of health insurance?

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Private health insurance thru Employer	57%	54%	58%	68%	61%	52%	56%	50%	50%
Medicaid-Access Program, Access card	7%	5%	7%	4%	5%	9%	11%	9%	14%
Medicare	5%	4%	5%	4%	5%	4%	7%	6%	8%
Private health insurance that paid out-of-pocket	4%	4%	7%	4%	3%	4%	4%	3%	2%
adultBasic	1%	2%	1%	1%	3%		2%		2%
Military, Veterans, or TRICARE-formally known as CHAMPUS	0%						2%		2%
HEALTHY HORIZONS	0%					1%			
MEDICAL ASSISTANCE FOR WORKERS WITH DISABILITIES	0%				1%				
THROUGH THE STATE-BUT NOT AS STATE EMPLOYEE	0%								2%
SSI-SSDI-WELFARE-DISABILITY	1%	1%				1%	1%	1%	2%
NO INSURANCE COVERAGE	26%	27%	22%	18%	25%	32%	24%	31%	28%
DK-REF	1%	4%	1%		1%	1%	1%	4%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

5. Demographics

Region of the State

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Erie Region	6%	3%		9%	18%			8%	10%
North Central Region	5%	3%		6%	9%		1%	9%	20%
North East Region	3%				1%		12%	3%	12%
Wilkes-Barre Region	16%	16%	10%	11%	7%	13%	36%	23%	
Pittsburgh Region	12%	19%			33%			12%	42%
South Central Region	7%	3%		1%	18%		11%	10%	12%
Harrisburg Region	16%	19%		38%	7%		15%	32%	4%
Eastern Region	12%	14%		34%	6%		25%	4%	
Philadelphia Region	24%	24%	90%	2%		87%			
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Gender of Respondent

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
FEMALE	79%	85%	82%	74%	78%	84%	70%	77%	84%
MALE	21%	15%	18%	26%	22%	16%	30%	23%	16%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Gender of Child

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Female	49%	48%	47%	54%	53%	44%	52%	44%	48%
Male	51%	51%	53%	46%	47%	56%	48%	55%	52%

Unknown	0%	1%						1%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Age of Respondent

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
< 30	11%	10%	7%	14%	11%	15%	11%	10%	10%
30 - 34	17%	21%	16%	21%	13%	14%	11%	19%	28%
35 - 39	22%	22%	25%	21%	28%	25%	18%	17%	22%
40 - 44	19%	19%	21%	22%	18%	11%	23%	24%	18%
45 - 49	15%	14%	14%	10%	18%	19%	19%	15%	8%
50+	13%	10%	15%	11%	11%	14%	16%	14%	14%
DK-REF	2%	4%	3%	2%		2%	1%	2%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Age of Child

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
< 6	17%	15%	21%	17%	13%	20%	18%	15%	14%
6 - 10	23%	27%	16%	19%	24%	21%	23%	24%	36%
11 - 15	28%	23%	30%	34%	28%	28%	25%	29%	24%
16+	32%	35%	33%	30%	35%	31%	33%	32%	26%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Household Size

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
1	2%	3%	1%	1%	4%	3%	3%	4%	
2	12%	10%	11%	11%	8%	15%	18%	13%	8%
3	27%	27%	30%	31%	29%	22%	27%	18%	38%
4	31%	29%	30%	26%	30%	35%	33%	32%	32%
5	16%	18%	14%	18%	19%	15%	11%	20%	12%
6	7%	9%	10%	6%	7%	6%	4%	6%	6%
7+	4%	4%	3%	6%	4%	3%	4%	6%	4%
DK-REF	1%	1%	1%	1%		1%	1%	1%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Number of Children Living in the Household

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
0	14%	13%	15%	14%	13%	17%	17%	12%	16%
1	31%	32%	36%	27%	28%	29%	38%	32%	24%
2	33%	31%	37%	32%	36%	35%	32%	27%	38%
3	14%	17%	5%	18%	14%	12%	7%	22%	14%
4	5%	4%	4%	6%	6%	5%	2%	6%	4%
5+	3%	4%	3%	4%	3%	1%	5%	2%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Marital Status of Respondent

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Married	54%	49%	42%	60%	62%	47%	58%	60%	50%
Widowed	4%	4%	3%		1%	5%	4%	5%	10%
Separated	5%	6%	7%	4%	9%	4%	4%	5%	6%
Divorced	16%	13%	15%	22%	19%	15%	16%	14%	16%
Never been married	15%	19%	29%	9%	5%	20%	12%	12%	18%
Member of an unmarried couple	5%	8%	3%	6%	4%	6%	4%	4%	
DK-REF	1%	1%	1%			2%	2%		
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Annual Household Income

	Total	CHIP Provider							
		CHIP Aetna	CHIP AmeriChoice	CHIP Capital Blue Cross	CHIP Highmark	CHIP Independence Blue Cross	CHIP NEPA	CHIP UFHP of PA	CHIP UPMC
Under $5,000	2%	2%	5%		1%	3%	3%	3%	2%
$5,000 to less than $10,000	3%	3%	8%			3%	3%	7%	
$10,000 to less than $20,000	15%	16%	14%	16%	12%	15%	18%	12%	14%
$20,000 to less than $25,000	12%	11%	12%	10%	14%	13%	12%	12%	16%
$25,000 to less than $30,000	14%	12%	12%	16%	15%	20%	11%	12%	16%
$30,000 to less than $35,000	9%	10%	5%	7%	10%	7%	11%	8%	16%
$35,000 to less than $40,000	9%	9%	11%	12%	8%	7%	12%	5%	8%
$40,000 to less than $50,000	12%	15%	8%	9%	13%	8%	10%	21%	10%
$50,000 to less than $60,000	5%	4%	4%	4%	4%	5%	4%	10%	6%
$60,000 to less than $80,000	6%	4%	5%	11%	6%	7%	7%	2%	6%
Over $80,000	2%	4%		4%	3%	2%	2%	2%	2%
DK-REF	11%	12%	14%	12%	14%	9%	10%	7%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

B. Prior adultBasic Enrollees

1. Reasons for not Maintaining Enrollment

Unaided, the largest percentage of respondents indicated they did not enroll because they were currently covered by private health insurance, they could not afford the cost, or were ineligible due to income.

What is the primary reason you chose not to (pay the premium/send in the renewal) and continue your enrollment in the adultBasic program?

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
COVERED BY OTHER SOURCE-PRIVATE HEALTH INSURANCE	29%	32%	21%	35%	24%
COST-CANNOT AFFORD, COST INCREASED	12%	9%	23%	12%	
INELIGIBLE-INCOME IS NOW TOO HIGH	10%	14%	5%	8%	17%
FORGOT TO SEND IN PREMIUM	7%	9%	5%	11%	
COST-PREMIUMS TOO HIGH	5%	2%	10%	6%	3%
COVERED BY OTHER SOURCE-MEDICAID	5%	6%	2%	6%	10%
FORGOT TO SEND IN RENEWAL FORM	5%	8%	5%	2%	5%
COVERED BY OTHER SOURCE-MEDICARE	4%	5%	1%	3%	12%
NEVER RECEIVED RENEWAL PAPERWORK-NEED INFO ON HOW TO RENEW	3%	3%	5%	3%	
TOO DIFFICULT TO PROVE INCOME	2%	3%		3%	7%
INELIGIBLE-TOO OLD FOR PROGAM-CHIP	2%	1%	1%	3%	5%
INELIGIBLE-SOME OTHER REASON	2%	1%	4%	2%	3%
MOVED OUT OF STATE	2%	2%	3%	2%	

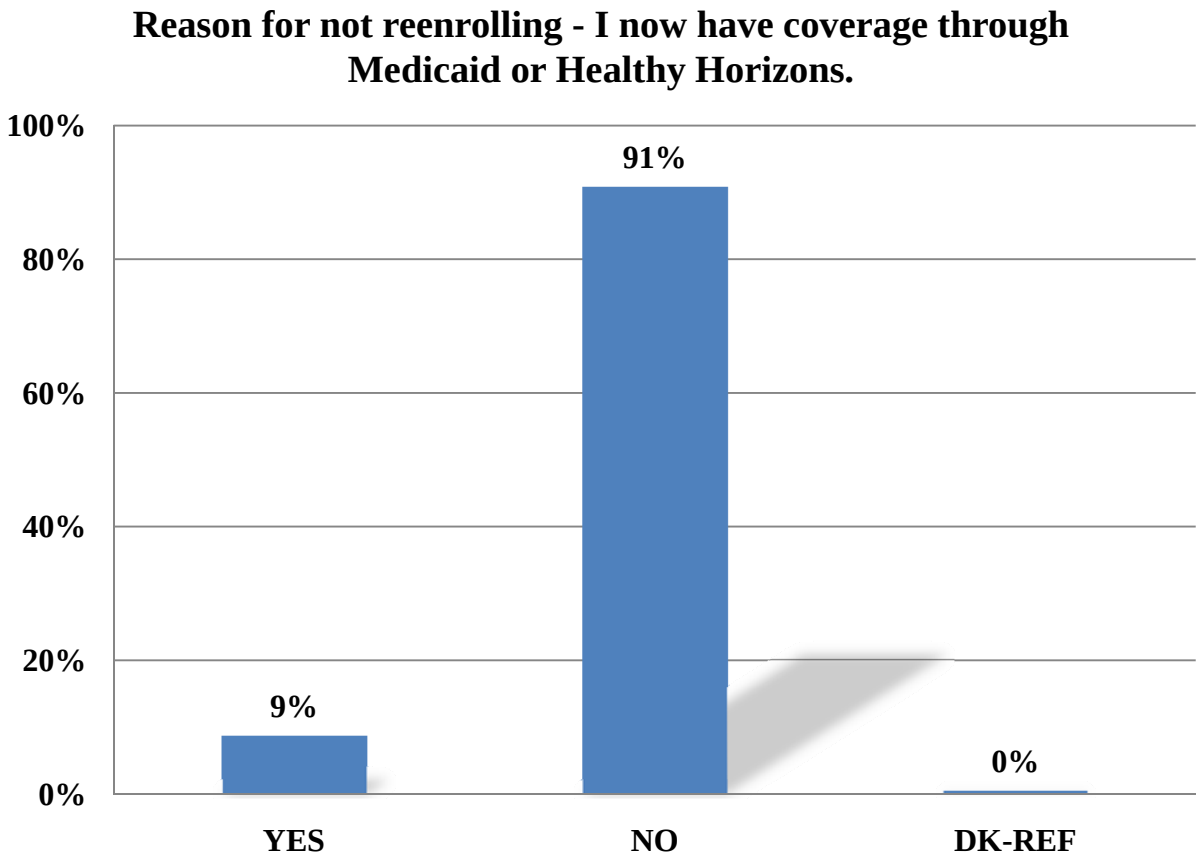
What is the primary reason you chose not to (pay the premium/send in the renewal) and continue your enrollment in the adultBasic program?
(continued)

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
LIMITED COVERAGE-LIMITED BENEFITS	1%	2%	3%		2%
PAPERWORK-FORMS TOO HARD TO FILL	1%	2%	1%	1%	2%
COST-CO-PAYS TOO HIGH	1%		3%	1%	
LIMITED COVERAGE-NEEDED SERVICES	0%	1%		1%	
COVERED BY OTHER SOURCE-OTHER	0%	1%			
PROVIDERS-CURRENT MD DOESN'T ACCEPT	0%			1%	
INELIGIBLE-INCOME IS NOW TOO LOW	0%			1%	
SENT IN RENEWAL-NEVER INFORMED WHETHER ACCEPTED OR NOT	0%		1%		
OTHER	10%	7%	11%	9%	15%
DO NOT NEED, NO LONGER NEED HI	0%		1%		
DK	3%		5%	4%	3%
Total	100%	100%	100%	100%	100%

Comments:

Respondents were asked why they chose not to renew their enrollment in adultBasic as an open-ended unaided questions. The most frequently mentioned reason was that they had obtained private health insurance coverage (mentioned by 29%); while 12 percent indicated that the cost was now too high for them to continue their enrollment. Ten percent of adultBasic respondents indicated that they were no longer eligible for the program because of their income. Other reasons given by respondents included that the respondent had forgotten to send in the premium (7%), the monthly premiums were too high to afford (5%), they were now covered by Medicaid (5%), the respondent forgot to send in the renewal form (5%), and that they were no covered by Medicare (4%), among other reasons.

Nine percent (9%) of respondents did not reenroll in adultBasic because they were currently covered by another state sponsored health insurance program.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	9%	8%	5%	13%	8%
NO	91%	92%	94%	87%	90%
DK-REF	0%		1%		2%
Total	100%	100%	100%	100%	100%

Comments:

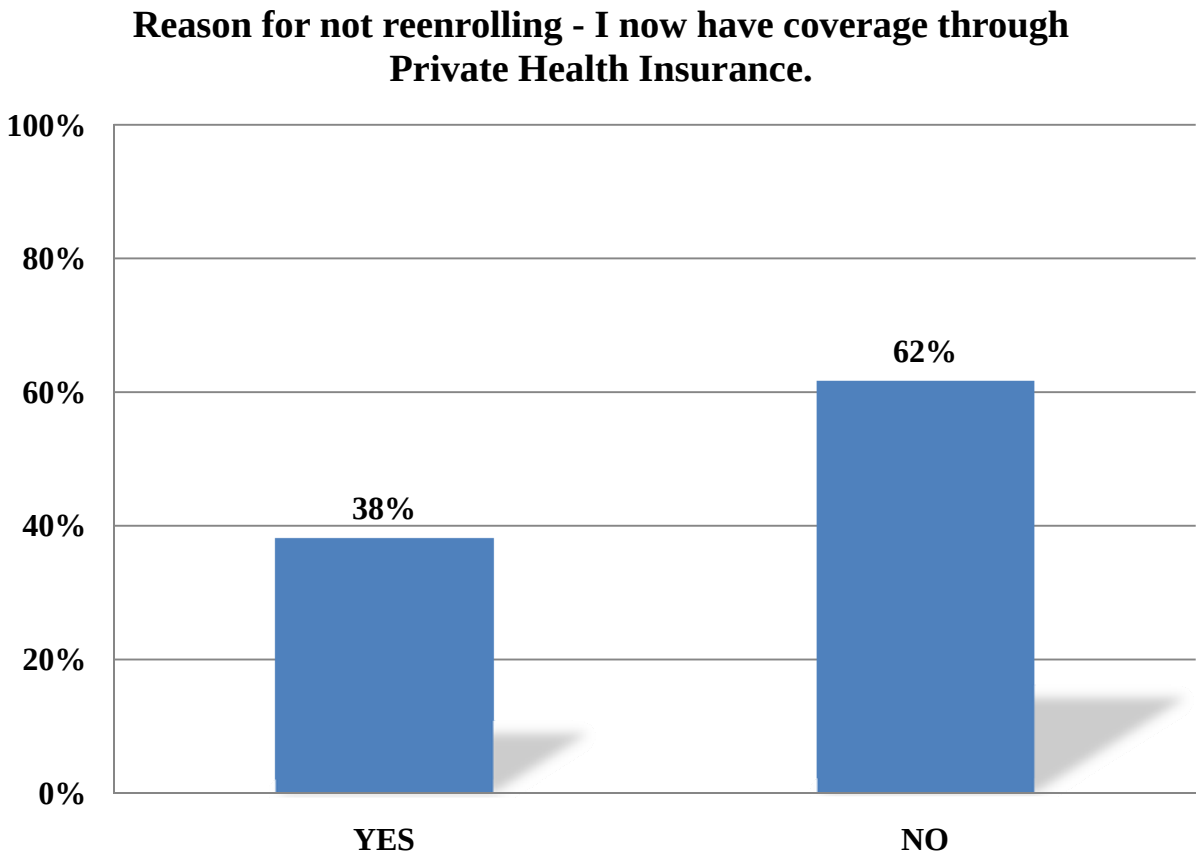
After their initial response to the unaided question, respondents were given a list of specific reasons why a person might choose not to reenroll. For each, respondents were asked if this was a reason they had chose not to reenroll in adultBasic.

Among adultBasic respondents, nine percent indicated they did not reenroll in adultBasic because they were now covered under another state sponsored health insurance program (Medicaid or Healthy Horizons). By provider, the largest percentage of those who were now enrolled in another state sponsored health insurance program was among those who received services through NEPA (13%).

Significant Differences by Demographic Groups:

- 67% of respondents currently covered by state sponsored health insurance did not reenroll because of current coverage through Medicaid.
- 16% of respondents earning less than $10,000 annually did not reenroll because of current coverage through Medicaid.

Thirty-eight percent (38%) of respondents did not reenroll in adultBasic because they were currently covered by private health insurance.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	38%	44%	30%	41%	37%
NO	62%	56%	70%	59%	63%
Total	100%	100%	100%	100%	100%

You indicated that you are currently covered by private health insurance-
Is this coverage provided by your employer, your spouse's employer or some other source?
(% among respondent currently covered by private health insurance)

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Employer, Spouse's Employer	86%	78%	91%	92%	82%
Pay out of pocket	5%	10%	3%		9%
Medicaid	3%	6%	3%		
Medicare-Social Security	2%	2%	3%		5%
OTHER	2%	2%		2%	5%
DK-REF	3%	2%		6%	
Total	100%	100%	100%	100%	100%

Comments:

Among adultBasic respondents, 38 percent indicated they did not reenroll in adultBasic because they were now covered under private health insurance. This was the most common reason for choosing not to reenroll in adultBasic given by respondents. Among those who now have private health insurance coverage, 86 percent indicated this coverage was provided through their employer or the employer of their spouse.

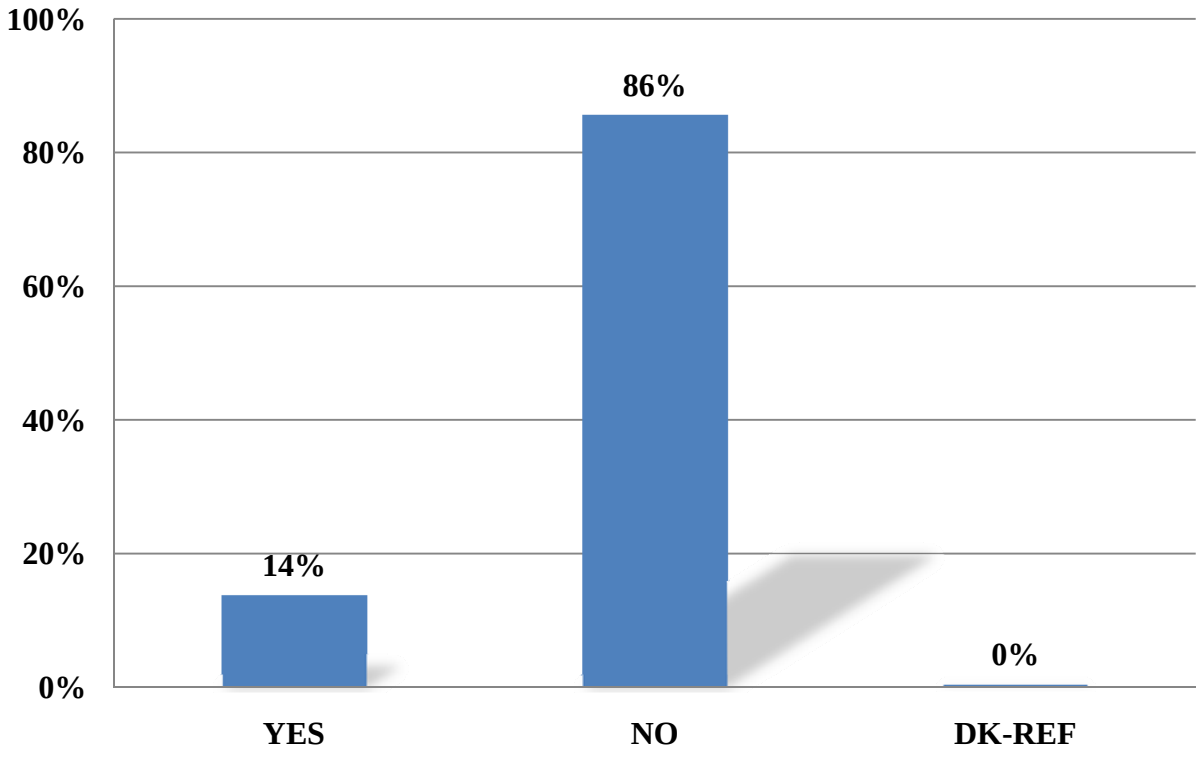
By provider, the largest percentage of those who were now covered by private insurance was among those who received services through Highmark (44%).

Significant Differences by Demographic Groups:

- 89% of respondents currently covered by employer health insurance did not reenroll because of current coverage through private health insurance.
- 58% of respondents currently covered by self purchased health insurance did not reenroll because of current coverage through private health insurance.
- 56% of respondents earning more than $40,000 annually did not reenroll because of current coverage through private health insurance.
- 56% of respondents in the Erie Region did not reenroll because of current coverage through private health insurance.
- 53% of respondents in the South Central Region did not reenroll because of current coverage through private health insurance.
- 48% of respondents under 30 years of age did not reenroll because of current coverage through private health insurance.

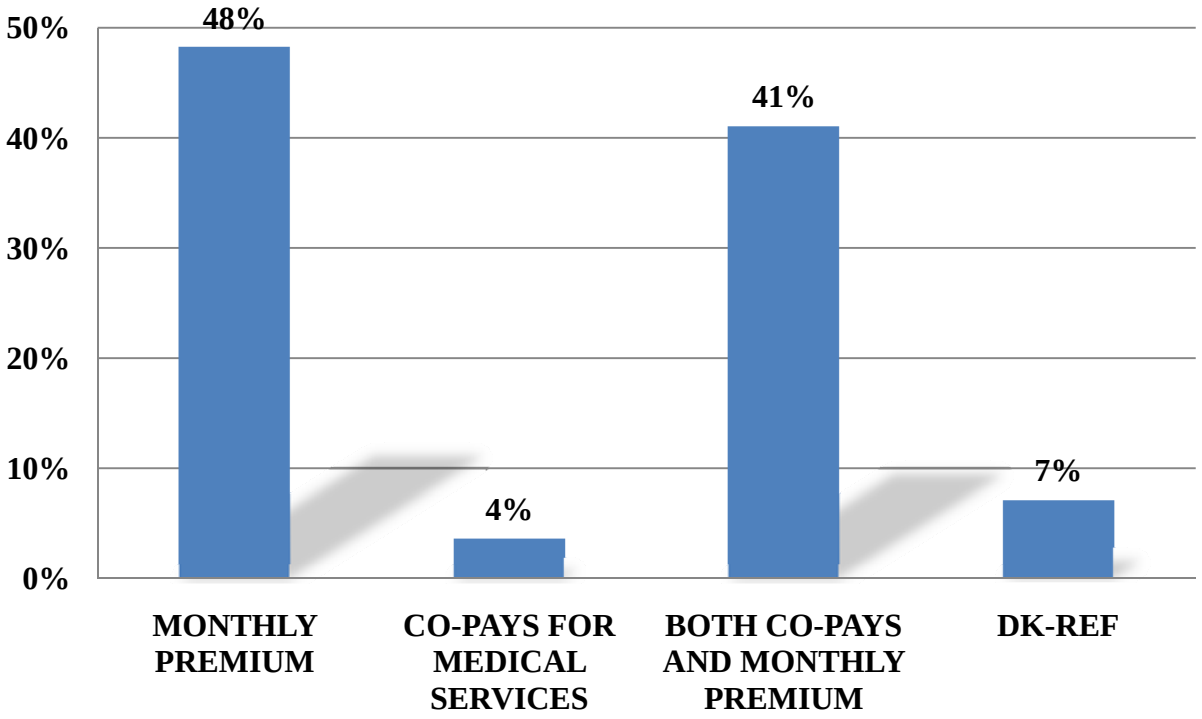
Fourteen percent (14%) of respondents did not reenroll in adultBasic because the program costs too much. 48 percent found the premiums too expensive while, 41 percent indicated both premiums and co-pays were too expensive.

Reason for not reenrolling - The adultBasic program costs too much.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	14%	10%	23%	14%	3%
NO	86%	90%	77%	85%	95%
DK-REF	0%			1%	2%
Total	100%	100%	100%	100%	100%

What part of the program did you find cost too much?
(% among those indicating adultBasic costs too much)



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
MONTHLY PREMIUM	48%	67%	32%	53%	100%
CO-PAYS FOR MEDICAL SERVICES	4%		8%		
BOTH CO-PAYS AND MONTHLY PREMIUM	41%	25%	60%	29%	
DK-REF	7%	8%		18%	
Total	100%	100%	100%	100%	100%

Comments:

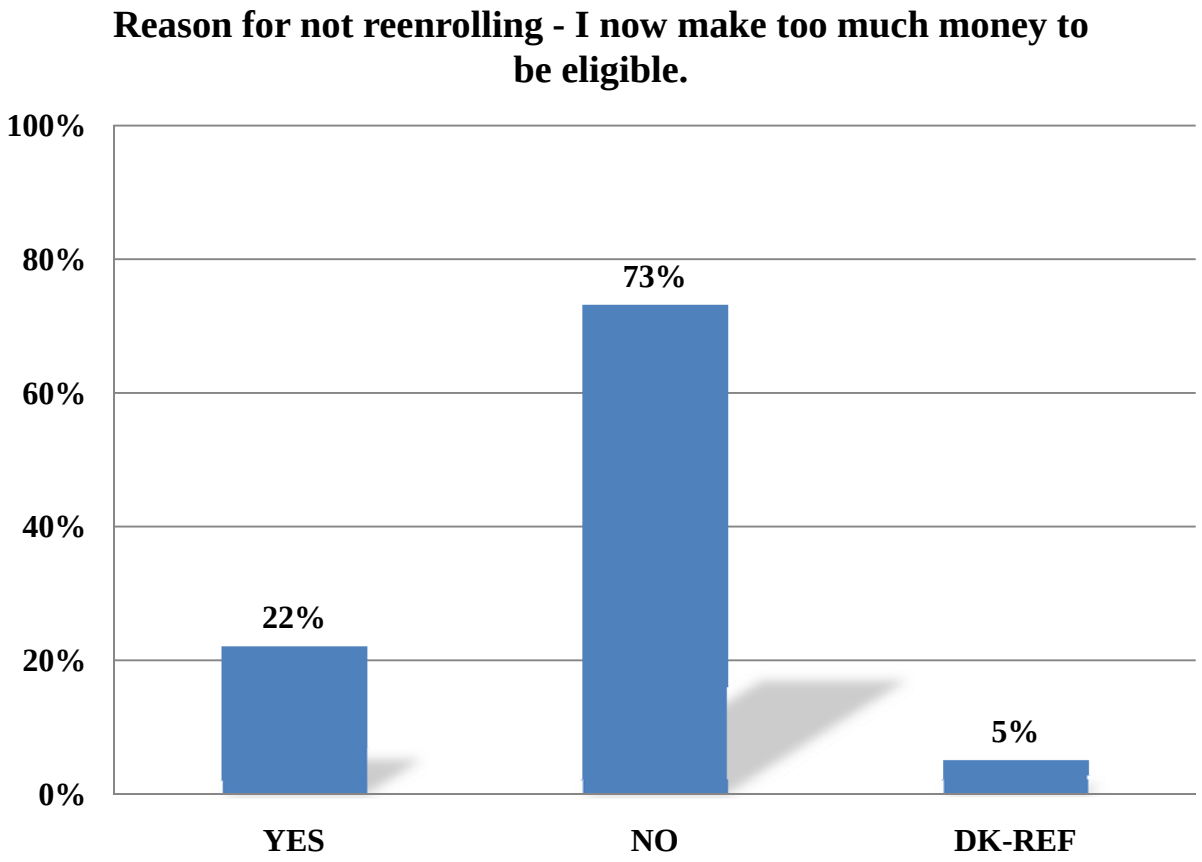
Among adultBasic respondents, 14 percent indicated they did not reenroll in adultBasic because the program cost too much. Among these respondents, 48 percent indicated that the monthly premium was too expensive to afford. Another 41 percent indicated that both the monthly premium and co-pays were too expensive to afford.

By provider, the largest percentage of those indicating the adultBasic program was too expensive to afford was among those who received services through Independence Blue Cross (23%).

Significant Differences by Demographic Groups:

- 24% of respondents in the North East Region did not reenroll because of the cost of adultBasic.
- 22% of respondents in the Philadelphia Region did not reenroll because of the cost of adultBasic.
- 22% of respondents age 30 to 34 did not reenroll because of the cost of adultBasic.

Twenty-two percent (22%) of respondents did not reenroll in adultBasic because their incomes were now too high to qualify.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	22%	22%	15%	24%	29%
NO	73%	72%	81%	69%	69%
DK-REF	5%	6%	4%	7%	2%
Total	100%	100%	100%	100%	100%

Comments:

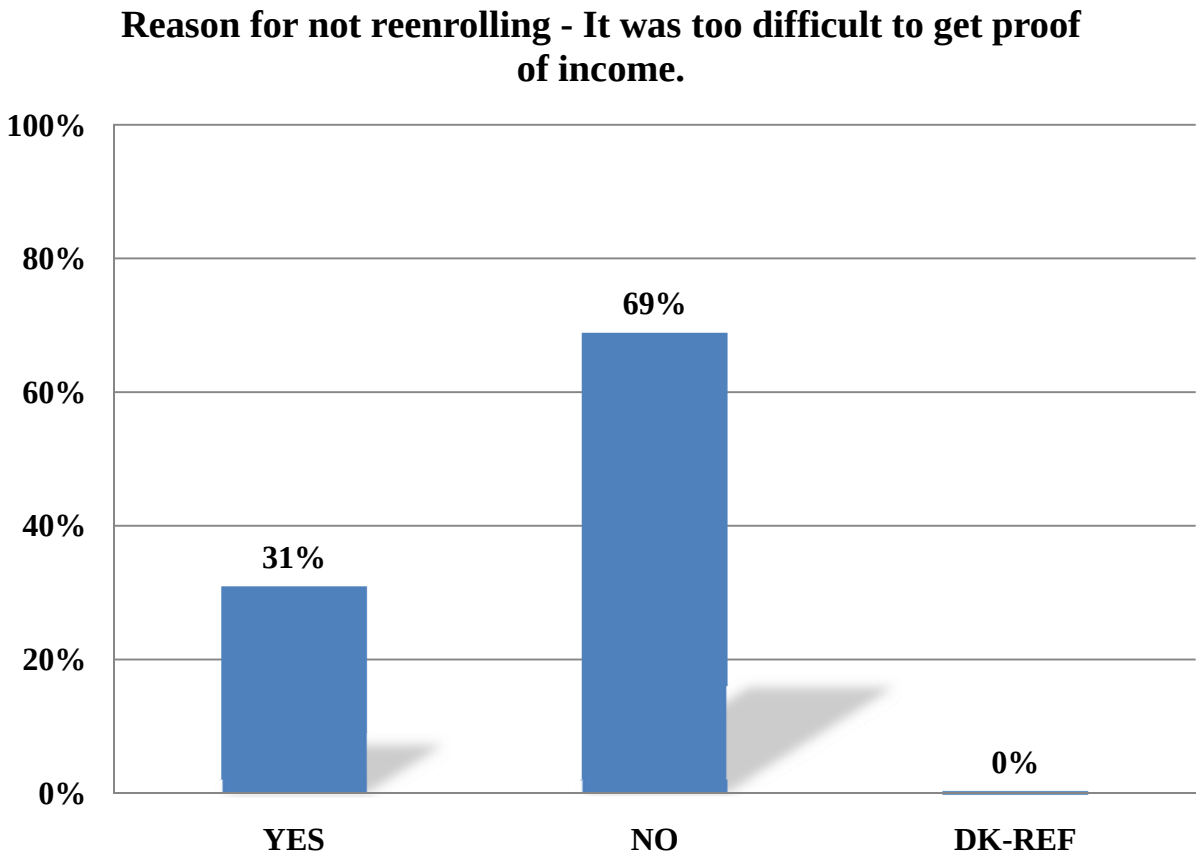
Among adultBasic respondents, 22 percent indicated they did not reenroll in adultBasic because they were no longer eligible due to their income. This was the third most common reason mentioned by respondents.

By provider, the largest percentage of those indicating they were no longer eligible due to their income was among those who received services through UFHP of PA (29%).

Significant Differences by Demographic Groups:

- 40% of respondents earning more than $40,000 annually did not reenroll because their income was too high to qualify.
- 33% of respondents earning between $30,000 and $40,000 annually did not reenroll because their income was too high to qualify.
- 39% of respondents in the Erie Region did not reenroll because their income was too high to qualify.
- 37% of respondents in the South Central Region did not reenroll because their income was too high to qualify.
- 34% of respondents in the Harrisburg Region did not reenroll because their income was too high to qualify.
- 35% of respondents currently covered by employer sponsored health insurance did not reenroll because their income was too high to qualify.

Thirty-one percent (31%) of respondents did not reenroll in adultBasic because it was too difficult to provide proof of income.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	31%	28%	25%	37%	34%
NO	69%	72%	74%	63%	66%
DK-REF	0%		1%		
Total	100%	100%	100%	100%	100%

Comments:

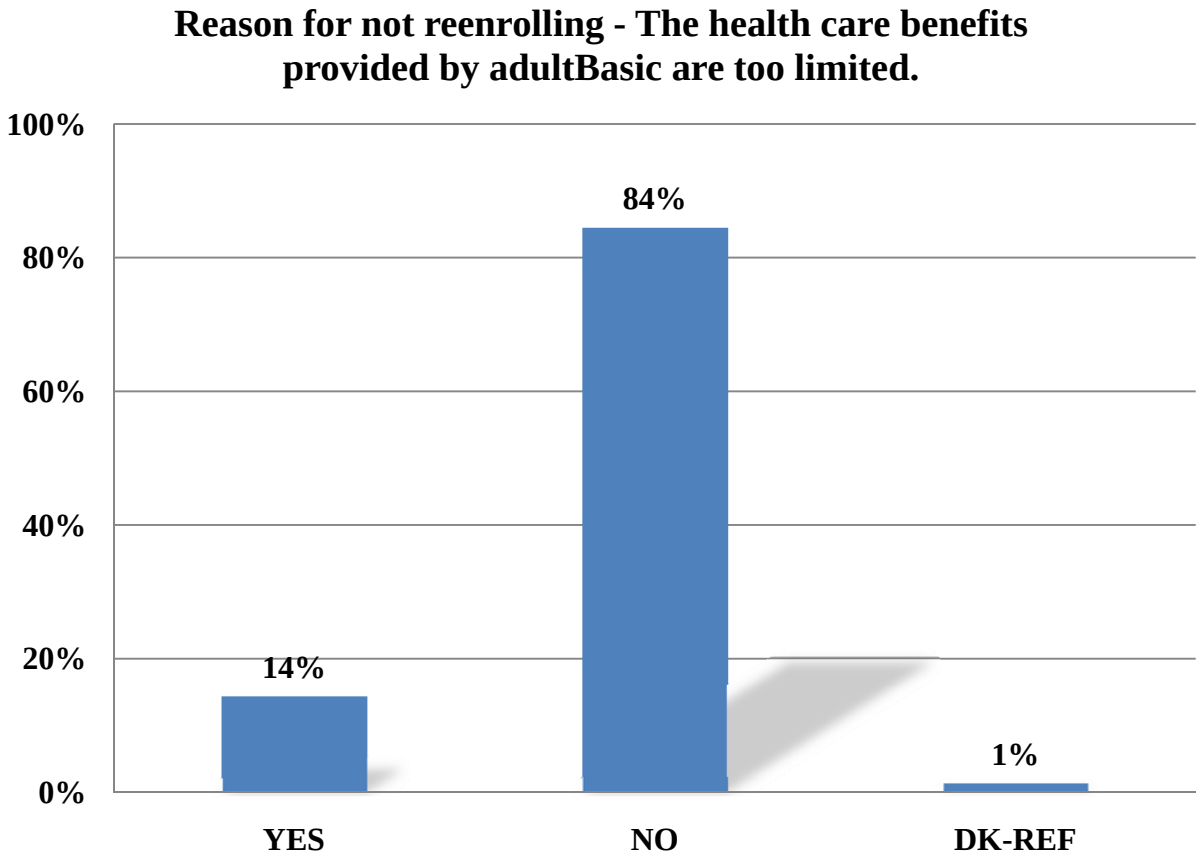
Among adultBasic respondents, 31 percent indicated they did not reenroll in adultBasic because it was too difficult to get proof of income. This was the second most commonly mentioned reason for not renewing given by adultBasic respondents.

By provider, the largest percentage of those indicating it was too difficult to provide proof of income was among those who received services through NEPA (37%).

Significant Differences by Demographic Groups:

- 66% of respondents currently covered by employer sponsored health insurance did not reenroll because it was too difficult to get proof of income.
- 41% of age 40 to 44 did not reenroll because it was too difficult to get proof of income.
- 40% of respondents in the South Central Region did not reenroll because it was too difficult to get proof of income.

Fourteen percent (14%) of respondents did not reenroll in adultBasic because they felt the health benefits provided were too limited.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	14%	9%	25%	8%	17%
NO	84%	90%	74%	92%	80%
DK-REF	1%	1%	2%		3%
Total	100%	100%	100%	100%	100%

Comments:

Among adultBasic respondents, 14 percent indicated they did not reenroll in adultBasic because they felt that the health benefits provided by adultBasic were too limited. Among these respondents, the main limitations cited were the lack of dental care (mentioned by 45% of those indicating health benefits were too limited), prescription medications (40%), and eye care (31%).

By provider, the largest percentage of those indicating the health benefits provided through the adultBasic program were too limited was among those who received services through Independence Blue Cross (25%).

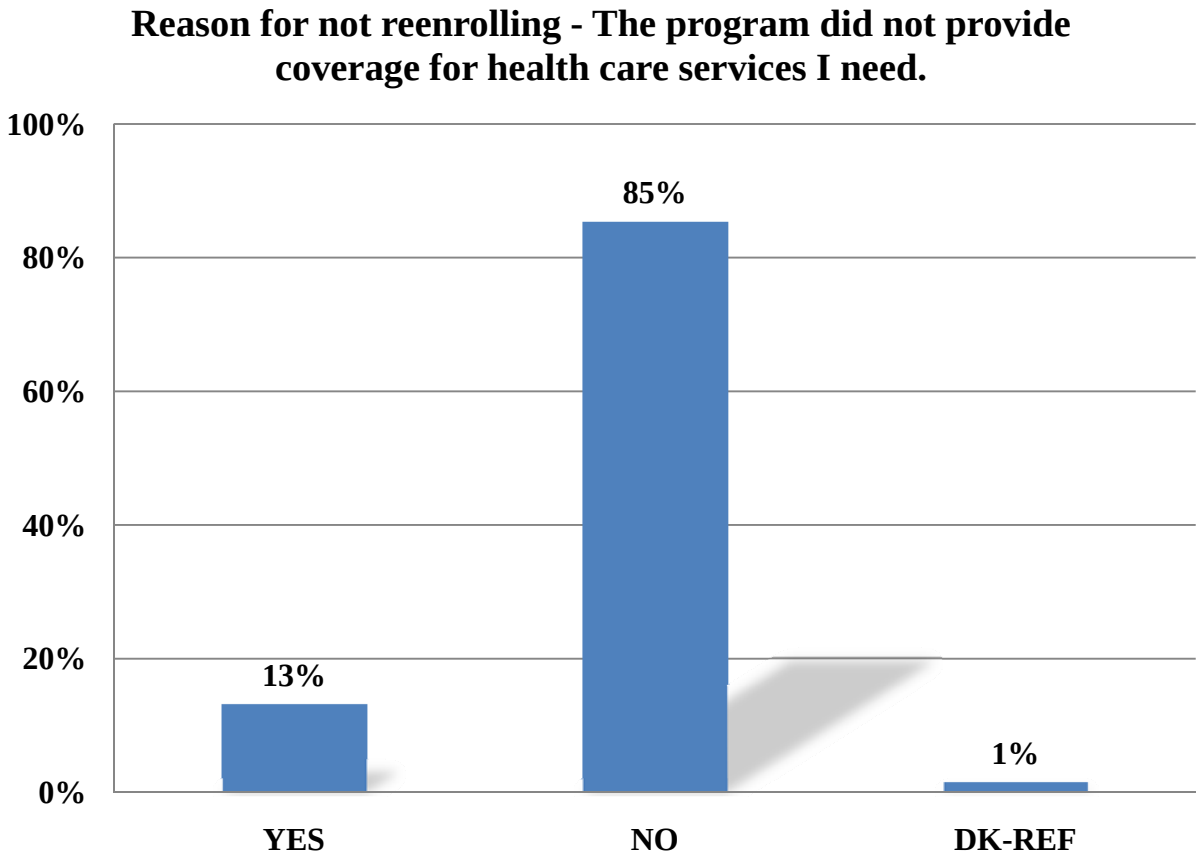
Significant Differences by Demographic Groups:

- 27% of respondents in the Philadelphia Region did not reenroll because they felt the health benefits were too limited.
- 20% of those ages 40 to 44 did not reenroll because they felt the health benefits were too limited.

You indicated that the program had limited benefits. What types of benefits were not provided?
(% among respondents indicating the health benefits provided by adultBasic were too limited)

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
DENTAL CARE INCLUDING CHECKUPS	45%	55%	52%	50%	10%
PRESCRIPTION MEDICINES	40%	45%	44%	40%	20%
EYE CARE	31%	36%	37%	30%	10%
MEDICAL CARE FOR AN ILLNESS-CONDITION -FLU, ASTHMA	9%		11%	20%	
HOSPITAL CARE, HOSPITAL STAY	5%		4%	20%	
DIAGNOSTIC TEST - CAT SCAN, MRI, LAB WORK, OR X-RAY	3%			10%	10%
MEDICAL CARE FOR AN INJURY OR POISONING	3%			10%	10%
ROUTINE OR PREVENTIVE MEDICAL CARE -CHECKUP, WELL BABY	3%	9%	4%		
COULDN'T FIND DR THAT ACCEPTED-DIDN'T LIKE DR's AVAILABLE	3%				20%
EMERGENCY ROOM CARE	2%			10%	
SERIOUS MEDICAL CONDITION - PNEUMONIA	2%		4%		
SURGERY	2%			10%	
CHIROPRACTIC SERVICES	2%	9%			
GYNOCOLOGICAL SERVICES	2%			10%	
OTHER SPECIALIST SERVICES-NEUROLOGIST, KIDNEY, UNSPECIFIED, ETC	2%				10%
OTHER	7%	9%	7%		10%
NOTHING	5%		7%		10%
DK-REF	2%				10%
Total	100%	100%	100%	100%	100%

Thirteen percent (13%) of respondents did not reenroll in adultBasic because the program did not provide coverage for the health care services needed.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	13%	10%	18%	11%	14%
NO	85%	89%	80%	87%	85%
DK-REF	1%	1%	2%	2%	2%
Total	100%	100%	100%	100%	100%

Comments:

Among adultBasic respondents, 13 percent indicated they did not reenroll in the adultBasic program because it did not provide coverage for health care services they required. Among these respondents, the main limitations cited were the lack of dental care (mentioned by 43% of those indicating adultBasic did not cover needed health services), prescription medications (36%), and eye care (25%).

By provider, the largest percentage of those indicating the program did not provide needed health care services was among those who received services through Independence Blue Cross (18%).

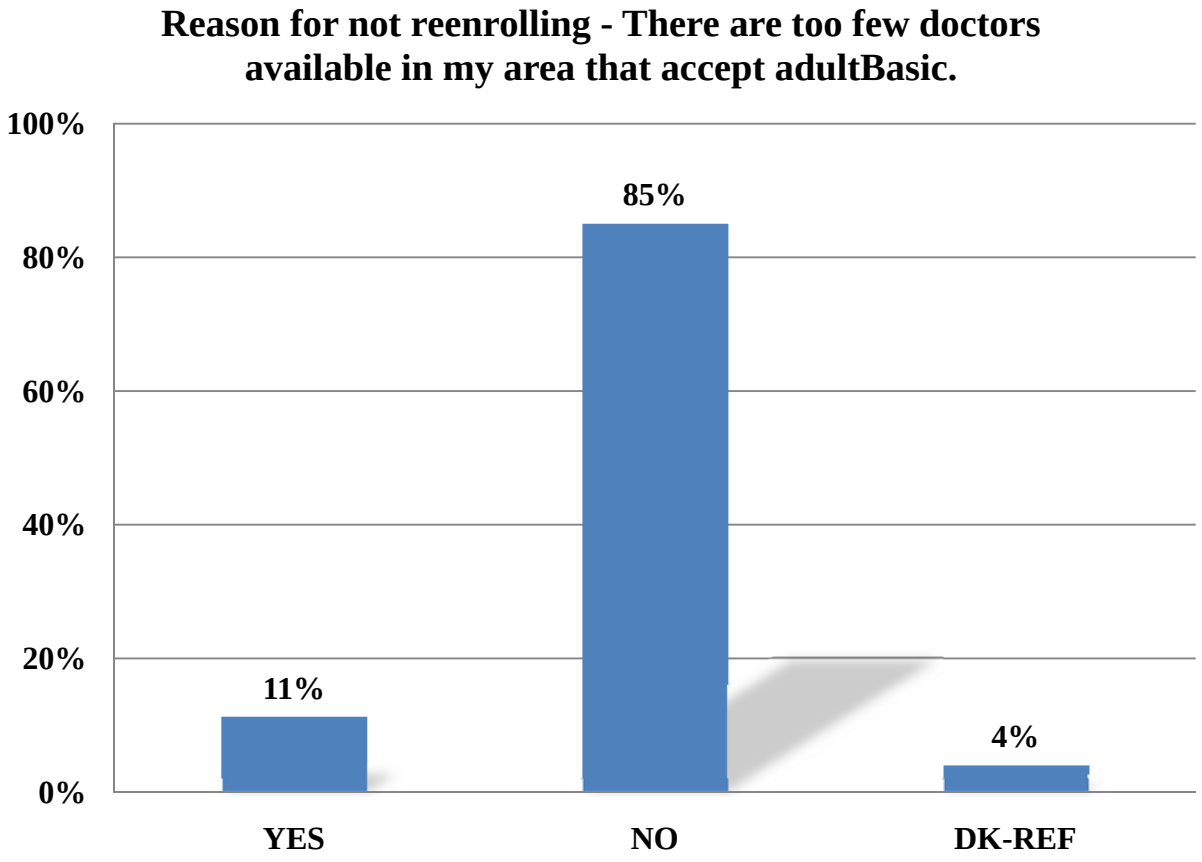
Significant Differences by Demographic Groups:

- 23% of respondents earning less than $10,000 annually did not reenroll because adultBasic did not provide coverage for the health care services they needed.
- 22% of age 44 to 49 did not reenroll because adultBasic did not provide coverage for the health care services they needed.
- 20% of respondents in the Philadelphia Region did not reenroll because adultBasic did not provide coverage for the health care services they needed.

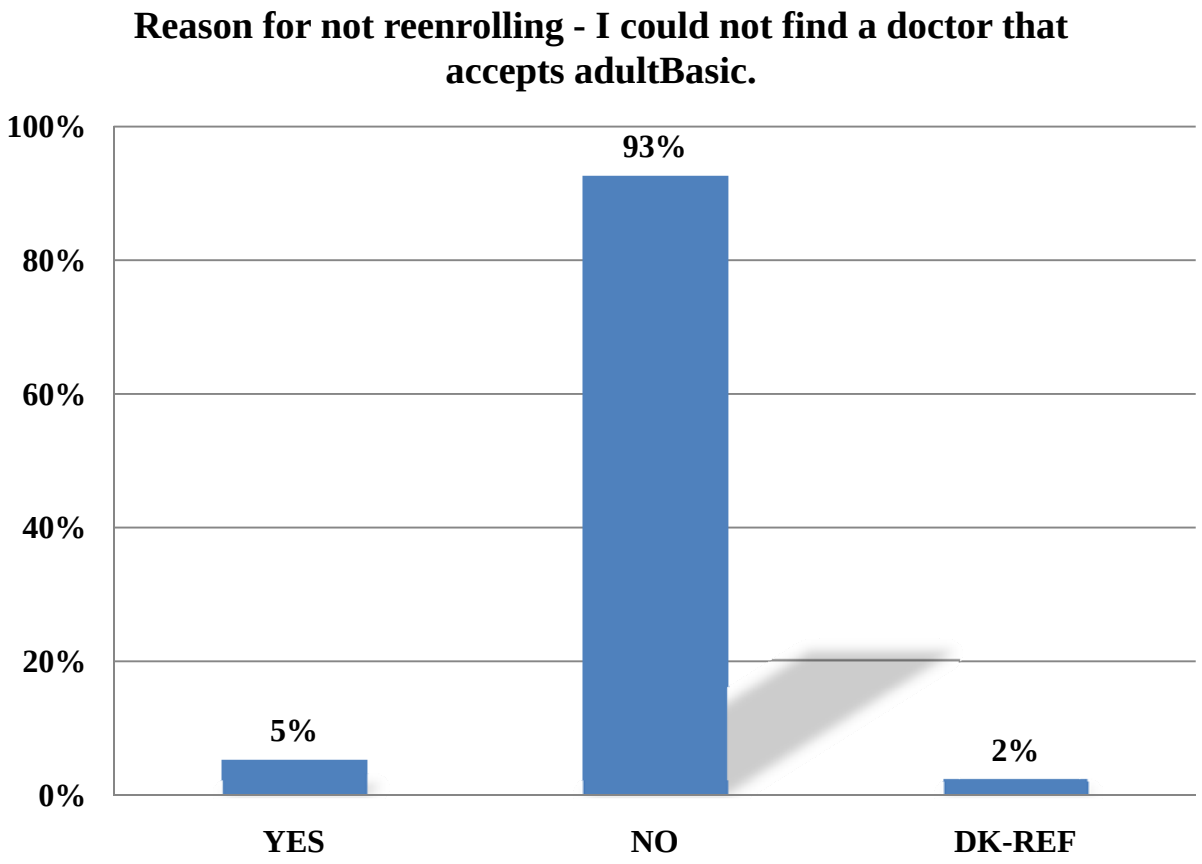
You indicated that the program did not provide services you needed. What types of needed services were not provided?
(% among respondents indicating adultBasic did not cover needed services)

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
DENTAL CARE INCLUDING CHECKUPS	43%	50%	50%	38%	25%
PRESCRIPTION MEDICINES	36%	33%	40%	31%	38%
EYE CARE	25%	17%	30%	31%	13%
MEDICAL CARE FOR AN ILLNESS-CONDITION -FLU, ASTHMA	8%		15%	8%	
HOSPITAL CARE, HOSPITAL STAY	4%		5%	8%	
COULDN'T FIND DR THAT ACCEPTED-DIDN'T LIKE DRs AVAILABLE	4%			8%	13%
DIAGNOSTIC TEST - CAT SCAN, MRI, LAB WORK, OR X-RAY	2%			8%	
EMERGENCY ROOM CARE	2%			8%	
MEDICAL CARE FOR AN INJURY OR POISONING	2%			8%	
MENTAL HEALTH CARE OR COUNSELING	2%	8%			
REHABILITATION SERVICES	2%			8%	
SURGERY	2%			8%	
MATERNITY CARE	2%				13%
CHIROPRACTIC SERVICES	2%		5%		
GYNOCOLOGICAL SERVICES	2%			8%	
OTHER	6%			8%	25%
DK-REF	9%	8%	10%	8%	13%
Total	100%	100%	100%	100%	100%

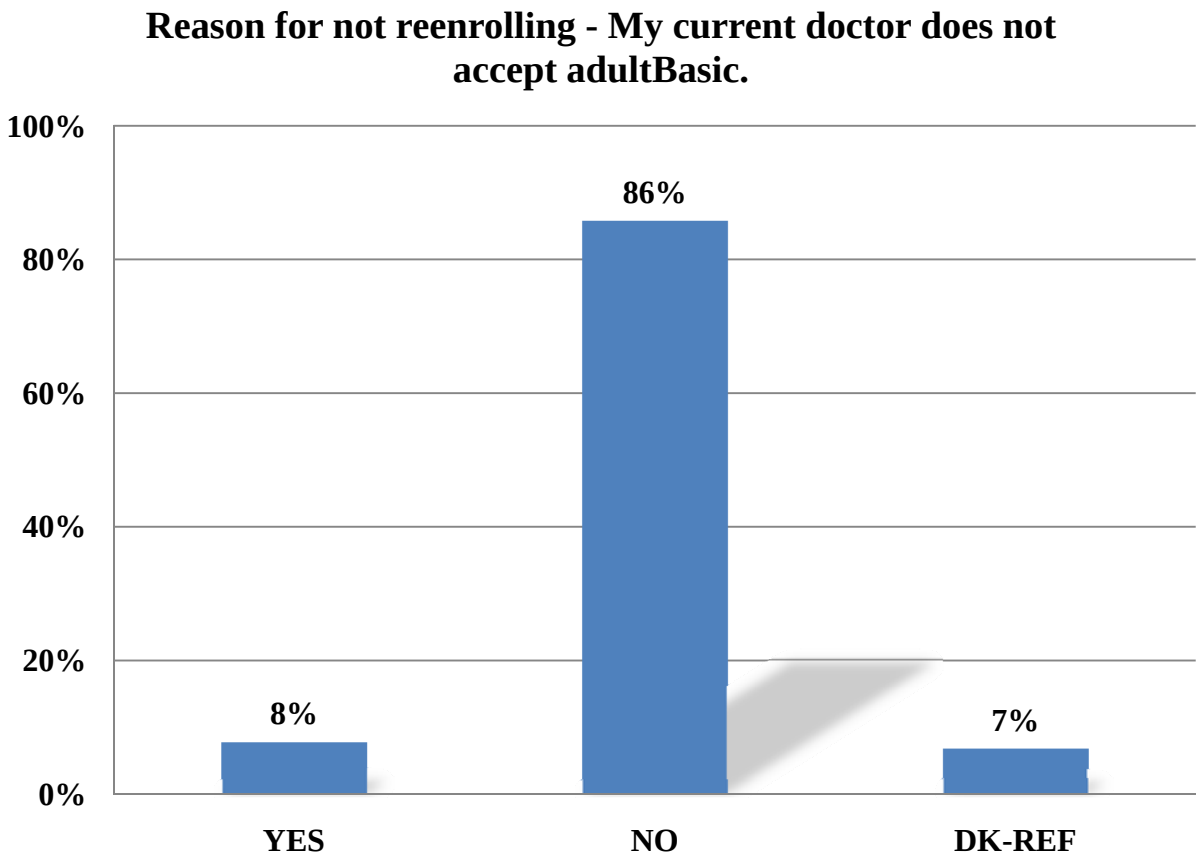
Eleven percent (11%) of respondents did not reenroll in adultBasic because there were too few doctors in their area that accepted adultBasic, five percent could not find a doctor that accepted adultBasic, and eight percent did not reenroll because their current doctor did not accept adultBasic.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	11%	4%	8%	12%	29%
NO	85%	92%	85%	87%	64%
DK-REF	4%	3%	6%	1%	7%
Total	100%	100%	100%	100%	100%



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	5%	1%	1%	7%	19%
NO	93%	97%	98%	92%	76%
DK-REF	2%	3%	1%	2%	5%
Total	100%	100%	100%	100%	100%



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	8%	4%	5%	7%	22%
NO	86%	91%	89%	83%	73%
DK-REF	7%	4%	6%	10%	5%
Total	100%	100%	100%	100%	100%

Comments:

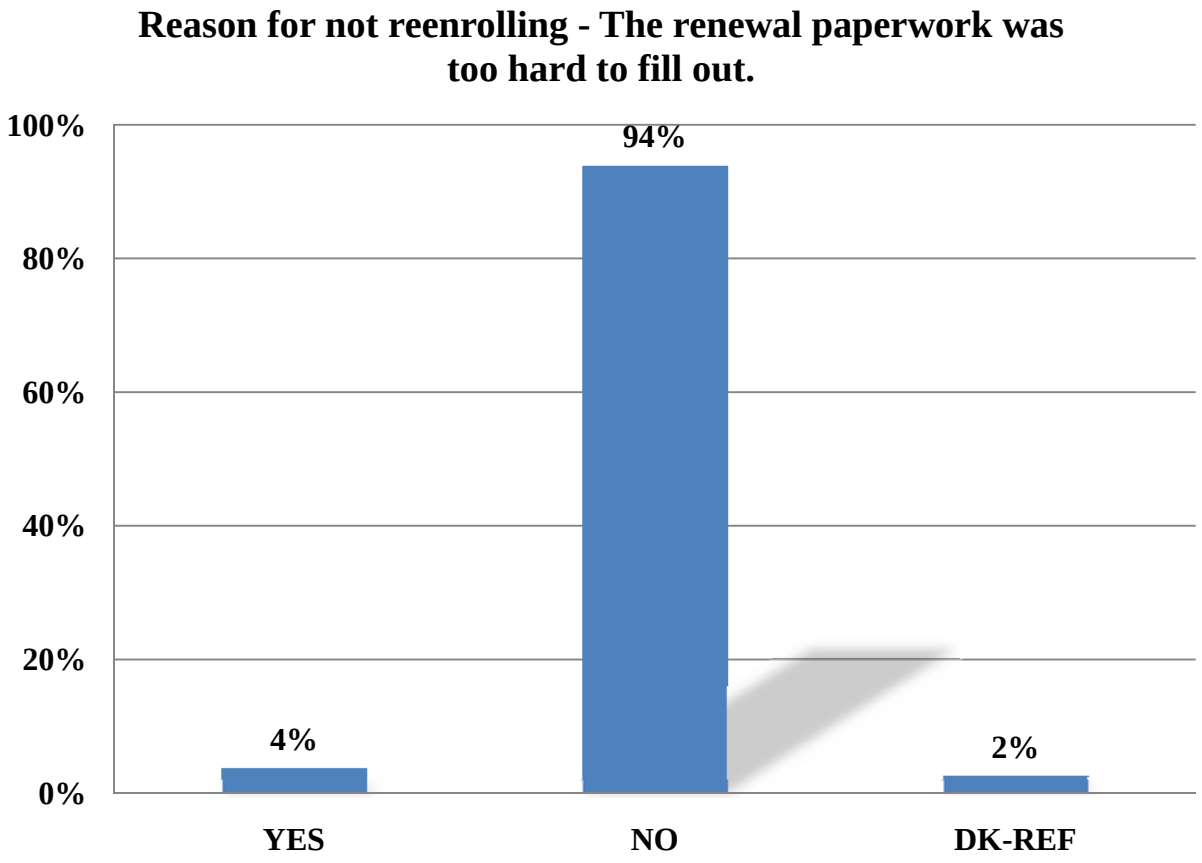
Among adultBasic respondents, the inability to find a physician to provide care was a reason for not reenrolling cited by a small percentage of respondents. Eleven percent indicated that there were too few doctors in their area that accepted adultBasic. Five percent indicated they could not find a doctor at all that would accept adultBasic and eight percent indicated that their current doctor would not accept adultBasic.

By provider, the largest percentage of those indicating they chose not to reenroll in adultBasic was among those receiving services through UFHP of PA. Among these respondents, 29 percent report there were too few doctors in their area that accepted adultBasic, 19 percent could not find any doctor that would accept adultBasic, and 22 percent indicated their current doctor would not accept adultBasic.

Significant Differences by Demographic Groups:

- 25% of respondents currently covered by state sponsored health insurance did not reenroll because there were too few doctors in their area that accepted adultBasic.
- 23% of respondents earning less than $10,000 annually did not reenroll because there were too few doctors in their area that accepted adultBasic.
- 20% of respondents in the Harrisburg Region did not reenroll because there were too few doctors in their area that accepted adultBasic.
- 14% of respondents in the Eastern Region did not reenroll because they could not find a doctor that accepted adultBasic.
- 12% of respondents earning less than $10,000 annually did not reenroll because they could not find a doctor that accepted adultBasic.
- 15% of respondents in the Harrisburg Region did not reenroll because their doctor did not accept adultBasic.
- 14% of respondents in the Eastern Region did not reenroll because their doctor did not accept adultBasic.
- 14% of respondents earning less than $10,000 annually did not reenroll because their doctor did not accept adultBasic.
- 14% of respondents earning more than $40,000 annually did not reenroll because their doctor did not accept adultBasic.

Four percent (4%) of respondents did not reenroll in adultBasic because the renewal paperwork was too difficult to fill out.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	4%	3%	2%	3%	8%
NO	94%	96%	95%	93%	90%
DK-REF	2%	1%	4%	3%	2%
Total	100%	100%	100%	100%	100%

Comments:

Among adultBasic respondents, only four percent indicated they did not reenroll in adultBasic because the renewal paperwork was too difficult to fill out. Among this small percentage of respondents, the difficulties encountered included that there was simply too much paperwork or that too many questions were asked (33%), the directions were unclear or hard to understand (27%), it took too long to complete (27%), staff issues making the process more difficult (20%), and the proof of income requirement (20%). Twenty percent of respondents citing difficulties with the renewal forms as a reason for choosing not to reenroll indicated the need for more one on one help while 13 percent indicated the need to simplify the online application process.

By provider, the largest percentage of those indicating that difficulties with the renewal form was a reason for choosing not to reenroll was among those who received services through UFHP of PA (8%).

Significant Differences by Demographic Groups:

- 10% of respondents in the Harrisburg Region did not reenroll because they experienced difficulties filling out the renewal paperwork.

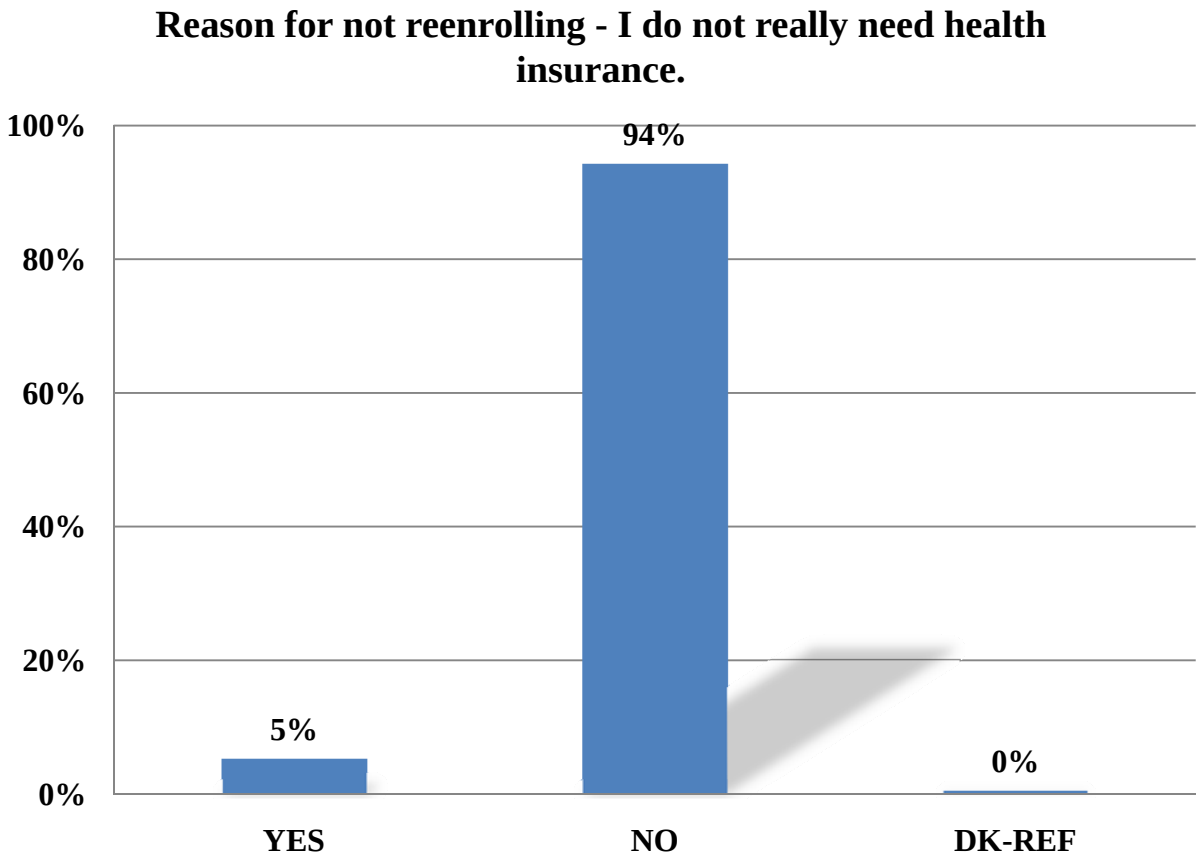
You indicate you found it hard to fill out the renewal paperwork. Can you tell me what it was that made the renewal form difficult?
(% among respondents indicating renewal paperwork was too difficult)

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS	33%	25%			80%
DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND	27%	50%	50%	25%	
TOOK TOO LONG, TOO MUCH TIME TO APPLY	27%		50%		60%
STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP	20%			50%	20%
PROOF OF INCOME	20%			50%	20%
QUESTIONS HARD TO ANSWER, UNDERSTAND	13%	25%		25%	
CAN'T READ FORMS, TROUBLE READING FORMS	7%			25%	
LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE	7%			25%	
NEEDED HELP IN FILLING OUT APPLICATION FORMS	7%			25%	
OTHER	7%				20%
DK-REF	13%	25%	50%		
Total	100%	100%	100%	100%	100%

What type of assistance could be provided to make the process of filling the renewal application easier?
(% among respondents indicating renewal paperwork was too difficult)

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
PROVIDE 1 ON 1 DETAILED HELP	20%		50%	25%	20%
MAKE ONLINE RENEWAL EASIER	13%			25%	20%
PROVIDE OVER THE PHONE RENEWAL WITH LIVE PERSON	7%		50%		
PROVIDE BETTER EXPLANATIONS	7%	25%			
MAINTAIN PREVIOUS INFORMATION SO RENEWALS DO NOT REQUIRE ALL INFORMATION TO BE REENTERED	7%				20%
LESS PAPERWORK-LESS REPETITIVE INFO REQUESTED-COMBINE PAPERWORK	7%				20%
OTHER	33%	75%		50%	
DK-REF	7%				20%
Total	100%	100%	100%	100%	100%

Five percent (5%) of respondents did not reenroll in adultBasic because they felt they did not need health insurance coverage.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	5%	2%	5%	6%	10%
NO	94%	97%	94%	94%	90%
DK-REF	0%	1%	1%		
Total	100%	100%	100%	100%	100%

Comments:

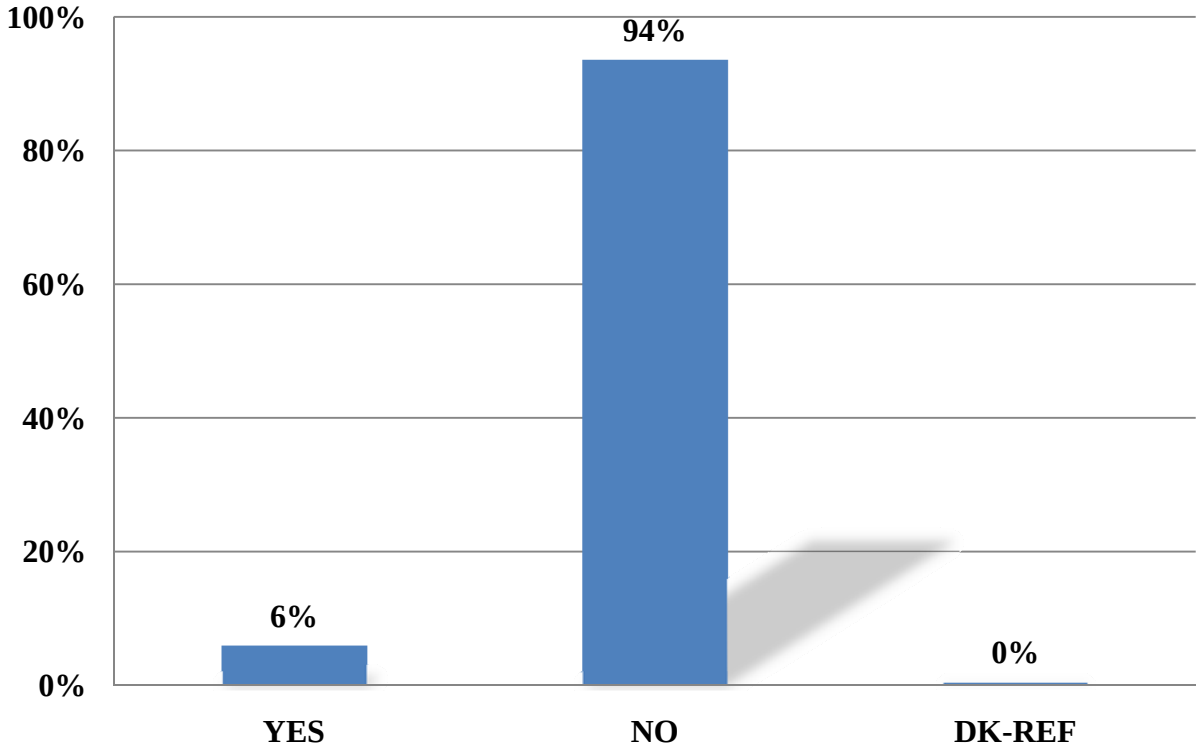
Among adultBasic respondents, only five percent indicated they did not reenroll in adultBasic because they did not need health insurance coverage.

Significant Differences by Demographic Groups:

- 14% of respondents earning less than $10,000 annually did not reenroll because they felt they did not need health insurance.
- 11% of respondents in the Harrisburg Region did not reenroll because they felt they did not need health insurance.
- 11% of respondents age 40 to 44 did not reenroll because they felt they did not need health insurance.

Six percent (6%) of respondents did not reenroll in adultBasic because they were concerned about the quality of they received while covered by adultBasic.

Reason for not reenrolling - I was concerned about the quality of care I was receiving while covered by adultBasic.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	6%	3%	11%	3%	8%
NO	94%	97%	89%	97%	88%
DK-REF	0%				3%
Total	100%	100%	100%	100%	100%

Comments:

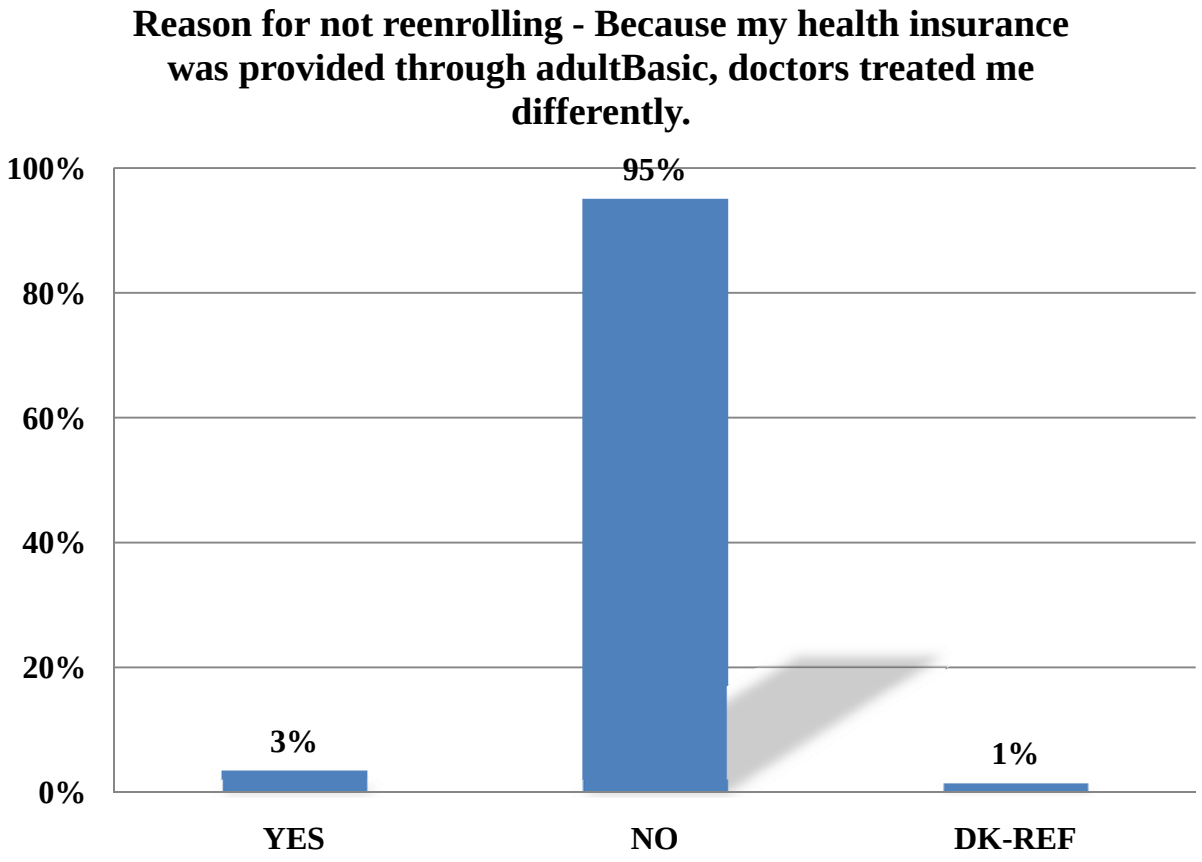
Among adultBasic respondents, only six percent indicated they did not reenroll in adultBasic because of concerns over the quality of care provided.

By provider, the largest percentage of those indicating concerns about the quality of care was among those who received services through Independence Blue Cross (11%).

Significant Differences by Demographic Groups:

- 12% of respondents earning less than $10,000 annually did not reenroll because they were concerned about the quality of care they received while covered by adultBasic.
- 12% of respondents in the Philadelphia Region did not reenroll because they were concerned about the quality of care they received while covered by adultBasic.
- 10% of respondents age 30 to 34 did not reenroll because they were concerned about the quality of care they received while covered by adultBasic.

Three percent (3%) of respondents did not reenroll in adultBasic because they believed that doctors treated them differently because they were enrolled in adultBasic.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	3%	1%	2%	4%	10%
NO	95%	98%	96%	94%	88%
DK-REF	1%	1%	2%	2%	2%
Total	100%	100%	100%	100%	100%

Comments:

Among adultBasic respondents, only three percent indicated they did not reenroll in adultBasic because they were treated differently by health care providers. Among these respondents, 14 percent indicated providers were condescending, 14 percent indicated they felt ignored or isolated, and 14 percent indicated that providers focused on treatments that were covered by adultBasic rather than treatments that were best suited to their condition. Twenty-one percent of these respondents indicated they did not get the treatment wanted but rather only what was covered by adultBasic. Another 14 percent felt that the care they received was inadequate or rushed.

By provider, the largest percentage of those indicating that the health care providers treated them differently because they were covered by adultBasic was among those who received services through UFHP of PA (10%).

Significant Differences by Demographic Groups:

- 15% of respondents in the Harrisburg Region did not reenroll because they felt they were treated differently by health care providers.
- 10% of respondents in the North East Region did not reenroll because they felt they were treated differently by health care providers.

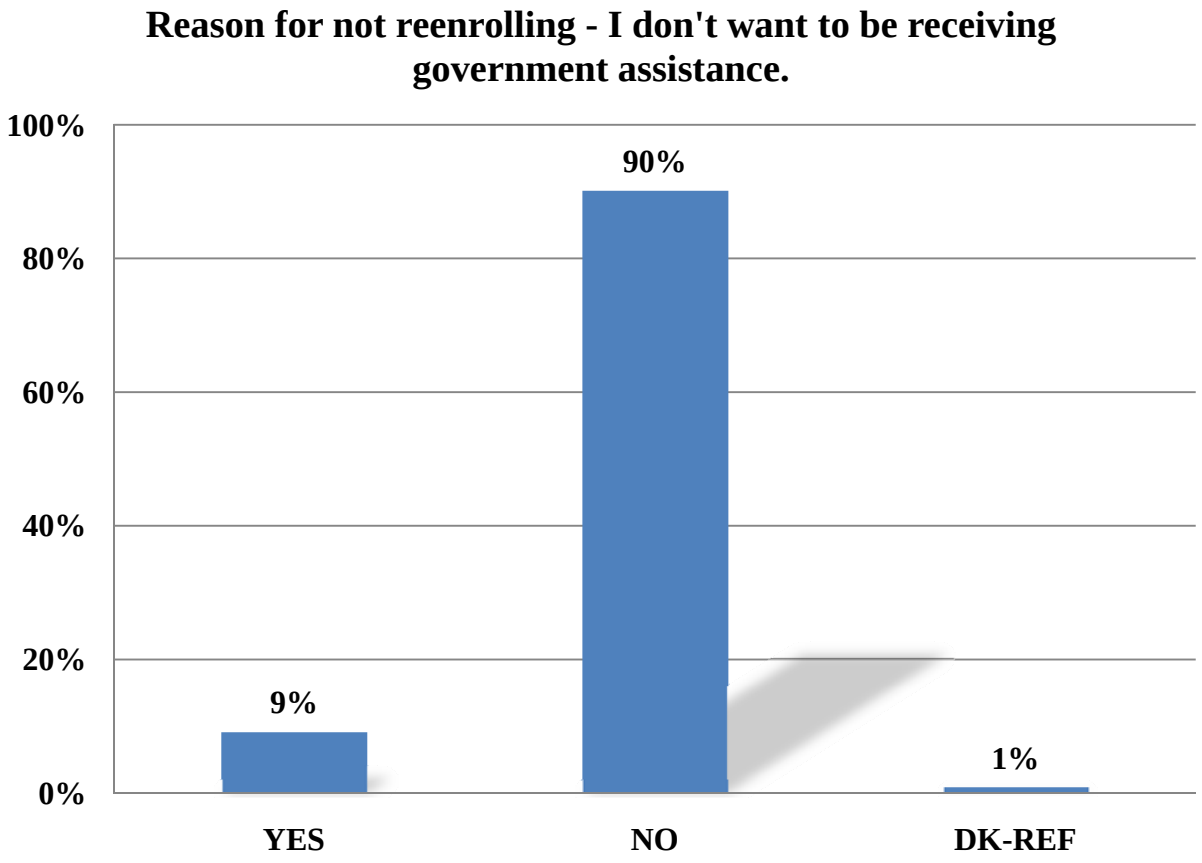
How did doctors treat you/differently?
(% among respondents indicating doctor treated them differently)

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
CONDESCENDING	14%				33%
THEY IGNORED US-WOULDN'T HELP US-FELT ISOLATED	14%			20%	17%
FOCUS WAS ON WHAT Tx WAS COVERED NOT WHAT Tx WAS BEST	14%	100%	50%		
IMPATIENT, RUSHED CARE	7%				17%
OTHER	50%		50%	80%	33%
Total	100%	100%	100%	100%	100%

And how do you think this affected the quality of health care that you/your child received?
(% among respondents indicating doctor treated them differently)

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
DIDN'T GET THE Tx WANTED, GOT WHAT INSURANCE WOULD PAY FOR	21%			20%	33%
CARE WAS INADEQUATE,RUSHED-WASN'T PAYING ATTENTION	14%	100%			17%
NONE, LITTLE EFFECT	14%		50%		17%
DIDN'T RECEIVE CARE-ONLY RECEIVE CARE IN EMERGENCIES	7%			20%	
OTHER	29%			40%	33%
DK-REF	14%		50%	20%	
Total	100%	100%	100%	100%	100%

Nine percent (9%) of respondents did not reenroll in adultBasic because they didn't want to receive government assistance.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	9%	7%	8%	9%	15%
NO	90%	93%	90%	91%	83%
DK-REF	1%		2%		2%
Total	100%	100%	100%	100%	100%

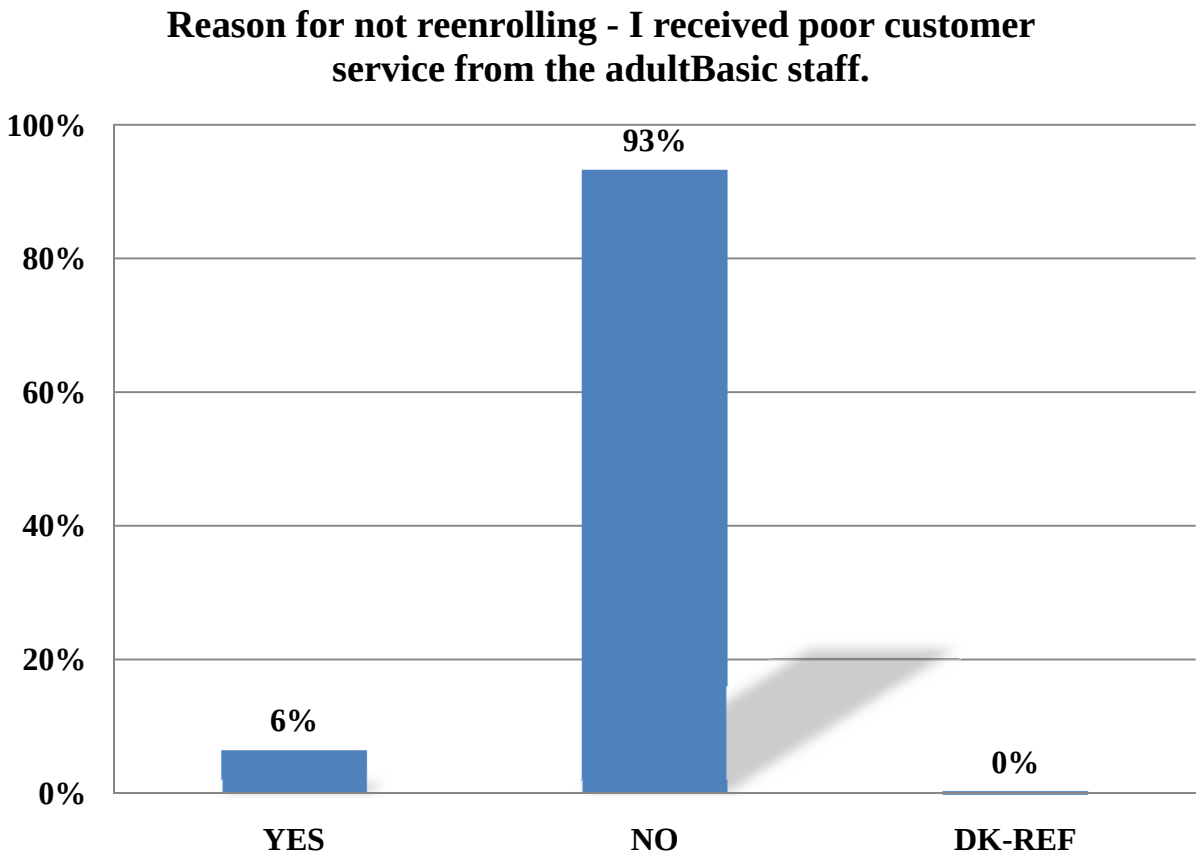
Comments:

Among adultBasic respondents, nine percent indicated they did not reenroll in the adultBasic program because they did not want to receive government assistance.

Significant Differences by Demographic Groups:

- 17% of respondents in the Harrisburg Region did not reenroll because they did not want to receive government assistance.

Six percent (6%) of respondents did not reenroll in adultBasic because they received poor customer service from the adultBasic staff.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	6%	5%	7%	3%	15%
NO	93%	95%	93%	97%	85%
DK-REF	0%			1%	
Total	100%	100%	100%	100%	100%

Comments:

Among adultBasic respondents, only six percent indicated they did not reenroll in adultBasic because of poor customer service provided by the adultBasic staff.

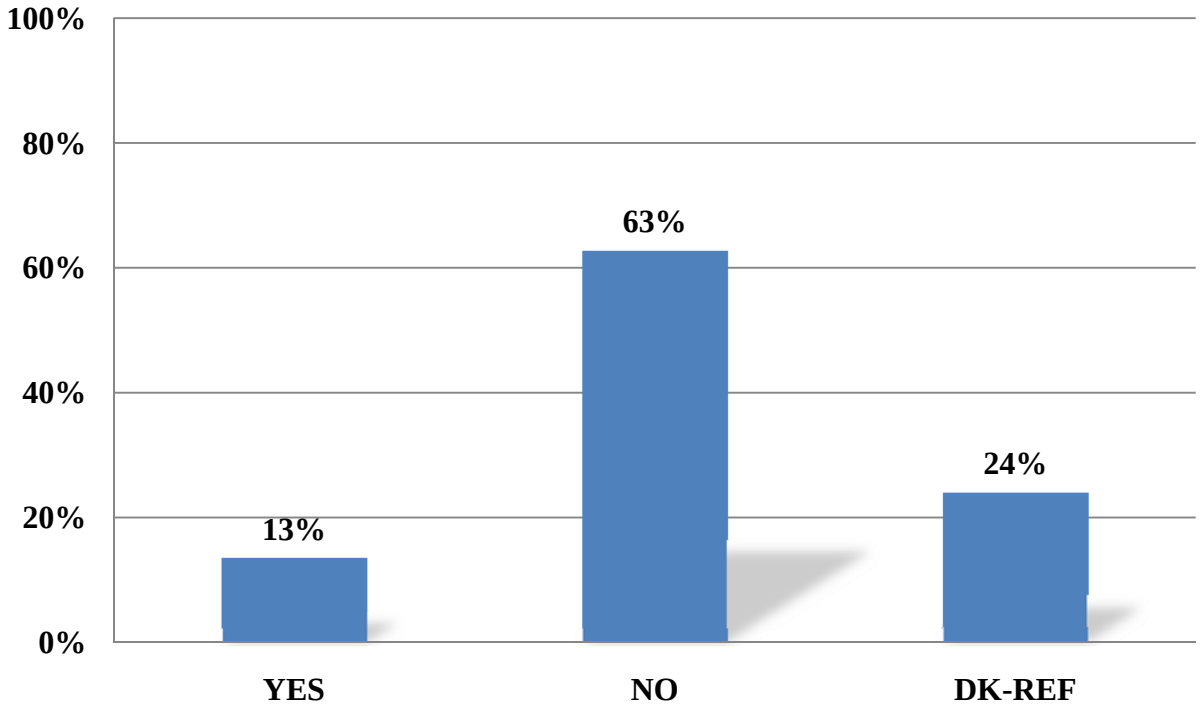
By provider, the largest percentage of those indicating poor customer service provided by the adultBasic staff was a factor in choosing not to reenroll was among those who received services through UFHP of PA (15%).

Significant Differences by Demographic Groups:

- 14% of respondents age 30 to 34 did not reenroll because they felt they received poor customer service from the adultBasic staff.
- 11% of respondents in the North East Region did not reenroll because they felt they received poor customer service from the adultBasic staff.

Only 13 percent of respondents recalled receiving a call from the call center once the renewal application letter was sent.

Did you receive a call from our call center to assist you in filling out the renewal application after the letters were sent?



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	13%	19%	9%	7%	24%
NO	63%	52%	74%	67%	57%
DK-REF	24%	30%	17%	26%	19%
Total	100%	100%	100%	100%	100%

Comments:

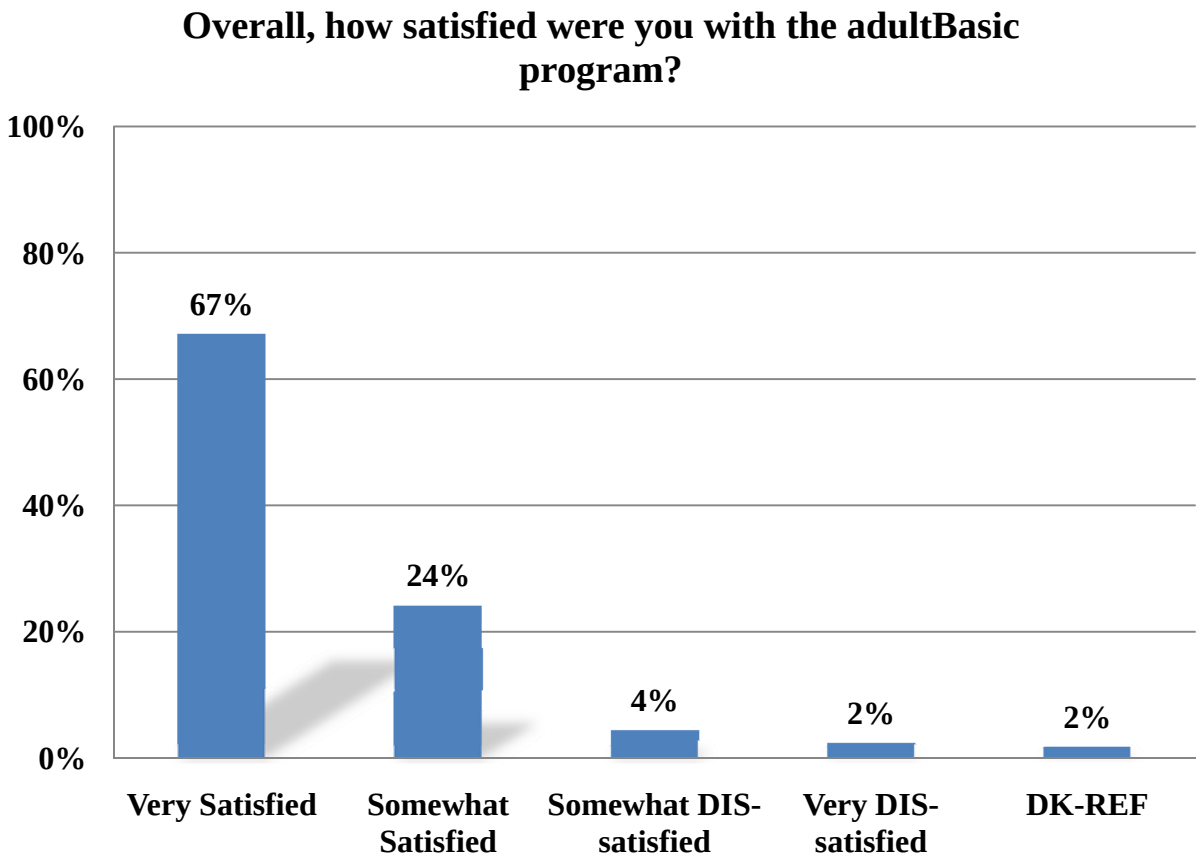
Among all adultBasic respondents, 78 percent indicated they received a letter telling them their coverage was about to end. Among those who received this letter, only 13 percent indicated they received a call from the adultBasic call center to assist in filling out their renewal application.

Significant Differences by Demographic Groups:

- 78% of respondents in the North East Region did not recall receiving a call from the adultBasic call center.
- 76% of respondents in the Philadelphia Region did not recall receiving a call from the adultBasic call center.

2. Satisfaction with adultBasic

Ninety-one percent (91%) of respondents were very or somewhat satisfied with the adultBasic program, overall.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Very Satisfied	67%	74%	64%	66%	63%
Somewhat Satisfied	24%	21%	24%	27%	25%
Somewhat DIS-satisfied	4%	2%	7%	4%	5%
Very DIS-satisfied	2%	1%	5%	1%	5%
DK-REF	2%	3%	1%	2%	2%
Total	100%	100%	100%	100%	100%

Comments:

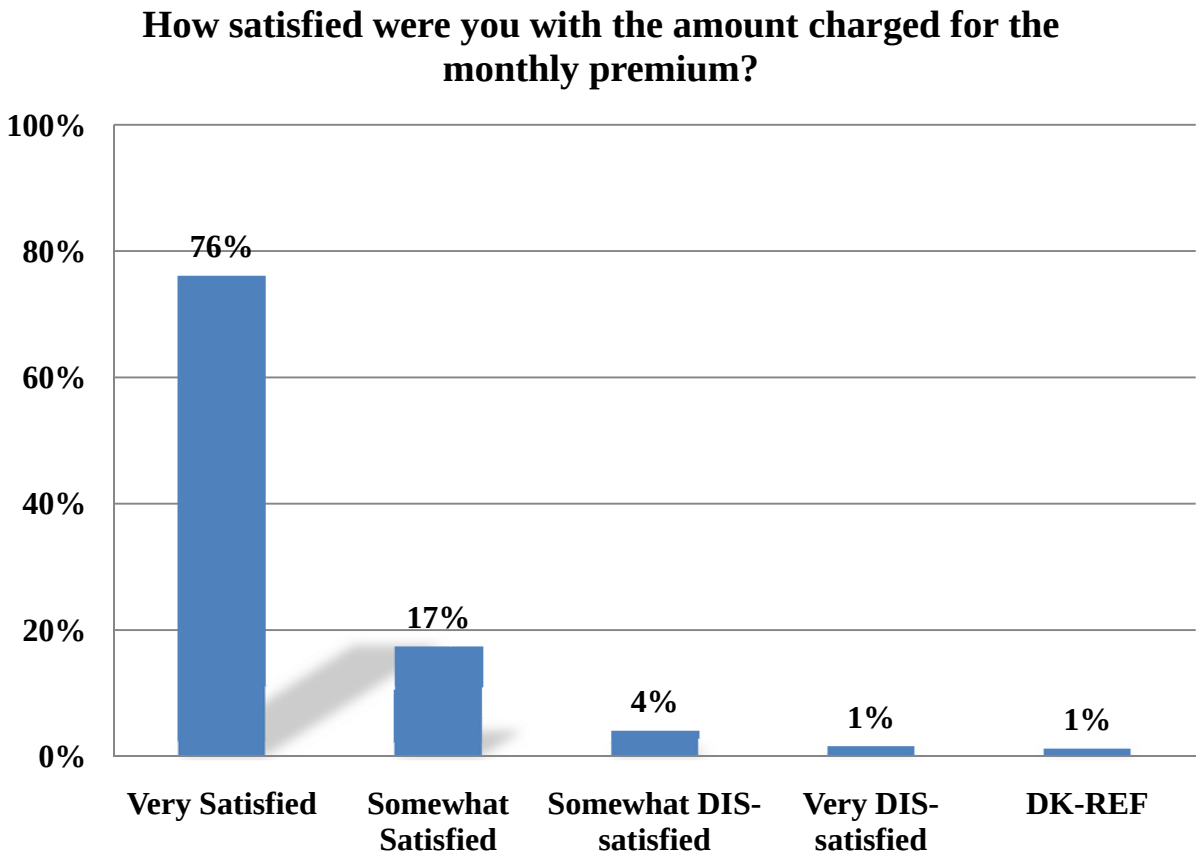
Nearly all adultBasic respondents were satisfied with the adultBasic program. Sixty-seven percent of respondents were very satisfied with the adultBasic program, overall, while another 24 percent were somewhat satisfied. Only six percent of respondents expressed any level of dissatisfaction with the program.

Overall satisfaction was high among clients of all adultBasic providers. Overall satisfaction ranged from 88 percent very and somewhat satisfied among those who received service from Independence Blue Cross and UFHP of PA, 93 percent among those who received service from NEPA, and 95 percent among those who received service from Highmark.

Significant Differences by Demographic Groups:

- 17% of respondents currently covered by state sponsored health insurance were very or somewhat dissatisfied with adultBasic, overall.
- 14% of respondents in the Eastern Region were very or somewhat dissatisfied with adultBasic, overall.
- 12% of respondents in the Philadelphia Region were very or somewhat dissatisfied with adultBasic, overall.
- 12% of respondents earning less than $10,000 annually were very or somewhat dissatisfied with adultBasic, overall.
- 12% of respondents age 30 to 34 were very or somewhat dissatisfied with adultBasic, overall.

Ninety-three percent (93%) of respondents were very or somewhat satisfied with the amount the adultBasic program charged for the monthly premium.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Very Satisfied	76%	79%	67%	80%	78%
Somewhat Satisfied	17%	15%	22%	13%	20%
Somewhat DIS-satisfied	4%	3%	7%	3%	2%
Very DIS-satisfied	1%	2%	3%	1%	
DK-REF	1%	1%	1%	3%	
Total	100%	100%	100%	100%	100%

Comments:

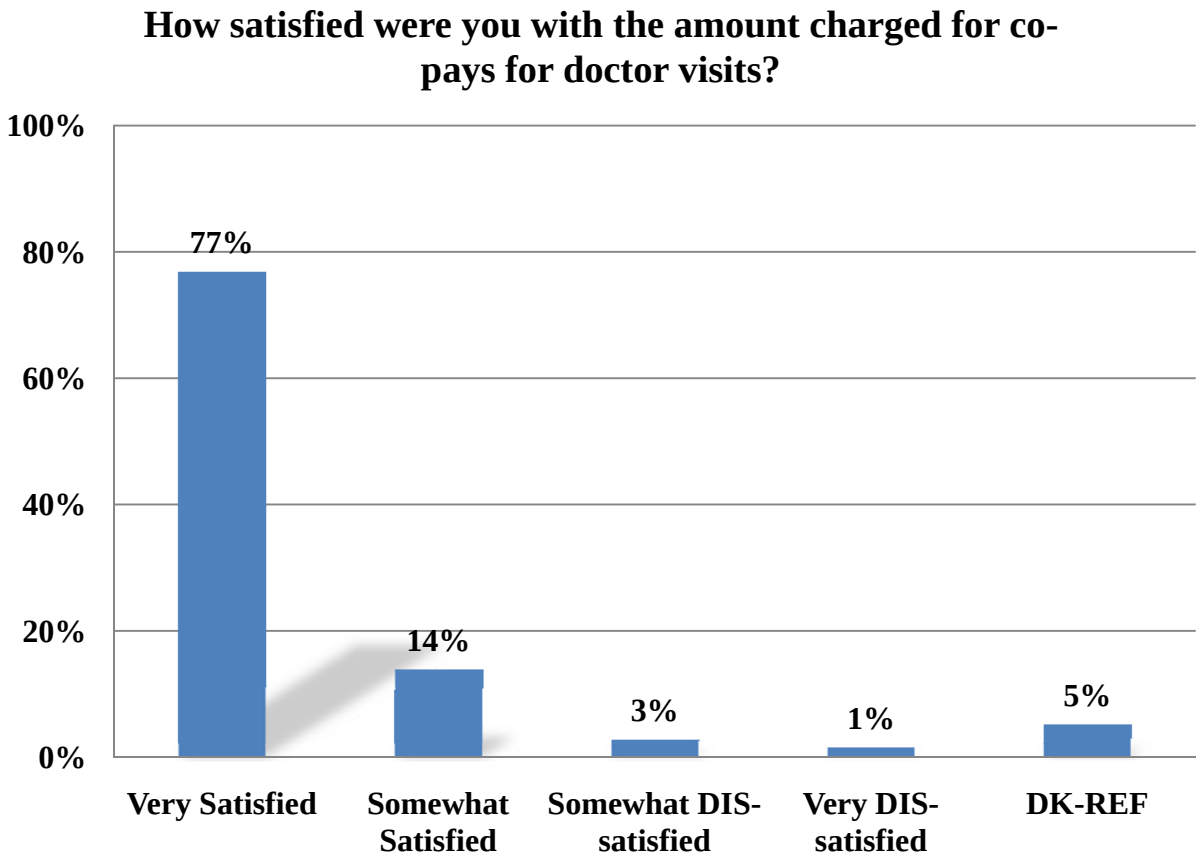
Nearly all adultBasic respondents were satisfied with the amount they paid for their monthly premiums for the adultBasic program. Seventy-six percent of respondents were very satisfied with the amount they were charged for monthly premiums, while another 17 percent were somewhat satisfied. Only five percent of respondents expressed any level of dissatisfaction with the amount they were charged for monthly premiums.

Satisfaction was high among clients of all adultBasic providers. Satisfaction with monthly premiums ranged from 89 percent very and somewhat satisfied among those who received service from Independence Blue Cross, 93 percent among those who received service from NEPA, 94 percent among those who received service from Highmark, and 98 percent among those who received service from UFHP of PA.

Significant Differences by Demographic Groups:

- 17% of respondents currently covered by state sponsored health insurance were very or somewhat dissatisfied with the monthly premiums.
- 10% of respondents in the North East Region were very or somewhat dissatisfied with the monthly premiums

Ninety-one percent (91%) of respondents were very or somewhat satisfied with the amount charged for co-pays for doctor visits.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Very Satisfied	77%	84%	65%	80%	78%
Somewhat Satisfied	14%	11%	19%	12%	14%
Somewhat DIS-satisfied	3%	1%	4%	3%	3%
Very DIS-satisfied	1%		5%	1%	
DK-REF	5%	4%	7%	4%	5%
Total	100%	100%	100%	100%	100%

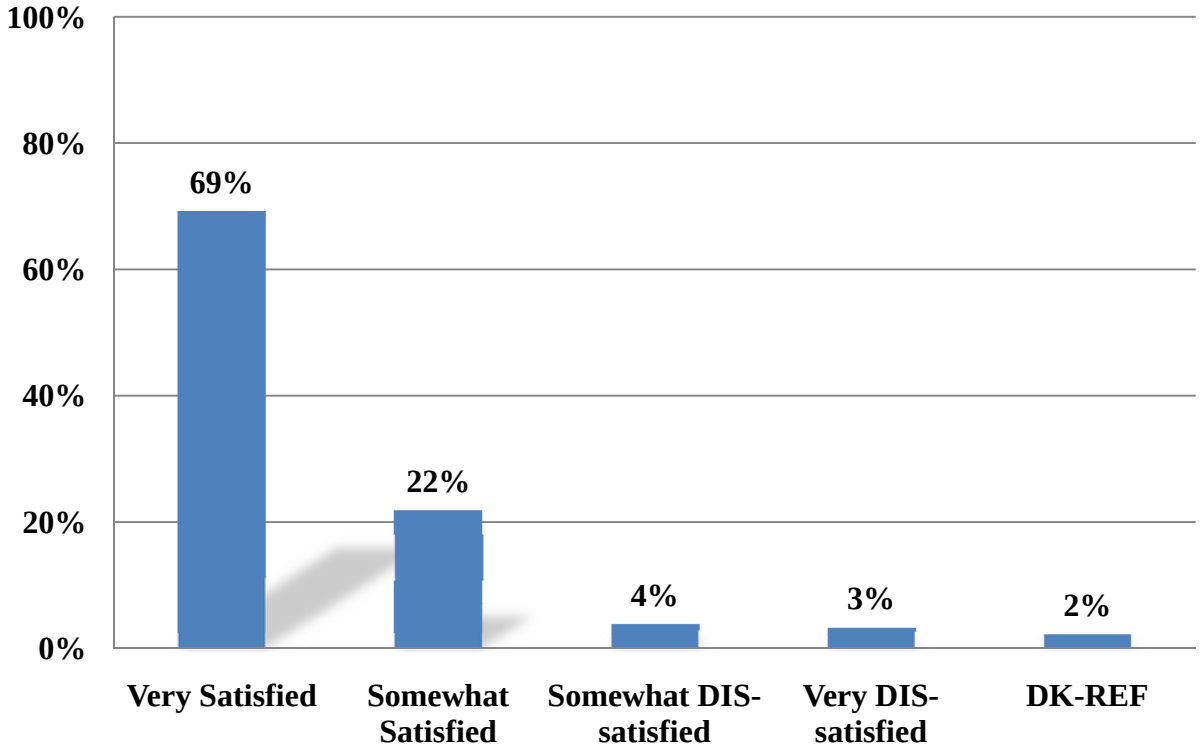
Comments:

Nearly all adultBasic respondents were satisfied with the amount charged for co-pays for doctor visits. Seventy-seven percent of respondents were very satisfied with the amount they were charged for co-pays, while another 14 percent were somewhat satisfied. Only four percent of respondents expressed any level of dissatisfaction with the amount they were charged for co-pays for a doctor visit.

Satisfaction was high among clients of all adultBasic providers. Satisfaction with co-pays ranged from 84 percent very and somewhat satisfied among those who received service from Independence Blue Cross, 92 percent among those who received service from NEPA and UFHP of PA, and 95 percent among those who received service from Highmark.

Ninety-one percent (91%) of respondents were very or somewhat satisfied with the choice of doctors and other health care providers that were available.

How satisfied were you with the choice of doctors and other health care providers that were available to you.



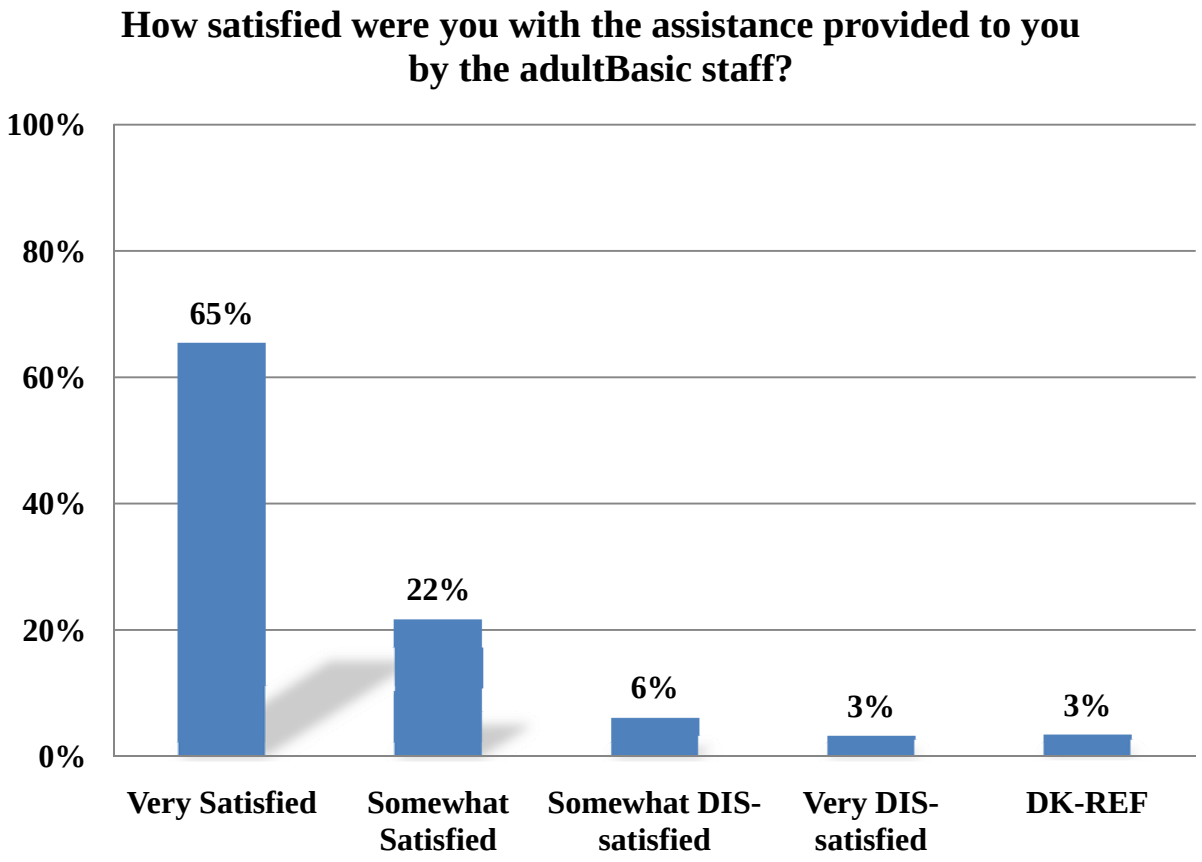
	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Very Satisfied	69%	79%	74%	67%	44%
Somewhat Satisfied	22%	15%	21%	24%	32%
Somewhat DIS-satisfied	4%	3%	1%	6%	7%
Very DIS-satisfied	3%		2%	3%	14%
DK-REF	2%	3%	3%	1%	3%
Total	100%	100%	100%	100%	100%

Comments:

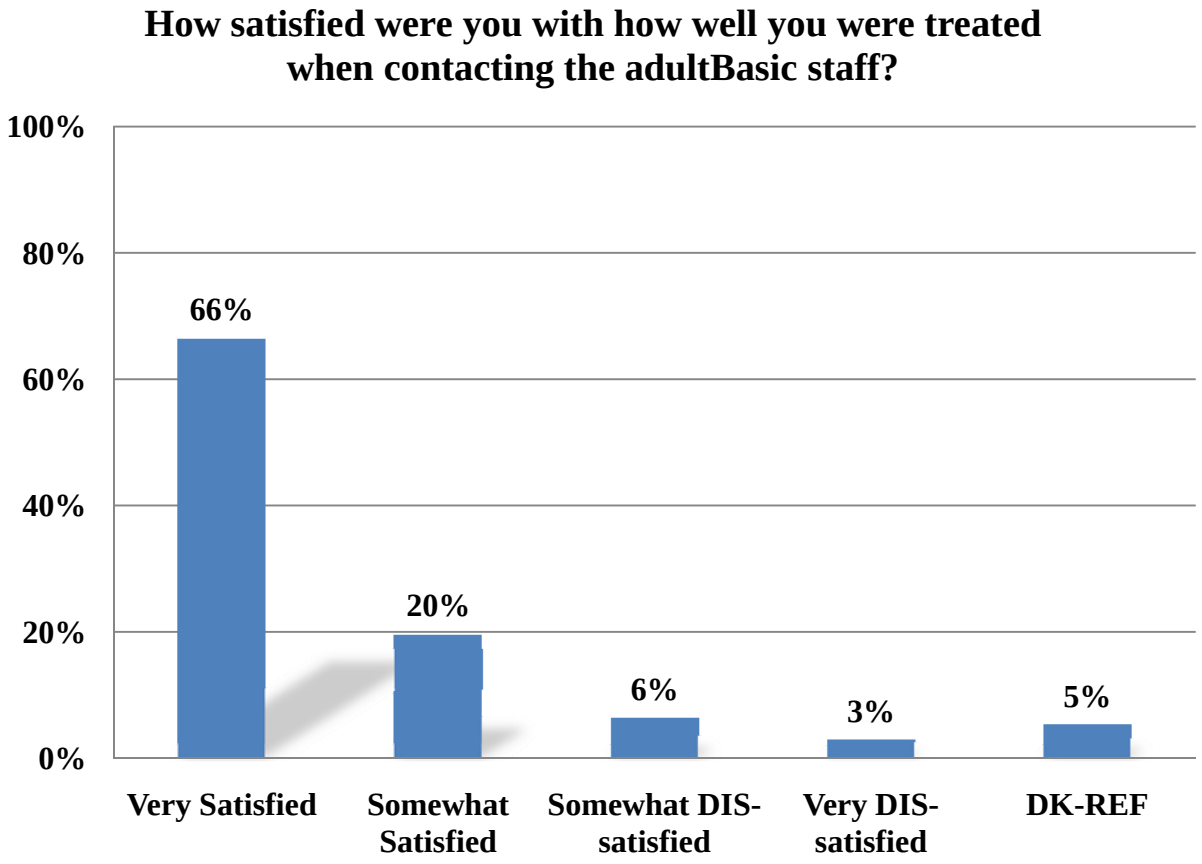
Nearly all adultBasic respondents were satisfied with their choice of doctors and other health care providers. Sixty-nine percent of respondents were very satisfied with their choice of health care providers while another 22 percent were somewhat satisfied. Only seven percent of respondents expressed any level of dissatisfaction with their choice of doctors or other health care providers.

Satisfaction was high among clients of all adultBasic providers. Satisfaction with their choice of providers ranged from 76 percent among those who received service from UFHP of PA (though 21% of the clients among this provider were dissatisfied), 91 percent among those who received service from NEPA, 94 percent among those who received service from Highmark, and 95 percent very and somewhat satisfied among those who received service from Independence Blue Cross.

Eighty-seven percent (87%) of respondents were very or somewhat satisfied with the assistance provided by adultBasic staff and 86 percent were satisfied with how they were treated when contacting adultBasic staff.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Very Satisfied	65%	69%	63%	72%	49%
Somewhat Satisfied	22%	17%	26%	18%	29%
Somewhat DIS-satisfied	6%	8%	6%	4%	7%
Very DIS-satisfied	3%	1%	4%	2%	10%
DK-REF	3%	5%	1%	3%	5%
Total	100%	100%	100%	100%	100%



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Very Satisfied	66%	71%	58%	74%	58%
Somewhat Satisfied	20%	15%	26%	14%	27%
Somewhat DIS-satisfied	6%	8%	8%	4%	3%
Very DIS-satisfied	3%		4%	3%	7%
DK-REF	5%	7%	4%	5%	5%
Total	100%	100%	100%	100%	100%

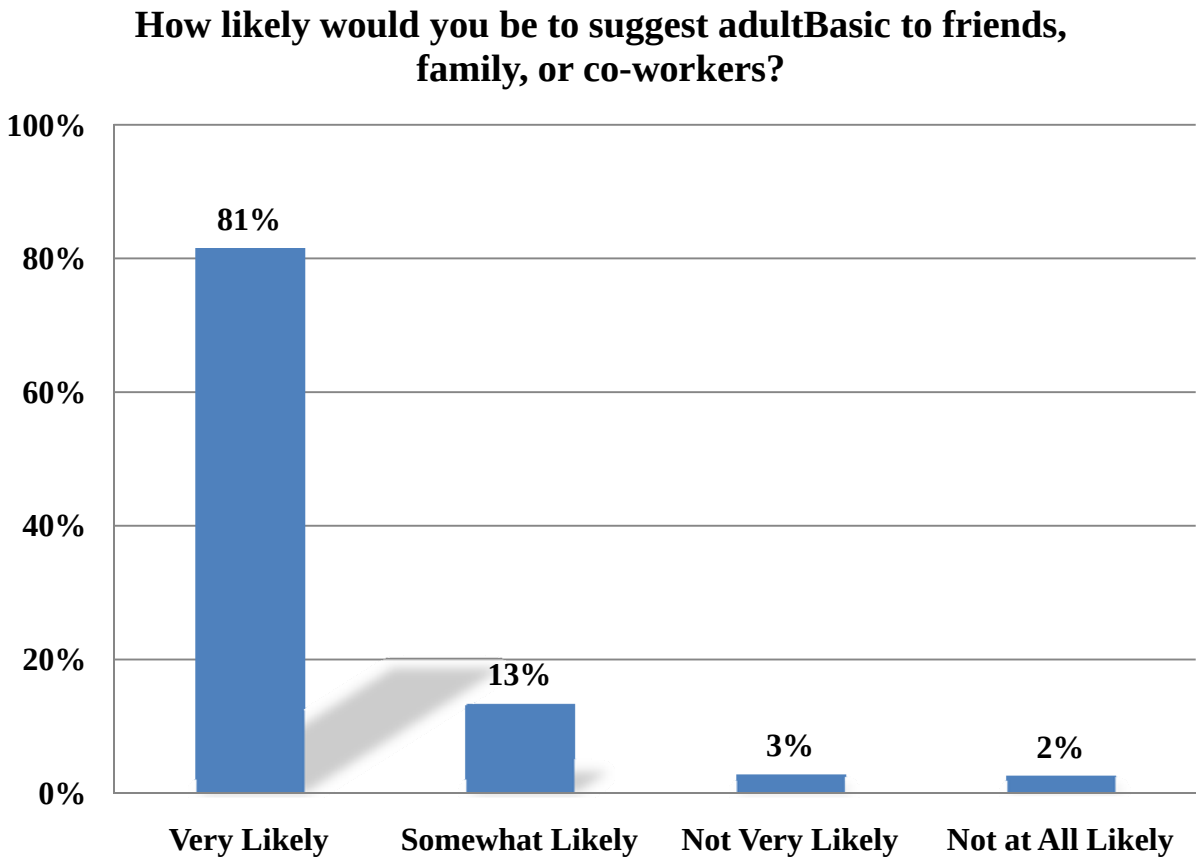
Comments:

Satisfaction with the adultBasic staff was high among all adultBasic respondents. Eighty-seven percent were satisfied with the assistance provided by the adultBasic staff (65% were very satisfied and another 22% were somewhat satisfied). Eighty-six percent were satisfied with the way they were treated when contacting adultBasic staff (66% were very satisfied and another 20% were somewhat satisfied). Only nine percent of respondents expressed any level of dissatisfaction with the assistance provided by the adultBasic staff and only nine percent expressed any level of dissatisfaction with the way they were treated when contacting adultBasic staff

Significant Differences by Demographic Groups:

- 16% of respondents currently uninsured were very or somewhat dissatisfied with the assistance provided by the adultBasic staff.
- 16% of respondents in the Eastern Region were very or somewhat dissatisfied with the assistance provided by the adultBasic staff.
- 16% of respondents age 30 to 34 were very or somewhat dissatisfied with the assistance provided by the adultBasic staff.
- 16% of respondents age 30 to 34 were very or somewhat dissatisfied with they way they were treated when contacting adultBasic staff.

Nearly all (94%) of respondents would recommend adultBasic to friends, family, or co-workers.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Very Likely	81%	86%	76%	88%	68%
Somewhat Likely	13%	11%	18%	8%	19%
Not Very Likely	3%	1%	4%	2%	7%
Not at All Likely	2%	2%	2%	2%	7%
Total	100%	100%	100%	100%	100%

Comments:

Nearly all adultBasic respondents would recommend the program to their friends, co-workers, or family. Eighty-one percent of respondents were very likely to recommend the adultBasic program and another 13 percent were somewhat likely to recommend the program to friends, co-workers, or family.

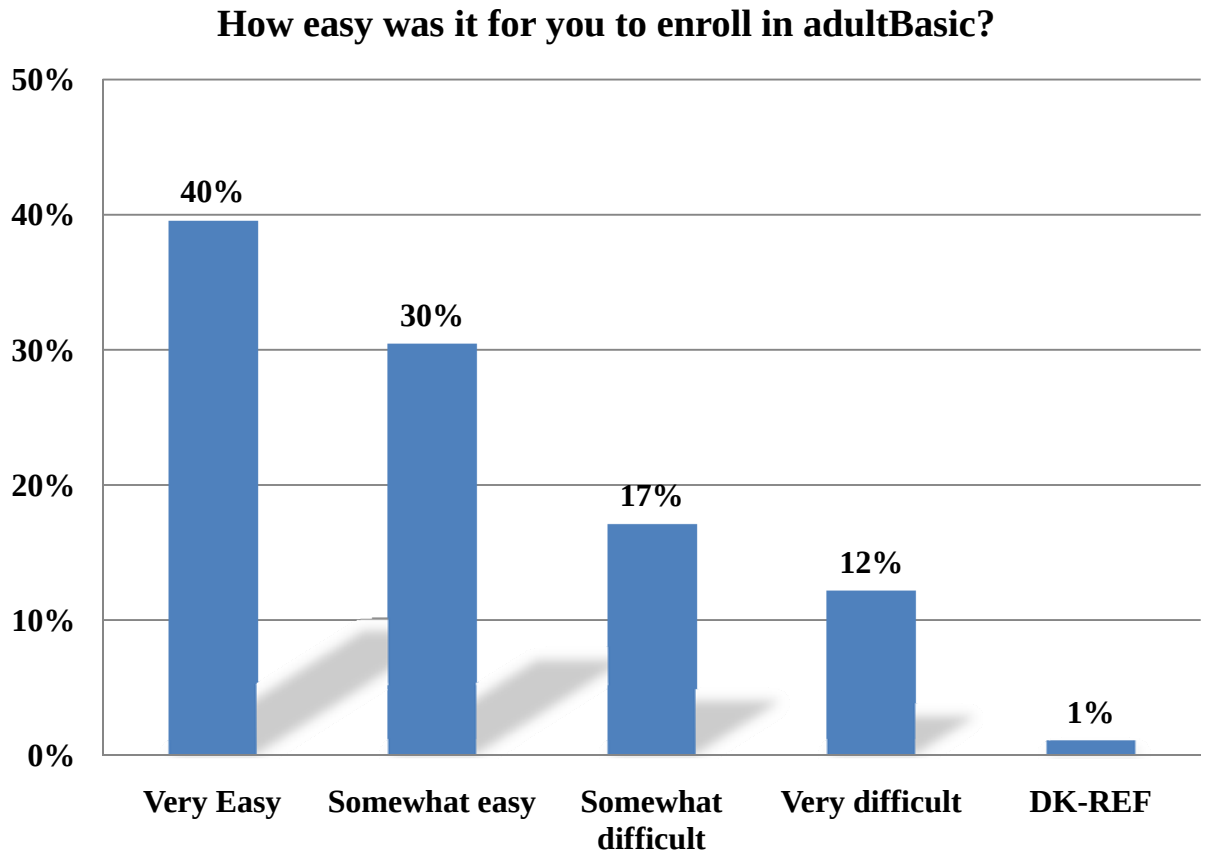
Clients of all providers were likely to recommend the program. The percentage indicating they were very or somewhat likely to recommend the adultBasic program to a friend, co-worker, or family member ranged from 87 percent among those who received service from UFHP of PA, 94 percent among those who received service from Independence Blue Cross, 97 percent among those who received service from Highmark, and 96 percent among those who received service from NEPA.

Significant Differences by Demographic Groups:

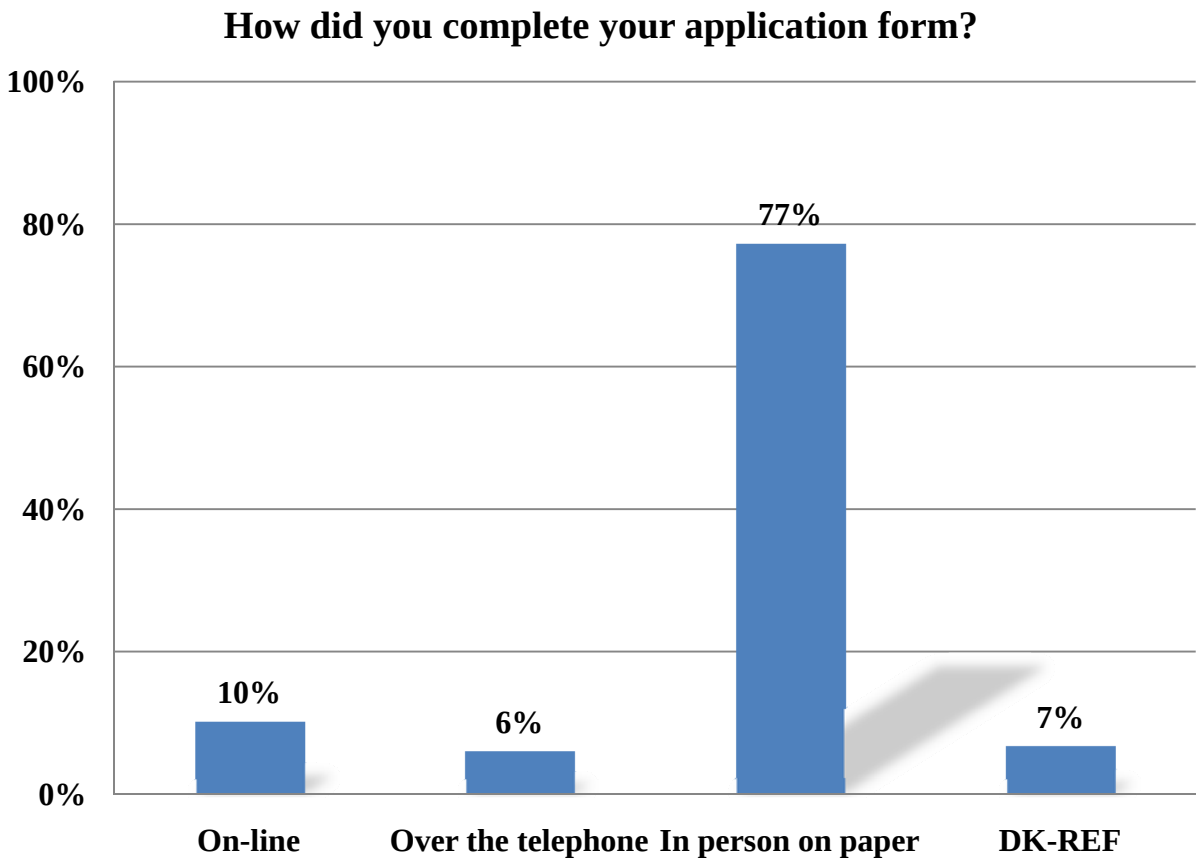
- 12% of respondents age 30 to 34 would not recommend adultBasic.

3. Experiences While Enrolled in adultBasic

Seventy-percent (70%) of respondents indicated it was very or somewhat easy to enroll in adultBasic. More than three quarters (77%) completed the application in-person on paper.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Very Easy	40%	43%	36%	39%	41%
Somewhat easy	30%	29%	33%	33%	24%
Somewhat difficult	17%	17%	15%	18%	20%
Very difficult	12%	9%	16%	10%	14%
DK-REF	1%	2%		1%	2%
Total	100%	100%	100%	100%	100%



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
On-line	10%	9%	13%	8%	12%
Over the telephone	6%	6%	3%	8%	7%
In person on paper	77%	76%	78%	79%	75%
DK-REF	7%	9%	6%	4%	7%
Total	100%	100%	100%	100%	100%

Comments:

More than three-quarters of respondents (77%) completed their application in-person on paper. Most respondents found the application process for the adultBasic program easy to complete. Forty percent of respondents indicated that the process was very easy and another 30 percent indicated the process was somewhat easy. Among the 29 percent indicating they experienced at least some difficulty in completing the application, 75 percent indicated that the application process simply took too long. Another 17 percent felt that there was too much paperwork and they were asked too many questions.

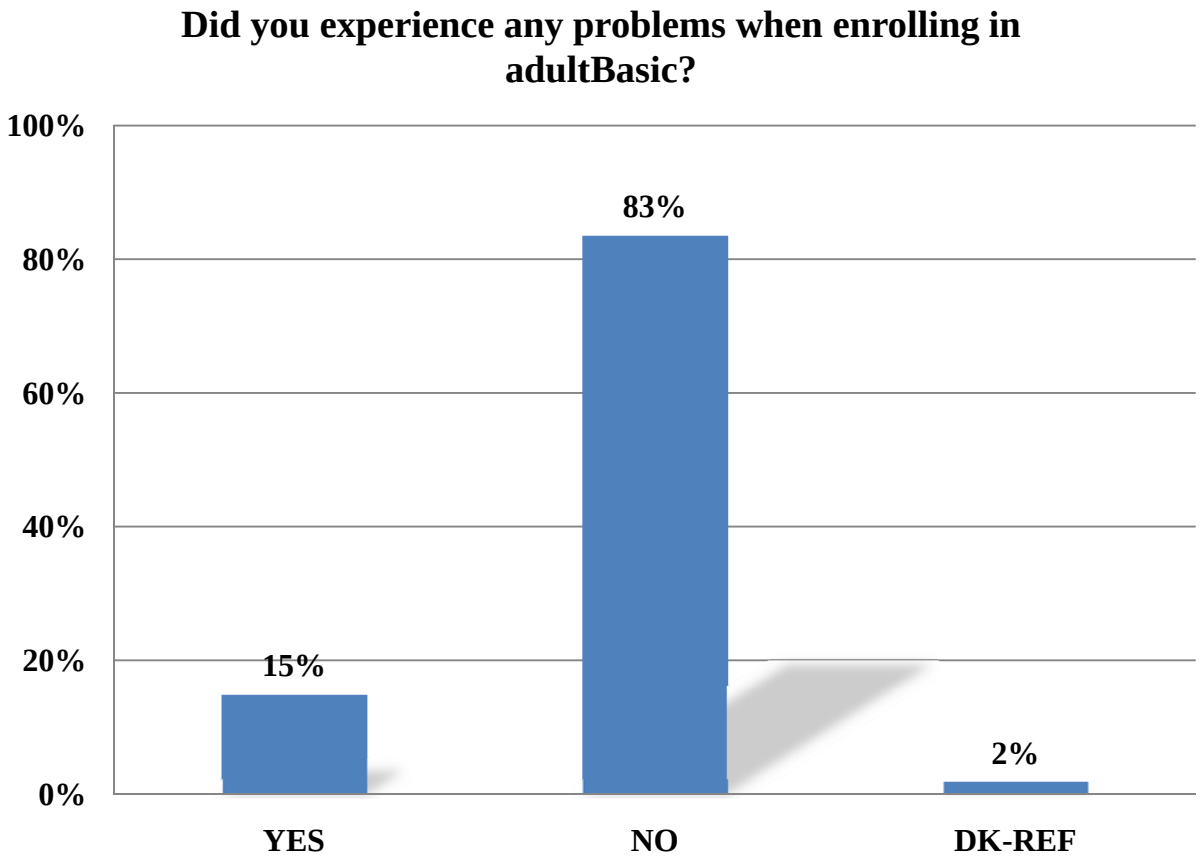
Significant Differences by Demographic Groups:

- 46% of respondents earning more than $40,000 annually indicated it was very or somewhat difficult to enroll in adultBasic.
- 42% of respondents currently covered by state sponsored health insurance indicated it was very or somewhat difficult to enroll in adultBasic.
- 36% of respondents in the Harrisburg Region indicated it was very or somewhat difficult to enroll in adultBasic.
- 36% of respondents in the North Central Region indicated it was very or somewhat difficult to enroll in adultBasic.
- 35% of respondents age 40 to 44 indicated it was very or somewhat difficult to enroll in adultBasic.

Why do you say that? What could have been done to make the enrollment process easier?
(% of respondents indicating enrollment was difficult)

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
TOOK TOO LONG, TOO MUCH TIME TO APPLY	75%	74%	74%	79%	70%
TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS	17%	23%	12%	18%	15%
INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH	3%	3%		6%	5%
STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP	3%		3%	6%	5%
DIFFICULT PROVING INCOME	3%		3%	3%	10%
ELIGIBILITY UNCLEAR-BOUNCED FROM PROGRAM TO PROGRAM-POOR COMMUNICATION BETWEEN PROGRAMS	2%	3%			5%
CAN'T READ FORMS, TROUBLE READING FORMS	1%			3%	
DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND	1%			3%	
NEEDED HELP IN FILLING OUT APPLICATION FORMS	1%		3%		
COULDN'T FIND INFORMATION ON PROGRAM	1%				5%
NEVER RECEIVED APPLICATION	1%	3%			
OTHER	8%	6%	12%	6%	10%
Total	100%	100%	100%	100%	100%

Fifteen percent (15%) of respondents experienced problems while enrolling in adultBasic.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	15%	11%	15%	14%	22%
NO	83%	87%	83%	84%	76%
DK-REF	2%	2%	2%	2%	2%
Total	100%	100%	100%	100%	100%

Comments:

Only 15 percent of adultBasic respondents indicated that they experienced problems while they were enrolling in the adultBasic program. Among those indicating problems, the main issue was again the time it took to apply. Some 68 percent of these respondents indicated that the application process took too long. Eighteen percent mentioned that there was too much paperwork or that they were asked too many questions.

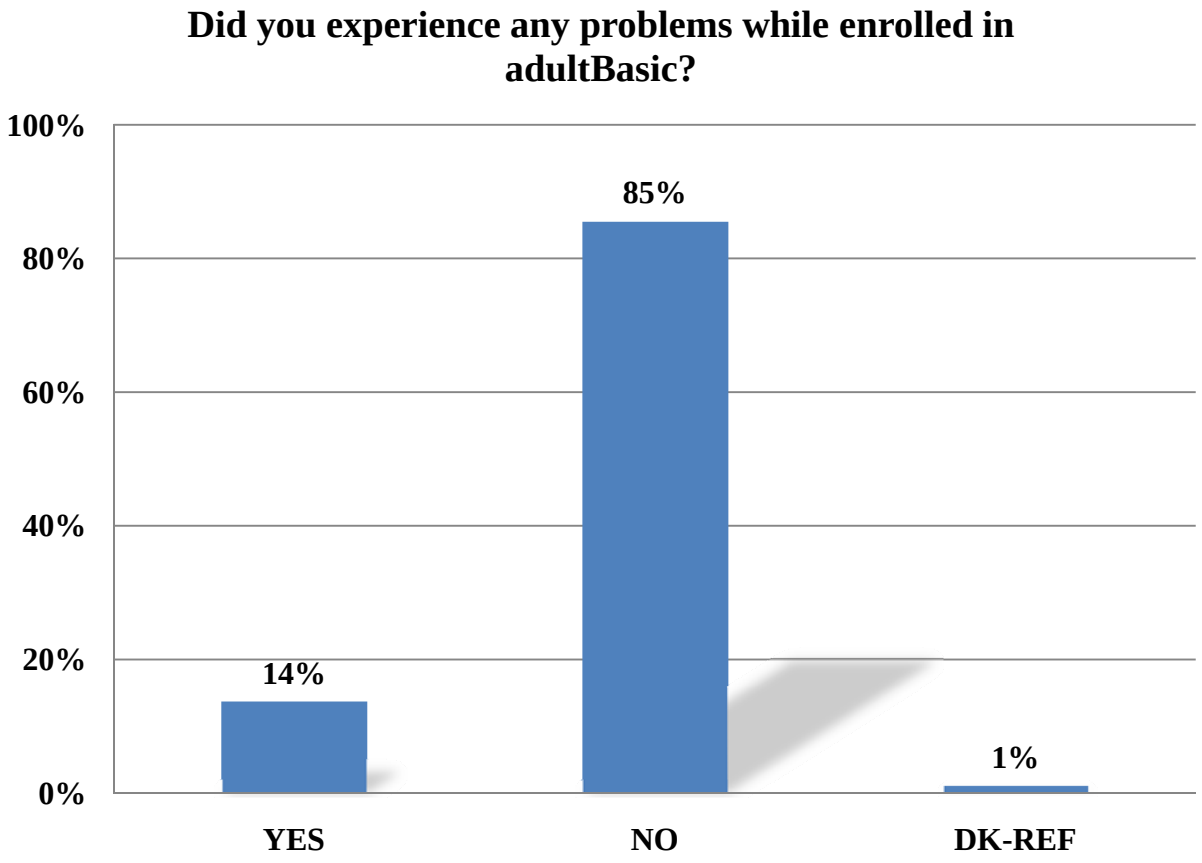
Significant Differences by Demographic Groups:

- 23% of respondents earning less than $10,000 annually indicated they experienced problems while enrolling in adultBasic.
- 21% of respondents in the Wilkes-Barre Region indicated they experienced problems while enrolling in adultBasic.
- 20% of respondents under age 30 indicated they experienced problems while enrolling in adultBasic.
- 20% of respondents age 45 to 49 indicated they experienced problems while enrolling in adultBasic.

What were these problems?
(% among respondents experiencing problems enrolling in adultBasic)

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
TOOK TOO LONG, TOO MUCH TIME TO APPLY	68%	69%	53%	71%	85%
TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS	18%	15%	24%	12%	23%
DENIED APPLICATION, SAID NOT QUALIFIED	8%		6%	18%	8%
DIFFICULTIES PROVING ELIGIBILITY, CHILD SUPPORT	7%		12%	12%	
CAN'T READ FORMS, TROUBLE READING FORMS	2%			6%	
DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND	2%			6%	
QUESTIONS HARD TO ANSWER, UNDERSTAND	2%	8%			
STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP	2%				8%
BILLED FOR EXPENSES ADULTBASIC SHOULD HAVE COVERED	2%			6%	
COST INCREASES, INCREASE IN PREMIUMS, OUT OF POCKET COSTS	2%			6%	
DOCTOR, OTHER PROVIDER REFUSED TO ACCEPT ADULTBASIC	2%			6%	
LOST APPLICATION, STAFF LOST APPLICATION	2%	8%			
RECEIVED CONFLICTING INFO ON ACCEPTANCE	2%				8%
OTHER	8%	8%	24%		
Total	100%	100%	100%	100%	100%

Fourteen percent (14%) of respondents experienced problems while enrolled in adultBasic.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	14%	12%	15%	11%	19%
NO	85%	87%	83%	89%	80%
DK-REF	1%	1%	2%		2%
Total	100%	100%	100%	100%	100%

Comments:

Only 14 percent of adultBasic respondents indicated that they experienced problems while they were enrolled in the adultBasic program. Among those experiencing problems, 18 percent indicated there were expenses the program would not cover, 15 percent mention that it took too long to apply, 13 percent had problems with receipt of payments (payments being lost), and 11 percent indicated a doctor refused to accept their adultBasic.

By provider, the percentage that experienced problems while enrolled ranged from 11 percent among those who received service from NEPA, 12 percent among those who received service from Highmark, 15 percent among those who received service from Independence Blue Cross, and 19 percent among those who received service from UFHP of PA.

Significant Differences by Demographic Groups:

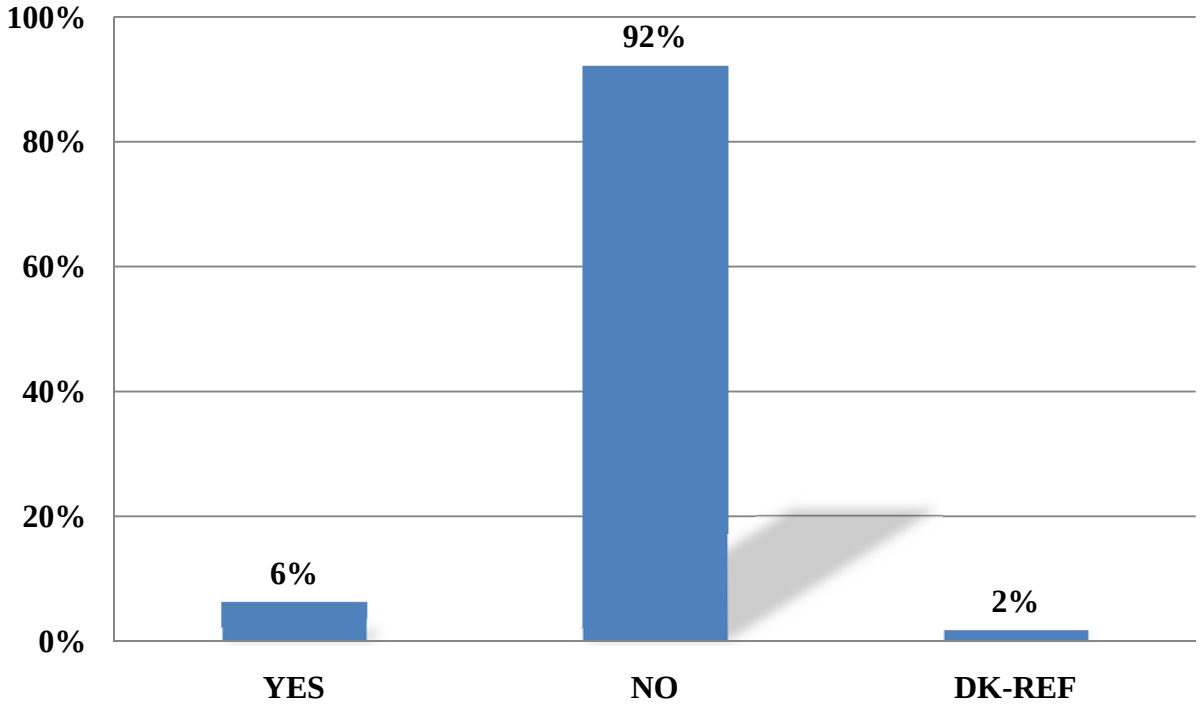
- 28% of respondents in the Eastern Region indicated they experienced problems while enrolled in adultBasic.
- 22% of respondents in the Erie Region indicated they experienced problems while enrolled in adultBasic.
- 25% of respondents currently covered by state sponsored health insurance indicated they experienced problems while enrolled in adultBasic.
- 21% of respondents earning less than $10,000 annually indicated they experienced problems while enrolled in adultBasic.
- 20% of respondents age 40 to 44 indicated they experienced problems while enrolled in adultBasic.

What were these problems?
(% among respondents experiencing problems while enrolled in adultBasic)

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
ADULTBASIC WON'T COVER SOME EXPENSES, COSTS	18%	14%	24%	23%	9%
TOOK TOO LONG, TOO MUCH TIME TO APPLY	15%	14%	24%	8%	9%
PROBLEMS WITH PAYMENTS – PAYMENTS WERE LOST	13%	21%	18%		9%
DOCTOR, OTHER PROVIDER REFUSED TO ACCEPT ADULTBASIC	11%			23%	27%
BILLED FOR EXPENSES ADULTBASIC SHOULD HAVE COVERED	7%	7%	6%	15%	
COST INCREASES, INCREASE IN PREMIUMS, OUT OF POCKET COSTS	7%		6%	23%	
DENIED APPLICATION, SAID NOT QUALIFIED	7%		6%	15%	9%
DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND	4%		6%	8%	
STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP	4%			8%	9%
TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS	4%	7%	6%		
LOST COVERAGE, NO LONGER HAVE ADULTBASIC	4%	14%			
DID NOT RECEIVE PAPERWORK	4%		6%	8%	
DIFFICULTY EXPERIENCED WITH RENEWING	4%		6%		9%
CAN'T READ FORMS, TROUBLE READING FORMS	2%			8%	
LOST APPLICATION, STAFF LOST APPLICATION	2%			8%	
RECEIVED MISCOMMUNICATION ABOUT ENROLLMENT	2%		6%		
LACK OF COMMUNICATION BETWEEN PROGRAMS	2%				9%
OTHER	11%	21%	6%		18%
Total	100%	100%	100%	100%	100%

Six percent (6%) of respondents either delayed or did not receive needed care because they could not find a health care provider that accepted adultBasic.

Did you ever delay or not get care because you could not find or did not know a doctor or other health care provider who accepts adultBasic?



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
YES	6%	1%	3%	6%	24%
NO	92%	98%	95%	93%	73%
DK-REF	2%	1%	3%	1%	3%
Total	100%	100%	100%	100%	100%

Comments:

Only six percent of adultBasic respondents indicated they had to delay or that they did not receive needed medical care because they could not find a doctor that accepted adultBasic. Among this small percentage, 16 percent indicated they did not get needed dental care, 16 percent did not receive routine or preventive care, 16 percent did not receive needed eye care, and 16 percent indicated they could not find a doctor or did not like the choice of provider available.

By provider, the percentage indicating they did not receive needed medical care because they could not find a doctor that accepted adultBasic ranged from one percent among those who received service from Highmark, three percent among those who received service from Independence Blue Cross, six percent among those who received service from NEPA, and 24 percent among those who received service from UFHP of PA

Significant Differences by Demographic Groups:

- 33% of respondents currently covered by state sponsored health insurance indicated they delayed or did not get needed care because they could not find a health care provider that accepted adultBasic.
- 19% of respondents earning less than $10,000 annually indicated they delayed or did not get needed care because they could not find a health care provider that accepted adultBasic.
- 19% of respondents in the Harrisburg Region indicated they delayed or did not get needed care because they could not find a health care provider that accepted adultBasic.
- 12% of respondents in the Eastern Region indicated they delayed or did not get needed care because they could not find a health care provider that accepted adultBasic.
- 12% of respondents age 35 to 49 indicated they delayed or did not get needed care because they could not find a health care provider that accepted adultBasic.

What types of needed services were not provided?
(% of respondents indicating they delayed or did not receive needed care)

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
DENTAL CARE INCLUDING CHECKUPS	16%			14%	21%
ROUTINE OR PREVENTIVE MEDICAL CARE-CHECKUP, WELL BABY	16%			14%	21%
EYE CARE	16%				29%
COULDN'T FIND DR THAT ACCEPTED-DIDN'T LIKE DRs AVAILABLE	16%		33%	14%	14%
DIAGNOSTIC TEST-CAT SCAN, MRI, LAB WORK, OR X-RAY	8%			14%	7%
MEDICAL CARE FOR AN ILLNESS-CONDITION-FLU, ASTHMA	8%			14%	7%
MEDICAL CARE FOR AN INJURY OR POISONING	8%			29%	
PRESCRIPTION MEDICINES	8%				14%
OTHER SPECIALIST- NEUROLOGIST, KIDNEY, UNSPECIFIED, ETC	8%			29%	
EMERGENCY ROOM CARE	4%			14%	
HOSPITAL CARE-HOSPITAL STAY	4%			14%	
PEDIATRIC CARE	4%			14%	
OTHER	24%	100%	67%		21%
Total	100%	100%	100%	100%	100%

Respondents suggested that reducing premiums and costs, expanding benefits, providing a grace period for premium payments, improved customer service, and follow-ups with clients are strategies for increasing renewals.

Based on your experiences, what could have been done to get you to renew your enrollment in adultBasic?

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
COST REDUCE PREMIUM COSTS, CHANGE PAYMENT SCHEDULE	9%	7%	14%	10%	2%
NO LONGER ELIGIBLE -DUE TO AGE, INCOME	9%	10%	5%	3%	25%
LIMITED COVERAGE EXPAND BENEFITS COVERED	6%	4%	8%	5%	7%
PROVIDE A GRACE PERIOD FOR PAYMENT	5%	8%	5%	4%	2%
SERVICE IMPROVE CUSTOMER SERVICE OF CHIP, ADULTBASIC STAFF	5%	1%	9%	5%	3%
MAKE SURE RENEWAL FORM IS RECEIVED, MAKE FOLLOWUP CALLS	4%	3%	6%	3%	3%
CHANGE ELIGIBILITY REQUIREMENTS-AGE, EMPLOYMENT,INCOME	4%	6%	1%	4%	5%
DECREASE WAIT TIME	4%	2%	5%	5%	3%
COST REDUCE CO-PAYS	3%	3%	6%	2%	
FORMS SIMPLIFY INCOME VERIFICATION	2%	1%	2%	3%	3%
PROVIDERS INCREASE NUMBER OF PROVIDERS THAT ACCEPT CHIP, ADULTBASIC	2%			3%	7%
FORMS SIMPLIFY PAPERWORK, FORMS, RENEWAL FORMS	2%		3%	3%	3%
SERVICE IMPROVE STAFF ATTITUDE, UNDERSTANDING OF PEOPLE'S SITUATION	1%	1%	2%	2%	2%
ALLOW MORE TIME TO SEND IN FORMS	1%	2%	1%	1%	3%
FORMS PROVIDE ASSISTANCE IN FILLING OUT PAPERWORK, RENEWALS	1%	1%		3%	
FORMS MAKE FORMS AND DIRECTION EASIER TO UNDERSTAND,	1%		1%	2%	

Based on your experiences, what could have been done to get you to renew your enrollment in adultBasic?
(continued)

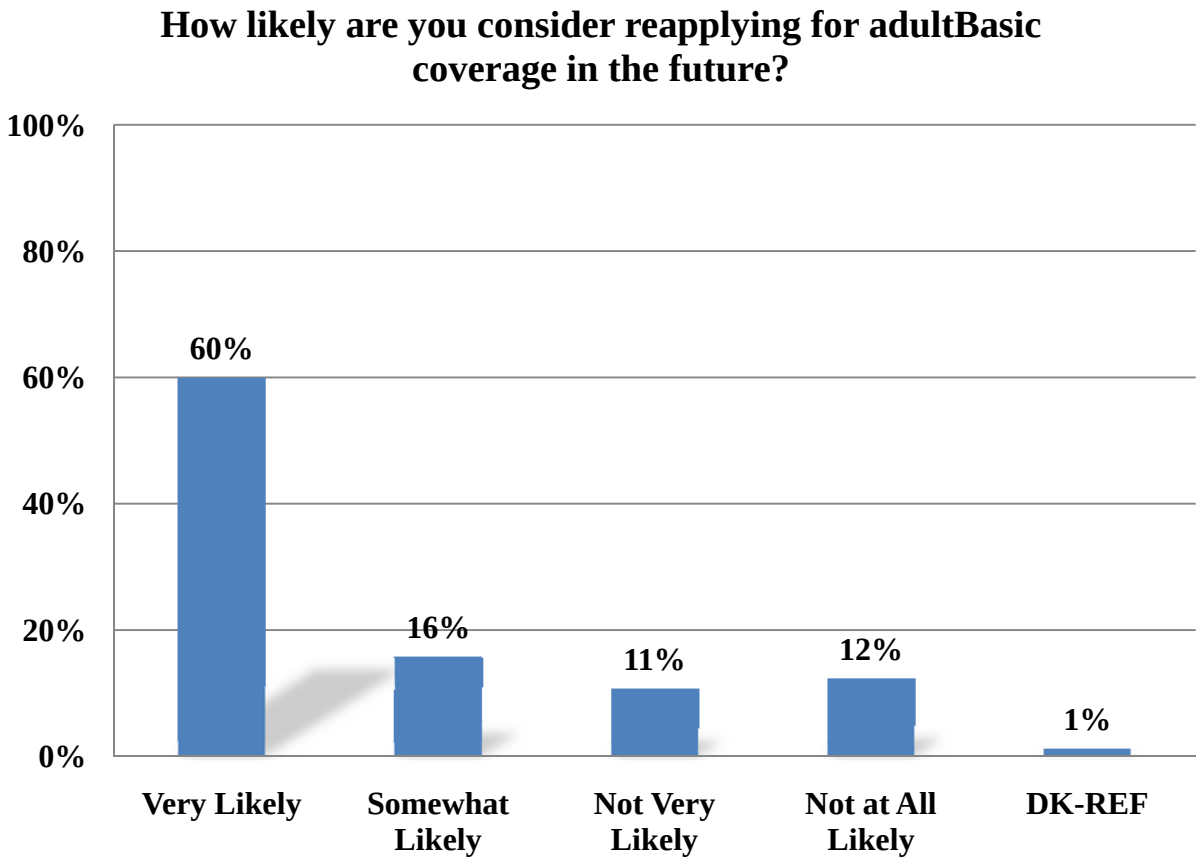
	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
MORE EXPLANATION- LITERATURE ON PROGRAM	0%				3%
RESPONDENTS TAKE PERSONAL RESPONSIBILITY FOR FAILURE TO KEEP ADULTBASIC	0%			1%	
WILL OR PLAN TO RENEW, SEND IN PAYMENT	4%	4%	4%	7%	
NOTHING - HAVE OTHER HEALTH INSURANCE COVERAGE NOW	28%	32%	22%	35%	15%
NOTHING - DO NOT NEED HEALTH INSURANCE	3%	3%	6%	1%	3%
NOTHING-MOVED	1%	2%	2%	2%	
OTHER	10%	9%	11%	8%	15%
DK-REF	5%	5%	6%	3%	7%
Total	100%	100%	100%	100%	100%

Comments:

Some 28 percent of respondents indicated there was nothing that could have been done to get them to renew simply because there was no need; they were covered by health insurance at the time of the survey. Nine percent indicated they were no longer eligible for the program. Five percent of respondents were unsure what might have been done to get them to renew their enrollment in adultBasic.

Most respondents, however, did offer suggestions for things that could have been done to get them to renew their enrollment. Nine percent indicated the need to reduce premium costs for the adultBasic program. Six percent indicated the need to expand the types of benefits covered through adultBasic. Five percent would like adultBasic to implement a grace period for payment of premiums and five percent would like to see the customer service of the adultBasic staff improved. Other suggestions included verifying that the renewal form is received with follow-up calls (4%), easing the eligibility requirements (4%), decreasing the wait time to receive benefits (4%), and reducing co-pays (3%), among others.

Seventy-six percent (76%) of respondents were very or somewhat likely to reapply for adultBasic coverage in the future.



	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Very Likely	60%	62%	62%	65%	44%
Somewhat Likely	16%	15%	16%	15%	19%
Not Very Likely	11%	12%	10%	9%	12%
Not at All Likely	12%	10%	11%	10%	24%
DK-REF	1%	2%	1%	1%	2%
Total	100%	100%	100%	100%	100%

Comments:

Most respondents indicated a willingness to consider reapplying for adultBasic in the future. Some 60 percent indicated they were very likely to consider reapplying for adultBasic in the future and 16 percent were somewhat likely. Eleven percent indicated they were not very likely and 12 percent were not at all likely to consider reapplying for adultBasic in the future.

By provider, the percentage indicating they would consider reapplying for adultBasic ranged from 63 percent among those who received service from UFHP of PA, 77 percent among those who received service from Highmark, 78 percent among those who received service from Independence Blue Cross, and 80 percent among those who received service from NEPA,

Significant Differences by Demographic Groups:

- 90% of respondents age 45 to 49 were very or somewhat likely to consider applying for adultBasic in the future.
- 90% of respondents in the North East Region were very or somewhat likely to consider applying for adultBasic in the future.
- 59% of respondents in the North Central Region were not very or not at all likely to consider applying for adultBasic in the future.
- 30% of respondents in the South Central Region were not very or not at all likely to consider applying for adultBasic in the future.
- 30% of respondents currently covered by state sponsored health insurance were not very or not at all likely to consider applying for adultBasic in the future.
- 34% of respondents earning more than $40,000 annually were not very or not at all likely to consider applying for adultBasic in the future.
- 33% of respondents earning less than $10,000 annually were not very or not at all likely to consider applying for adultBasic in the future.
- 33% of respondents less than 30 years of age were not very or not at all likely to consider applying for adultBasic in the future.

4. Current Insurance Coverage

The largest percentage of past adultBasic enrollees were either uninsured (45%) or covered by private health insurance (40%) at the time of the survey.

Are you currently covered by ANY type of health insurance?

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Private health insurance thru Employer	35%	38%	26%	39%	34%
Medicare	10%	10%	6%	8%	20%
Medicaid-Access Program, Access card	6%	6%	4%	6%	12%
adultBasic	0%	2%			
Military, Veterans, or TRICARE-formally known as CHAMPUS	0%	2%			
Private health insurance that paid out-of-pocket	5%	9%	4%	5%	3%
SSI-SSDI-WELFARE-DISABILITY	0%	1%			
NO INSURANCE COVERAGE	45%	38%	60%	44%	37%
DK-REF	1%	1%	2%	1%	2%
Total	100%	100%	100%	100%	100%

Comments:

At the time of the survey, 35 percent of past adultBasic enrollees were covered by private health insurance through an employer, while five percent had private health insurance for which they paid out of pocket. Ten percent had coverage through Medicare, and six percent were covered through some form of state sponsored health insurance. At the time of the survey, 45 percent of past adultBasic enrollees were uninsured.

5. Demographics

Region of the State

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Erie Region	4%	15%			2%
North Central Region	5%	9%		3%	12%
North East Region	5%	2%		16%	
Wilkes-Barre Region	15%	1%	12%	34%	14%
Pittsburgh Region	16%	56%			
South Central Region	7%	11%		14%	
Harrisburg Region	12%	2%		10%	56%
Eastern Region	11%	5%		23%	17%
Philadelphia Region	24%		88%		
Total	100%	100%	100%	100%	100%

Gender of Respondent

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
FEMALE	73%	74%	74%	74%	68%
MALE	27%	26%	26%	26%	32%
Total	100%	100%	100%	100%	100%

Age of Respondent

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
< 30	17%	23%	15%	18%	5%
30 - 34	12%	12%	15%	12%	8%
35 - 39	13%	11%	13%	12%	19%
40 - 44	13%	12%	15%	16%	8%
45 - 49	12%	11%	13%	14%	10%
50+	32%	31%	30%	27%	49%
DK-REF	0%			1%	
Total	100%	100%	100%	100%	100%

Household Size

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
1	15%	16%	15%	11%	19%
2	25%	23%	28%	25%	24%
3	20%	17%	20%	23%	22%
4	23%	31%	20%	23%	15%
5	9%	10%	9%	8%	10%
6	3%	1%	3%	7%	3%
7+	3%	2%	4%	3%	5%
DK-REF	1%		1%	1%	2%
Total	100%	100%	100%	100%	100%

Number of Children Living in the Household

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
0	48%	48%	52%	43%	49%
1	21%	18%	21%	26%	19%
2	18%	25%	15%	14%	15%
3	9%	8%	8%	10%	10%
4	3%	1%	5%	5%	3%
5+	1%	1%		2%	3%
Total	100%	100%	100%	100%	100%

Marital Status

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Married	50%	54%	40%	54%	56%
Widowed	7%	5%	6%	8%	10%
Separated	4%	2%	7%	3%	3%
Divorced	9%	7%	5%	9%	17%
Never been married	27%	30%	37%	24%	10%
Member of an unmarried couple	2%	3%		2%	3%
DK-REF	1%		4%		
Total	100%	100%	100%	100%	100%

Annual Household Income

	Total	adultBasic Provider			
		adultBasic Highmark	adultBasic Independence Blue Cross	adultBasic NEPA	adultBasic UFHP of PA
Under $5,000	5%	2%	10%	5%	3%
$5,000 to less than $10,000	5%	7%	3%	7%	5%
$10,000 to less than $20,000	27%	30%	29%	24%	22%
$20,000 to less than $25,000	15%	16%	11%	16%	19%
$25,000 to less than $30,000	10%	14%	14%	5%	7%
$30,000 to less than $35,000	9%	8%	6%	13%	7%
$35,000 to less than $40,000	7%	4%	4%	8%	14%
$40,000 to less than $50,000	6%	9%	4%	5%	7%
$50,000 to less than $60,000	3%		3%	5%	7%
$60,000 to less than $80,000	3%	3%	3%	2%	5%
Over $80,000	0%		1%		
DK-REF	10%	8%	14%	10%	5%
Total	100%	100%	100%	100%	100%

Appendices

Appendix A. Survey Questionnaire

Intro

Hello. May I please speak to (FILL PARENT NAME for CHIP/ENROLLEE NAME for ADULTBASIC)?

Ms./Mrs./Mr. (FILL NAME), this is _____ calling on behalf of the CHIP/adultBasic program.

I am calling to do a short survey about the ***CHIP/adultBasic*** program with the hope that your answers will lead to future improvements in the program. Could you answer a few questions for me?

INTS READ AS NEEDED: your participation counts for a lot because you represent many others in the program. Your information is strictly confidential. This is not a sales call.

IF ASKED: The survey will take about 15 minutes depending on answers.

Persuader Screen

We are doing this study on behalf of the CHIP/adultBasic program
to help the state better understand the views of those who were enrolled
in this program but did not renew. Your answers will help us improve
these programs for Pennsylvania residents.

Your interview will count for a lot because you/your child represent
many others. For our results to be valid and useful, it is very important
that we interview the people we select.

The study should take 15 minutes, depending on your answers.

You were selected to participate at random from a list of all program enrollees.

All of the information you provide will be kept strictly confidential. Your
answers will be combined with those of others WITHOUT your name or phone
number.

The study is being sponsored by the CHIP/adultBasic program.
If you would like to find out more about our study, you can call
Dr. Brian Robertson of Market Decisions at 1-800-293-1538 ext 102
or Ed Naugle of the Pennsylvania Insurance Department at 717-705-7257.
ENDHELP

Informed Consent Statement

Thank you. I want to assure you that this study is confidential and the results of this study will be reported in combined form only.

If there are questions you do not wish to answer, let me know and we will skip them.

My supervisor may listen in on calls to evaluate my performance if that is all right with you.

Verification of Disenrollment

Our records indicate your child(ren)/you are no longer getting ***CHIP/adultBasic*** because you didn't FILL PAY THE PREMIUM/SEND IN THE RENEWAL FORM. Is this the case?

1 YES
2 NO (TERMINATE)

8 DK (TERMINATE)
9 REF (TERMINATE)

Did you get the letters telling you that the CHIP/adultBasic coverage was ending?

1 YES
2 NO (If "No", apologize and confirm address)

8 DK
9 REF

Reason for not Maintaining Enrollment

Q:Q01
T:

What is the primary reason you chose not to (pay the premium/send in the renewal) and continue your child(ren)'s/your enrollment in the CHIP/adultBasic program?
PROMPT: Were there any other reasons?

10 COST-PREMIUMS TOO HIGH
11 COST-CO-PAYS TOO HIGH
12 COST-CANNOT AFFORD, COST INCREASED
13 COVERED BY OTHER SOURCE-PRIVATE HI
14 COVERED BY OTHER SOURCE-MEDICAID
15 COVERED BY OTHER SOURCE-OTHER(SPECIFY)
16 INELIGIBLE-TOO OLD FOR PROGAM(CHIP)
17 INELIGIBLE-INCOME IS NOW TOO HIGH
18 INELIGIBLE-SOME OTHER REASON (SPECIFY)
19 MOVED OUT OF STATE
20 LIMITED COVERAGE-NEEDED SERVICES
21 LIMITED COVERAGE-LIMITED BENEFITS
22 PROVIDERS-LIMITED MD's WHO ACCEPT
23 PROVIDERS-CANT FIND MD WHO ACCEPT
24 PROVIDERS-CURRENT MD DOSNT ACCEPT
25 PAPERWORK-FORMS TOO HARD TO FILL
26 TOO DIFFICULT TO PROVE INCOME
91 FORGOT TO SEND IN PREMIUM (T)
92 FORGOT TO SEND IN RENEWAL FORM (T)
93 HAVE SENT IN RENEWAL FORM (T)
94 HAVE SENT IN PREMIUM (T)
95 OTHER (SPECIFY)
97 DO NOT NEED, NO LONGER NEED HI
98 DK
99 REF

Q:Q02
T:

Next, I am going to read some reasons people do not (pay the premium, send in the renewal form). I'd like you to tell me if each represents a reason you didn't (pay the premium, send in the renewal form)."

ENTER <1> TO CONTINUE

Q:Q03

I/my child now have/has coverage through Medicaid, Healthy Beginnings, or Healthy Horizons.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Q:Q04

I/my child now have/has coverage through Private Health Insurance.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Ask if yes to Q04
Q:Q05
T:

(You indicated that you/your child is currently covered by private health insurance)
Is this coverage provided by your employer, your spouse's employer or some other source?

IF SOME OTHER SOURCE ASK: WHAT IS THIS SOURCE

1 Employer, Spouse's Employer
2 OTHER (SPECIFY)

8 DK
9 REF

Q:Q06
T:

The CHIP/adultBasic program costs too much.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Ask if yes to Q06
Q:Q07
T:

(You indicated that the program costs too much)
What part of the program did you find cost too much? Was it the monthly premium, the co-pays required for care, or both?

1 MONTHLY PREMIUM
2 CO-PAYS FOR MEDICAL SERVICES
3 BOTH

8 DK
9 REF

PROMPT: Families with income below a certain limit are not required to pay a premium. So, if your family income has decreased, you should reapply to see if your children can get ***CHIP*** at no cost."

Q:Q08
T:

I/our family now makes too much money to be eligible/for my child to be eligible.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Ask for CHIP only
Q:Q09
T:

Our family now makes too much money for my child to qualify for FREE CHIP.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Q:Q10
T:

It was too difficult to get proof of income.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Q:Q11
T:

The health care benefits provided by the CHIP/adultBasic program are too limited.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Ask if yes to Q11
Q:Q12
T:

(You indicated that the program had limited benefits)
What types of benefits were not provided?

10 DENTAL CARE INCLUDING CHECKUPS
11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
12 EMERGENCY ROOM CARE
13 HOSPITAL CARE/HOSPITAL STAY
14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
15 MEDICAL CARE FOR AN INJURY OR POISONING
16 MENTAL HEALTH CARE OR COUNSELING
17 OUTPATIENT CARE (DAY SURGERY)
18 PRESCRIPTION MEDICINES
19 REHABILITATION SERVICES
20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
21 SERIOUS MEDICAL CONDITION (PNEUMONIA)
22 SURGERY
23 MATERNITY CARE
24 IMMUNIZATIONS
95 OTHER (SPECIFY)
97 NOTHING
98 DK
99 REF

Q:Q13
T:

The program did not provide coverage for health care services I/my child need(s).

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Ask if yes to Q13
Q:Q14
T:

(You indicated that the program did not provide services you/your child needed)
What types of needed services were not provided?

10 DENTAL CARE INCLUDING CHECKUPS
11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
12 EMERGENCY ROOM CARE
13 HOSPITAL CARE/HOSPITAL STAY
14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
15 MEDICAL CARE FOR AN INJURY OR POISONING
16 MENTAL HEALTH CARE OR COUNSELING
17 OUTPATIENT CARE (DAY SURGERY)
18 PRESCRIPTION MEDICINES
19 REHABILITATION SERVICES
20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
21 SERIOUS MEDICAL CONDITION (PNEUMONIA)
22 SURGERY
23 MATERNITY CARE
24 IMMUNIZATIONS
95 OTHER (SPECIFY)
97 NOTHING
98 DK
99 REF

Q:Q15
T:

There are too few doctors available in my area that accept CHIP/adultBasic.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Q:Q16
T:

I could not find a doctor that accepts CHIP/adultBasic.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Q:Q17
T:

My/My child's current doctor does not accept CHIP/adultBasic.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

ASK of CHIP only
Q:Q18
T:

I could not find a dentist that accepts CHIP or is too far away.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Q:Q19

The renewal paperwork was too hard to fill out.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Ask if yes to Q19
Q:Q20
T:

(you indicate you found it hard to fill out the renewal paperwork)
Can you tell me what it was that made the renewal form difficult?

10 CAN'T READ FORMS, TROUBLE READING FORMS
11 DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND
12 LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE
13 NEEDED HELP IN FILLING OUT APPLICATION FORMS
14 QUESTIONS HARD TO ANSWER, UNDERSTAND
15 STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP
16 TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS
17 DIFFICULTIES WITH ON-LINE RENEWAL
18 TOOK TOO LONG, TOO MUCH TIME TO APPLY
95 OTHER (SPECIFY)

98 DK
99 REF

Ask if yes to Q19
Q:Q21
T:

What type of assistance could be provided to make the process of filling the renewal application easier?

1 SPECIFY (SPECIFY)

8 DK
9 REF

Q:Q22
T:

I/my child do not really need health insurance.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Q:Q23
T:

I was concerned about the quality of care I/my child was receiving while covered by CHIP/adultBasic.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Q:Q24
T:

Because my/my child's health insurance was provided through adultBasic/CHIP, doctors treated me/my child differently.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Ask if yes to Q24
Q:Q25
T:

How did doctors treat you/your child differently?

1 SPECIFY

8 DK
9 REF

Ask if yes to Q24
Q:Q26
T:

And how do you think this affected the quality of health care that you/your child received?

1 SPECIFY

8 DK
9 REF

Q:Q27
T:

I don't want to be receiving government assistance.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

Q:Q28

I received poor customer service from the CHIP/adultBasic staff.

PROMPT: Is ____ a reason why you did not pay the premium or send in the renewal form?

1 YES
2 NO

8 DK
9 REF

(If person did not fill out renewal application and send in)
Q:Q29
T:

Earlier you said you received a letter about renewal.

Did you receive a call from our call center to assist you in filling out the renewal application after the letters were sent?

1 YES
2 NO

8 DK
9 REF

Q:Q30
T:

For these next few questions, I would like to know how satisfied you were with the CHIP/adultBasic program while you/your child were/was enrolled.

Overall, how satisfied were you with the CHIP/adultBasic program?
(READ RESPONSES)

1 Very Satisfied
2 Somewhat Satisfied
3 Somewhat DIS-satisfied
4 Very DIS-satisfied

8 DK
9 REF

Ask of low cost CHIP and adultBasic
Q:Q31
T:

How satisfied were you with the amount charged for the monthly premium?
(READ RESPONSES AS NEEDED)

1 Very Satisfied
2 Somewhat Satisfied
3 Somewhat DIS-satisfied
4 Very DIS-satisfied

8 DK
9 REF

Ask of low cost CHIP and adultBasic
Q:Q32
T:

How satisfied were you with the amount charged for co-pays for doctor's visits?
(READ RESPONSES AS NEEDED)

1 Very Satisfied
2 Somewhat Satisfied
3 Somewhat DIS-satisfied
4 Very DIS-satisfied

8 DK
9 REF

Ask of low cost CHIP
Q:Q33
T:

How satisfied were you with the amount charged for co-pays for prescriptions medicines?
(READ RESPONSES AS NEEDED)

1 Very Satisfied
2 Somewhat Satisfied
3 Somewhat DIS-satisfied
4 Very DIS-satisfied

8 DK
9 REF

Q:Q34
T:

The choice of doctors and other health care providers that were available to you/your child.

(READ RESPONSES AS NEEDED)

1 Very Satisfied
2 Somewhat Satisfied
3 Somewhat DIS-satisfied
4 Very DIS-satisfied

8 DK
9 REF

Q:Q35
T:

The assistance provided to you by the CHIP/adultBasic staff.

(READ RESPONSES AS NEEDED)

1 Very Satisfied
2 Somewhat Satisfied
3 Somewhat DIS-satisfied
4 Very DIS-satisfied

8 DK
9 REF

Q:Q36
T:

How well you were treated when contacting the CHIP/adultBasic staff.

(READ RESPONSES AS NEEDED)

1 Very Satisfied
2 Somewhat Satisfied
3 Somewhat DIS-satisfied
4 Very DIS-satisfied

8 DK
9 REF

Q:Q37
T:

If a friend, family member, or co-worker had children who were in need of/was in need of health insurance and asked your advice, how likely would you be to suggest CHIP/adultBasic to them?

(READ RESPONSES)

1 Very Likely
2 Somewhat Likely
3 Not Very Likely, or
4 Not at All Likely?
8 DK
9 REF

Q:Q38
T:

Next, I would like you to think about your experiences with CHIP/adultBasic.

How easy was it for you to enroll in adultBasic/How easy was it to enroll your child in CHIP Would you say it was...

1 Very Easy
2 Somewhat easy
3 Somewhat difficult, or
4 Very difficult?

8 DK
9 REF

Ask of those saying somewhat or very difficult to q38
Q:Q39
T:

Why do you say that? What could have been done to make the enrollment process easier?

INTS: PROBE FOR DETAILS, SELECT UP TO THREE RESPONSES

10 CAN'T READ FORMS, TROUBLE READING FORMS
11 DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND
12 INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH
13 LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE
14 NEEDED HELP IN FILLING OUT APPLICATION FORMS
15 QUESTIONS HARD TO ANSWER, UNDERSTAND
16 STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP
17 STIGMA, SHAME OF APPLYING
18 TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS
19 TOOK TOO LONG, TOO MUCH TIME TO APPLY
95 OTHER (SPECIFY)
98 DK
99 REF

Q:Q40
T:

Did you complete your application form…

1 On-line
2 Over the telephone
3 In person on paper

8 DK
9 REF

Q:Q41
T:

Did you experience any problems when enrolling/enrolling your child in CHIP/adultBasic?

1 YES
2 NO

8 DK
9 REF

ask of those saying yes to q41
Q:42
T:

What were these problems?

INTS: PROBE FOR DETAILS, SELECT UP TO THREE RESPONSES

20 BILLED FOR EXPENSES MEDICAID SHOULD HAVE COVERED
10 CAN'T READ FORMS, TROUBLE READING FORMS
21 COST INCREASES, INCREASE IN PREMIUMS, OUT OF POCKET COSTS
22 DENIED APPLICATION, SAID NOT QUALIFIED
11 DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND
23 DOCTOR, OTHER PROVIDER REFUSED TO ACCEPT MEDICAID
12 INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH
13 LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE
24 LOST APPLICATION, STAFF LOST APPLICATION
25 LOST COVERAGE, NO LONGER HAVE MEDICAID
26 MEDICAID WON'T COVER SOME EXPENSES, COSTS
14 NEEDED HELP IN FILLING OUT APPLICATION FORMS
15 QUESTIONS HARD TO ANSWER, UNDERSTAND
16 STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP
17 STIGMA, SHAME OF APPLYING
18 TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS
19 TOOK TOO LONG, TOO MUCH TIME TO APPLY
95 OTHER (SPECIFY)
98 DK
99 REF

Q:Q43
T:

Did you/your child experience any problems while enrolled in CHIP/adultBasic?

1 YES
2 NO

8 DK
9 REF

Ask of those saying yes to q43
Q:44
T:

What were these problems?
INTS: PROBE FOR DETAILS, SELECT UP TO THREE RESPONSES

20 BILLED FOR EXPENSES MEDICAID SHOULD HAVE COVERED
10 CAN'T READ FORMS, TROUBLE READING FORMS
21 COST INCREASES, INCREASE IN PREMIUMS, OUT OF POCKET COSTS
22 DENIED APPLICATION, SAID NOT QUALIFIED
11 DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND
23 DOCTOR, OTHER PROVIDER REFUSED TO ACCEPT MEDICAID
12 INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH
13 LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE
24 LOST APPLICATION, STAFF LOST APPLICATION
25 LOST COVERAGE, NO LONGER HAVE MEDICAID
26 MEDICAID WON'T COVER SOME EXPENSES, COSTS
14 NEEDED HELP IN FILLING OUT APPLICATION FORMS
15 QUESTIONS HARD TO ANSWER, UNDERSTAND
16 STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP
17 STIGMA, SHAME OF APPLYING
18 TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS
19 TOOK TOO LONG, TOO MUCH TIME TO APPLY
95 OTHER (SPECIFY)
98 DK
99 REF

Q:45
T:

Did you/your child ever delay or not get care because you could not find or did not know a doctor or other health care provider who accepts CHIP/adultBasic?

1 YES
2 NO

8 DK
9 REF

Ask if yes to Q45
Q:Q46
T:

What types of needed services were not provided?

10 DENTAL CARE INCLUDING CHECKUPS
11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
12 EMERGENCY ROOM CARE
13 HOSPITAL CARE/HOSPITAL STAY
14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
15 MEDICAL CARE FOR AN INJURY OR POISONING
16 MENTAL HEALTH CARE OR COUNSELING
17 OUTPATIENT CARE (DAY SURGERY)
18 PRESCRIPTION MEDICINES
19 REHABILITATION SERVICES
20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
21 SERIOUS MEDICAL CONDITION (PNEUMONIA)
22 SURGERY
23 MATERNITY CARE
24 IMMUNIZATIONS
95 OTHER (SPECIFY)
97 NOTHING
98 DK
99 REF

Q:Q47
T:
Based on your experiences, what could have been done to get you/your family to renew your/your child's enrollment in CHIP/adultBasic?

10 COST REDUCE PREMIUM COSTS
11 COST REDUCE CO-PAYS
12 COST INCREASE INCOME ALLOWED FOR FREE CHIP
13 LIMITED COVERAGE EXPAND BENEFITS COVERED (SPECIFY)
14 PROVIDERS INCREASE NUMBER OF PROVIDERS THAT ACCEPT CHIP/ADULTBASIC
15 SERVICE IMPROVE CUSTOMER SERVICE OF CHIP/ADULTBASIC STAFF
16 SERVICE IMPROVE STAFF ATTITUDE, UNDERSTANDING OF PEOPLE'S SITUATION
17 FORMS MAKE FORMS AND DIRECTION EASIER TO UNDERSTAND,
18 FORMS SIMPLIFY PAPERWORK, FORMS, RENEWAL FORMS
19 FORMS PROVIDE ASSISTANCE IN FILLING OUT PAPERWORK, RENEWALS
20 FORMS PROVIDE FORMS IN OTHER LANGUAGES
21 FORMS SIMPLIFY INCOME VERIFICATION

91 WILL OR PLAN TO RENEW, SEND IN PAYMENT
92 NOTHING – HAVE OTHER HEALTH INSURANCE COVERAGE NOW
93 NOTHING – DO NOT NEED HEALTH INSURANCE
95 OTHER (SPECIFY)
98 DK
99 REF

Q:Q48
T:

And finally, how likely are you to consider reapplying for CHIP/adultBasic coverage in the future?

1 Very Likely
2 Somewhat Likely
3 Not Very Likely, or
4 Not at All Likely?

8 DK
9 REF

Demographics

Q:AGE1
T:

Now I just have a few more questions to ask.

What was your age on your last birthday?

1 TO 96 ENTER AGE OF PERSON
97 97 OR GREATER

98 DK
99 REF

Q:SEX
T:

INTERVIEWER, ENTER

1 IF RESPONDENT WAS FEMALE
5 IF RESPONDENT WAS MALE

8 IF DON'T KNOW

Q:HSLD
T:

How many people are currently living in your household,
including yourself?

PROBE: HOUSEHOLD INFORMATION IS FOR STATISTICAL PURPOSES ONLY

1 ONE
2-19 ENTER NUMBER
20 TWENTY OR MORE

98 DK
99 REF

Q:KIDS
T:

Of these people, how many are age 17 or younger?

0-19 ENTER NUMBER
20 TWENTY OR MORE

98 DK
99 REF

Q:MAR
T:

Are you currently...

(READ RESPONSES)

1 Married
2 Widowed
3 Separated
4 Divorced
5 Never been married
6 Member of an unmarried couple

8 DK
9 REF

Ask if CHIP

Q:INS00
T:

Is your child currently covered by ANY type of health insurance?
IF YES ASK: Which of the following types of insurance are you covered by?
(READ RESPONSES AND SELECT ALL MENTIONED)

10 Private health insurance thru Employer
17 Private health insurance that you or someone else pays out-of-pocket
11 Medicare
12 Medicaid (Access Program, Access card)
13 CHIP (Children's Health Insurance Program)
15 Healthy Beginnings
16 Military, Veterans, or TRICARE (formally known as CHAMPUS)
95 Some other type of insurance (SPECIFY)

19 HEALTHY HORIZONS
20 MEDICAL ASSISTANCE FOR WORKERS WITH DISABILITIES (WILL TREAT AS MEDICAID)
93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)
94 SSI/SSDI/WELFARE/DISABILITY
97 NO INSURANCE COVERAGE
98 DK/REF

Gathers health insurance status for CHIP and health insurance status for adultBasic individuals

Q:INS02
T:

Are you currently covered by ANY type of health insurance?

IF YES ASK: Which of the following types of insurance are you covered by?
(READ RESPONSES AND SELECT ALL MENTIONED)

10 Private health insurance thru Employer
17 Private health insurance that you or someone else pays out-of-pocket
11 Medicare
12 Medicaid (Access Program, Access card)
14 adultBasic
15 Healthy Beginnings
16 Military, Veterans, or TRICARE (formally known as CHAMPUS)
95 Some other type of insurance (SPECIFY)

19 HEALTHY HORIZONS
20 MEDICAL ASSISTANCE FOR WORKERS WITH DISABILITIES (WILL TREAT AS MEDICAID)
93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)
94 SSI/SSDI/WELFARE/DISABILITY
97 NO INSURANCE COVERAGE
98 DK/REF

Q:INC02
T:

During the entire year of 2007, what was the total income for
your family before taxes, including money from jobs, investments,
social security, retirement income, child support,
unemployment payments, public assistance, and so on

PROBE FOR MILD RESISTANCE: Answers to questions on earnings
are important because they help explain whether people can afford
the health care they need. Also, the information you provide will
be kept confidential and will only be used in summary reports.
PROBE FOR DK OR HESITATION: If you do not know exactly, your best
estimate would be fine.
VERIFY IF <$5,000 OR >$500,000 CODE 999999 IF RESPONSE IS $1 MILLION OR MORE.

0	NONE
10	$10 OR LESS
11 TO 999,998	ENTER DOLLAR AMOUNT
999,999	$1 MILLION OR MORE

8	DK
9	REF

C:ONLY ASK THOSE WHO DON'T KNOW OR REFUSED THE PREVIOUS QUESTION
Q:INC03
T:

It is important to understand incomes so we can better understand insurance coverage and concerns about insurance.

Which of the following income ranges is closest to the family's 2007 total income from all sources?

INTERVIEWER: PROBE: Your best estimate would be fine

10 Under $5,000
11 $5,000 to less than $10,000
12 $10,000 to less than $20,000
13 $20,000 to less than $25,000
14 $25,000 to less than $30,000
15 $30,000 to less than $35,000
16 $35,000 to less than $40,000
17 $40,000 to less than $50,000
18 $50,000 to less than $60,000
19 $60,000 to less than $80,000
20 Over $80,000
98 DK
99 REF

Q:THNX
T:

This is the end of the survey. Thank you for your comments and for your time.

Remember, you can reapply for these programs at any time. If you would like more information on adultBasic you can call 1-800-GO-BASIC or go to www.ins.state.pa.us and click on the adultBasic link.

FOR CHIP: If you would like more information on CHIP you can call 1-800-986-KIDS. Remember, you can also complete your renewal form online at www.chipcoverspakids.com.

Appendix B. Verbatim Responses to Open-ended Items

Q01: What is the primary reason you chose not to continue your child's/your enrollment in the CHIP/adultBasic program?

union
forgot
thought he did/ credit his payment was sent back
Through employer
on medical card and she doesn't have to pay for it
new employment more money
united healthcare
Custody got taken over to her grandfather
private job ins
laziness
Husband was hospitalized and didn't have time for paperwork
living with there dad now
Did not receive one
Neglect
Son qualified for medical assistance. CHIP didn't cover everything
was told that she made too little to have this policy; her income was too low- she was referred to assistance office and was set up with another program that doesn't cost anything
I had received so much communication from them that I forgot to open. I had received at least four letters.
Needed Identification as Alien
didn't qualify for CHIP because income too low; then she did qualify; sent to public assistance
was covered through husbands job
I thought I had to drop because my employer offered me coverage.
Spouse got covered through work
cover by his new job benefits
husband got new job benefits under him
not eligible; adultBasic kicks you off at 65 and respondent turned 65 and switched to Medicare
We have coverage through my husbands work.
no longer lives in household
Lack of information about where to get the forms and how to renew
tried prove income sent in a bank statement but part of the information on the statement was cut of f she believes it was her name so it wasn't accepted
Check doesn't coincide with payment due date
Sent in form but it was too late
didn't believe they would qualify thought he made too much
Too Old
Didn't have the income to send it in on time
I did not get the information because I am having trouble receiving my mail.
too old past age 65

I sent in the renewal form and wasn't aware that part of the paperwork had to be returned by a certain [date], which is why I am not enrolled in this program.
He's 19 and no longer eligible
Mail was being stolen
financial hardship
Did not receive letters
Ineligible because I turned 65
At time payment was due she didn't have the money. When she paid the payment and the back payment within less then 30 days and was still suspended.
Gave money to divorced wife
Mailed them out today....10-7-08
sent in renewal form, but was told they did not make enough
told not to send in the renewal form because he was not working
Problems getting him on...doctors said cards were invalid
not eligible 65
wife has insurance decent price,
MOTHER HAD THE FORMS
sent in the renewal and they said income was too low so they referred them elsewhere
gateway
employers
no longer qualified
husbands employer
tried to enroll and something happened causing it to expire
9 MONTHS PREGNANT- SHE FORGOT.
Because he was under investigation and in jail
had surgery
she was over the age of 18
eligible for Medicare
covered by Keystone Mercy
because the child turned 18
AmeriChoice wasn't accepted by doctors would've stayed with CHIP if able to
They wanted her fiancé’s pay stubs and he wouldn’t give them to her
was not there did not receive paperwork
not convenient at the time
individual plan with Health America
didn’t know it was expiring
sent in the automatic debit payment for that month got canceled before the 30 days before kicked in.
ran out of time to send it in.
she only used it once a year for check ups- she didn't want to spend the money
Covered by work

Unable to pay on time
court system, no longer living in pa
Kids no longer in household.
Income was too low, so eligible for program that didn't have to pay premium
Choose other carrier - Keystone
Doctor would not accept coverage.
No grace period, not very flexible, this day or done
because weren't sure If I could renew
CHIP ended on his 19th birthday, new coverage went through college
AmeriChoice
Rep. from CHIP came to the house and went over paperwork and concluded she know longer qualified and was told to go to the welfare office.
Were not legible, said she made too little money.
blue cross
Medicaid
the age limit on the program
Access
Didn't make enough money for CHIP
covered at work, understood she no longer qualified
recently got a job
Said she didn't send in the right papers then said they never got them and proof of income has gone missing and she has currently requested a hearing to review that.
couldn't get the money in time; bill came at wrong time of the month- hit on week she didn't get paid and never seemed to have the money when the bill was due
Did send in papers, not complete.
CHIP program never received the written original application
Bill showed up 2 days before due. AdultBasic will not accept payment without slip. They do not accept payments over the phone. Given option to drive over and payment 45 minutes drive or discontinued coverage.
didn't get in a renewal form that it was ending
check was lost in mail and she was dropped
moved out state and needed coverage to be transferred and to reapply
thought it was done through the welfare program
did send in renewal form but did not have proper tax information to send in to prove income
Moved, new address, sent in form never heard anything back.
"I didn't get a renewal form, they said I was canceled"
didn’t' know it was coming to an end
they didn't cover enough, she thinks she get Medicare
Medicare
made too much
did send them in but was not accepted

Medicare
was told I no longer qualify
Did try to renew and they asked to send bank records and a lot of info every time tried to send in info it wasn't enough or they lost it.
income above the limit
"She turned 19 and I didn't know if she could get it or not"
did not get the letter
did not qualify
didn't receive the renewal form
husbands insurance federal Blue Cross
Didn't renew cause of a new job and hoping to get her children covered under new insurance. New job covered employee only so the renewal needed to be in by May got it in in April. Received the paper work and they said that they needed more information to follow through. Got the info in and they didn't process it. [I] didn't [get] a letter saying that the child was covered, so now child is covered a different insurance.
moving to New Jersey
"They would not cover her anymore, she was too old"
"because I didn't get my pay stubs together in time"
turned 19
new income was going to be too high
trying to get insurance through husbands employer
was going to go online but wasn't able to
Customer service wasn't good "phone calls weren't returned." "I called a multiple times and no one called me back"
To still qualify for CHIP She would have to go without insurance
Sent check, check got sent back, check was for two people, tried to pay for it as a couple, needed to be dealt with individually.
was waiting for the letter to come in and it never did
Not legal guardian, job would not cover her before but now they will.
Only would have been covered for another month until her birthday- she wouldn't qualify
Did not [do] paperwork.
able to get insurance through wife's work
Medicare
because my income was lower than the programs requirements so I was transferred into the Access program I would like to reenroll now that my status has changed
sent in renewal form but not enough information - wanted proof of income and child's father works for himself so the only thing he has is W-2s which he gets at the end of the year
too late to qualify
hoping to get enrolled again
orthodontist work; I paid premiums but cancelled because my child need orthodontist work that was not covered by CHIP
dad was not making enough so got different insurance

too old for the program
I wasn't here for that, she (mother) thought she was sending something else in
health insurance from mothers employer
had other health insurance through an employer
They just dropped me and didn't want me back
she did, never heard anything back
Age 55 - got hospitalization back / laid off previously from job. Re-qualified
so job offers insurance
misunderstanding, thought it would come out of bank account
Didn’t receive a form and found out my son was not insured when we went to get him medicine and then were forced to pay for it out of pocket.
forgot about it, and in the middle of construction and paperwork was lost
Late on payment – very late.
Covered by Medicare, wife has Freedom Blue
CHIP said that they never received the letter. CHIP staff said she'd have wait 6 to 9months to enrolling program
Attempted to complete paperwork, paperwork in envelope.
problem with my mail and didn't receive the bills was having a lot of trouble with receiving mail
Never got the renewal form.
didn't get Social security check in time to pay the payment
They don’t make enough for CHIP and went back to Medicaid- Gateway
Grandmother became the legal guardian. Father was blind and no longer able to take child to doctor appointments.
not sure exactly what it is
too old to eligible for program
Taxes were not ready yet
didn't have money to send in form
Didn't know how to deal with income tax forms
US Healthcare
doesn't know what happened
got a job and got insurance coverage through job
got a letter that told you that you weren’t eligible for insurance
was going on Medicare and would not be eligible when she turned 65, and there would be a long wait
did not know what happened mail problem
Medicare
husband got a new job
Unemployment service put them on welfare.
just forgot
husband got a job and you eligible
Never received renewal form

Did not receive renewal form.
Never got the package
made too much money
Did not make it to the office on time to make a payment. Unable to make payment on the phone.
I just didn't have time to send it in
I did send it
made too much money to qualify
I have not received a bill since August
Enrolled in college and gets benefits through the college.
enrolled, but was informed they weren't in the program
She did send in renewal form and they said she was no longer eligible, because she made too much money
covered by employer new job
child turned 18
income situation has changed qualified for medical assistance program, couldn't keep up with payments
Did not qualify. Husband passed away and she got his pension
he moved out of the household
car problems--I needed various new parts and all of my money went to the car, and I kept fixing it and fixing it, so I finally got rid of it
did pay premium but they didn't get it on time and got a letter saying coverage was ending
lost child's SSN
Got a letter saying [child] was no longer eligible because she turned 19
another insurance provided through the school
got medical coverage through husbands job
made too much money
because she didn't have a job
covered through employer's insurance
she has mental condition and she was in hospital at the time and let it elapse
didn't have all info they were looking for to reapply
eligible for Access
haven't gotten word back, went to medical office, lack of info there too
provided through boyfriend's employer
covered by army
child turned 18 and went out on her own
Son moved out and graduated high school. Is now 19yrs. He will be getting insurance himself.
Filled out renewal application online. In March got letters thanking her for prompt submission of application. Another letter sent inquiring about $5 bonus. Faxed physical proof that bonus was a one time event to Aetna and CHIP. She was very thorough about following up with both Aetna and CHIP. In May after researching CHIP had told her that everything was fine. She found out recently through doctor's office there is no coverage. Called Aetna and they said coverage was terminated.

Child turns 18 in a week and it's a lot of paperwork to go through for a short period of time.
denied because made too much money
Health insurance through employer.
misunderstood the payments and when due/ thought installment payment covered next month, and misunderstood and did not realize was a month behind
I forgot because there was a lot going on during this time period with my job and some family related issues with child.
Non-payment, confusion was paying a few months at time, she lost track in what was sending, did not receive a statement.
Cost of medicine co pay to high. Has to pay for eyeglasses. Has to pay everything.
Coverage through spouse employer and income increase made child no longer eligible.
Did not send in due to wife's mistake. Pregnant so she got kicked off adultBasic. Once wife had baby she was put onto medical assistance. Thought he would have been put on medical assistance with her. After maternity leave and went back to work, she wasn't eligible. Assumed he was put on medical assistance, but that wasn't the case after the fact.
I wasn't sure I was eligible any longer because of my income. I thought it was to high
did not receive the paper work, went to doctors and was informed coverage was not active
mail receiving issues
Coverage is not for a healthy person. Not enough preventative care. You literally have to be dying to use coverage.
"Service stinks" Good for check ups but if you need a specialist its no good
was in the hospital
wasn't working had no type of income coming in
son turned 19 and wasn't eligible
could afford children's health care and just assume not have government assistance
no prescription drugs
do want renew just didn't get any forms
we were told that he needs immigration papers and we can reapply when we have them
never received a renewal form
Never received the form.
I didn't get the bill.
did send in the renewal for but couldn't afford it
through Blue Shield
through employer Blue Cross
I ran out of time and didn't send it in on time
Highmark ... Blue Shield
didn't have the income
reduce in work hours made me unable to keep up the payments
sent in payment late, they canceled, ran out of money as well
I was trying to find a job
prescription coverage
didn't know it was time to renew

got insurance elsewhere
Medicare
employer hip
child turned 19, was no longer eligible
Oversight by family. In temporary financial situation. Would like to re-enroll.
work at hospital-- through employer
because the child turned 19
adultBasic was supposed to start the auto deduct, and it never was reduced from bank account
made too much
qualifies for free CHIP coverage and taking time to send in renewal form
able to get insurance though father
too be eligible for program
Husband went on Medicare because he turned 65
proof of income
had insurance available through fathers work
Unable to renew because had to apply for an extension on taxes
received different insurance through employer
I lost my job
sent in letters and they said that I didn't send in my wages so I sent it in again and they didn't say nothing about not getting my wages and kicked him off CHIP program; said they tried to call and tell me he was being kicked off CHIP program and now we owe like $5000 in medical bills
Unable to pay premium, lost my job
father has a job that provides some insurance, not much
doesn't think her son is eligible because he is in army and has baby, but still lives with parents
lost job
over age
missed payment date
blue cross
Sent in the wrong income tax forms when enrolling. Sent in state rather than federal. Faxed the federal but she insurance still got cancelled.
got a job that offered ins
doctor wasn't on the CHIP program
did send in renewal form, was told ineligible, now trying to get disability coverage
didn't have a job to pay the premium
never received renewal forms
didn't have the money
They said that my income wasn't enough and that they were sending me info for another program and they took her off because she was over 18.
covered through employer
It was cancelled because I sent in a late payment; this is bull s@#t.
wasn’t making enough money

thought was going to be covered through employer, thought it would be connected but it never happened
the payment was a day late- he doesn't get paid until work is done
daughter turned 18 and moved out
have tried filling out new renewal form, but has not heard back in 3 months
tried to reapply on line, and did it incorrectly, then got a call back and wasn't able to prove cash gratuity, nasty man I was speaking to I told him I claimed cash at the end of the year and he said that he needed monthly reporting
not being able to able to make enough money to pay the bills
thought was going from one CHIP to another, simultaneously got an acceptance letter and cancelation, needed a form and didn't include it (so they say)
Because there was terrible fire at our home since the paper work was sent to the wrong address and we weren't able to reenroll now trying to do that but having issues getting help from CHIP.
contacted CHIP for assistance was told by a gentleman that he would verify with his supervisor if her back to her on whether or not her bank statement would be enough he never got back to her
got insurance through employer
now eligible for welfare insurance
Wording in the letter said that if I was covered by another source had to go with other source
income was to low for CHIP
took so long for me to get my card and no one mentioned the $100 I paid to get the card and the person at the office told me I couldn't use this card and that it wasn't valid; I had a problem trying to scrape up money for more of the premium
never received a renewal form
sent application to adultBasic and then it was sent over to welfare
Because of pregnancy eligible for medical assistance and had to go on that
Sent in renewal form and it kept getting lost
had gotten a job and got insurance through my job
Got renewal form which stated he made too much money: it stated 187K. They multiplied yearly income by 12, he thinks. Called and realized it was a mistake. Asked them to use credit card for renewal and they wouldn't cancel. They cancelled him anyway.
Sent in a payment and it was not received the following month I sent in a double payment which was sent back informing me that I had to reapply.
Never got renewal form, didn't know it was cancelled until I went to the doctor one day
as of the time the 2007 taxes had not been filed for reenrollment
got a job and was no longer eligible
moved out of a bad area and by the time I received a letter it was the cancellation notice
UPMC for You - Covered through Medicare and Medicaid
Income was too low
Insurance told her she had to get physical therapy before she could get an MRI. She wanted MRI, and after physical therapy the problem still persisted.
Procrastination, that is the American way you don't have time for your family; work, work, work - I was too busy.

I did send it in they chose not to accept it, I don't know
I wasn't around I was actually in jail by the time I got out it was too late
I just got lazy and lost my job I had to put them on medical assistance
Husband was working two jobs and no longer eligible.
"They notified me late and by the time I got a bill to pay it, they told me my insurance was cut off."
Keystone Healthplan East
I didn't do it on purpose, we moved and I didn't get it at the right address at the right time
at first I set up a program for them to take the money out, they took the money out late, it was such a hassle, so I just decided to go and pay for it at another company
she turned 18
because it ran out
got Medicare
Sent to Medicaid, based on my income, not eligible for CHIP now.
misunderstood the due date
separated from wife and she didn't want to continue with child's enrollment
we were paying less out of pocket then we were paying monthly- tried to set up to come directly out of account, but it didn't work
Took my son to the doctor and then received a letter stating that CHIP could only pay $3 on a $75 bill.
wasn't working didn't have money to pay premium
her income was going to be too high to be eligible
Husband self employed we purchased a family plan on our own.
didn't get what I needed in on time
did not have the money to cover the premium for a month and was cancelled
have insurance through fathers employer
husband sent in payment late
didn't meet financial requirements
have a medical card
too old to be eligible for the program
didn't get the coverage you wanted
Father died; forgot all about it; by the time I realized what was happening I called adultBasic but they still cancelled me. I tried to appeal it but was denied.
switched over to das insurance
got laid off from work
they dropped me and I tried to be reinstated but that it would take a year and a half because I would have to go back on the list
sent in payment the check was cash and then they canceled my enrollment shortly after
I did mail in the renewal application back in July/August approximately and haven't heard anything since.
sent in renewal form but did not her a response
my wife got employment through a local school and children are covered through her employer

I thought I had paired but it turned out that I didn't. They told me I was no longer eligible at this point.
Sent in application and didn't get processed correctly.
got a new job and insurance was provided through employer
premium was sent in late because of the mail
I was on disability so I didn't have my regular income
ended up being laid off and covered by another source; employer was paying for adultBasic
I have Medicare and I didn't think I would be eligible for both adultBasic and Medicare.
had to get insurance through employer, and made too much to eligible
I did not receive another renewal form.
Someone broke into my car - everything was in the car: a deposit, along with envelopes, got laid off
she old to eligible
I sent in the renewal form and am now waiting for things to process.
too late sending in the renewal form
didn't realize it was a renewal form
Sent it in - I was two days late and they cancelled my coverage
I get my check on the first of every month and it was impossible for me to get that and bring my premium in on the same day; if they moved my due date it would have been different
Covered by Medicare
letter received that insurance was ending before it got shut off
She became eligible for gateway which made her ineligible for CHIP. This is why I did not send in the renewal form.
Originally renewed but unaware he had to include proof of child support since it is not taxable. Then received call saying they need proof but didn't say what kind of proof they were looking for. Received call from 4 or 5 different people. Finally 5th person told him to print off page for proof from CHIPcard website and sent that in. Heard nothing back since. They considered it incomplete. Did not know if there was coverage or not. Never received insurance card.
sent in renewal form and taxes and told them to let me know if they need anything
Waiting on if fathers insurance will pick up. Father needs to provide insurance
Not [enough] of a window to get back in program. 2nd letter received was a termination letter and didn't provide enough time
didn't get a renewal form
Too old
Medicare
miscommunication between staff and me because I filled out the information, I sent them the money, they sent me a check, they requested my tax return, I didn't have it, so they canceled me
too old to be eligible
Self employed. Sent in estimated income profit and loss statement. They said that I had signed the form and wasn't supposed to and a couple of things were wrong with it and by this time coverage terminated.
financial emergency and was not able to pay premiums

my husband is self employed and we didn't have the tax information to send in with the renewal
late for a payment and due to that I was dis-enrolled they should adjust the methods the have for excepting payments
a payment wasn't sent in, or applied when it was supposed to got misplaced
had lost job and but got job back had a layoff
Sent in premium but they didn't get it and the cancelled his CHIP coverage. I found out because he was in the hospital; they ran his insurance and called me back to tell me he does not have CHIP.
I did pay the premium but it was too late; I don't get a check till the end of the month and my check was too late
I was in Florida for 3 months when my mother was terminally ill
income reasons- believes that income is too low; child is now on medical assistance
has some veteran benefits so he was taken off since if he's cover else where why pay for coverage
didn’t receive a bill
private
was late on a payment
over age
didn't have child support info
moved to another resident
tried to pay in advance but was told she couldn't- her house is being foreclosed
they told me that I could no longer get it because I didn't have an income
unemployed and couldn't afford
couldn't keep dental insurance when I got medical ins. they said I couldn’t keep both
Paid the premium late
sent in premium after the deadline
he turned 19 and graduated high school
they did not get the money order in time
too old
did not have paper work
she moved
couldn't afford it
sent in application, but it never got an answer back
I was put on Medicare
Had trouble getting Social Security Card for child and I had trouble proving income.
I didn't get my paperwork in time and they didn't want to accommodate me. Income information in particular.
job that offered insurance
has lost my job at about that time
Access
never received the renewal form
because I got married and no longer be eligible

over the age limit
Military Health Insurance.
you weren't eligible, didn't make enough
renewal forms were received late and by the time I sent them back It was to late
over the age limit
Gave me a run around with paper work and didn't tell me to go to get help with getting coverage.
got insurance through fathers employer
sent in a 150 premium for three children and never was informed that it wasn't processed and so the cover was cancelled
moved and no longer qualified
I moved out of state so they took me off it
I financially had trouble paying it because I had other things I had to pay. I thought the premium was fine, I mean you can't get a major premium for yourself for 34 dollars a month.
covered by Amerihealth
probably because my husband wasn't working at the time and we qualified through welfare
cheaper and easier to go on family plan instead of writing a bunch of checks
so many times I sent the payment, they cancelled they did not send me the bills monthly
lost paper work
Domestic relations paperwork was a hassle. Said they would put kid back on once they got the domestic papers, but once she sent them in CHIP said they never got the papers.
he would be nineteen two weeks before the renewal was due
misplaced paperwork
was incarcerated
currently disabled
Medicare
access card
he covered under different insurance
misplaced in the mail
wages were fluxuating and I had an on again off again job waited until I had steady income
sent it in they said they didn’t get it
was able to get insurance for child through employer
able to get insurance employer
didn't receive the renewal form in mail
premium payment was received late, but it was late because they had said it was late and had dropped coverage
financial hard times
they moved out of the state
is now 19
I don't have any money
Did not have the money
moved out of state

because I'm unemployed
his age
Sent it to late
over the age of 17
never got an application
never got the application
Moved out
wasn't told or warned that child's coverage was ending...so she had to insure child with husband's insurance
because we were going to go with a family plan through a different insurance and we got denied so now we need insurance
I didn't have the money
never received renewal forms
65 signed up for Medicare
over the age
doesn't think son is eligible because of income
needed things from my bank, and I was in FL, and got fed up didn't, got disgusted
Letter said that we had another form of insurance. covered by husbands health insurance
over the age
No work
we missed documentation, but I don't know what documentation they needed
period of time to send in paperwork too short
Wasn't informed enough. Didn't receive the paperwork he needed to reenroll.
income too low, covered by access
she ,moved to her fathers and has recently moved back
Didn't have an income; talked to someone at CHIP; they sent me a check back because they said my premium was too high and then I got a letter saying it was cancelled.
sent in paper work then was asked to verify my address I did but then they didn't get back to me
I got a letter and it was under a different persons name and my child's social security; I called a few times and was told to fax SS card, birth certificate, and something else that I can't remember and I did but never heard anything back
I did send in renewal form and was unaware that my child was no longer receiving CHIP.
I was a little worried about income because daughters had moved in, but are going to be moving out soon. Paying out of pocket for prescriptions
so were able to get a better paying job with insurance coverage
got a different job where insurance was offered
Turned out there were some issue with the renewal form; I had to send it in again and then re-verify earnings and send it in; at one point I missed a deadline and had to start over and submit w2's from the previous year. it was very daunting; I don't remember it being like that from the previous year
just kind of gave up on it I was discouraged
sent out a payment they didn't receive and my coverage was cancelled

I never saw the renewal forms come in
I made $250 a week and paying S30 a month for insurance. Gave no reason for dis-enrollment.
Due to a mistake that was done by the adultBasic staff; they didn't send me out an invoice to pay and I thought I didn't get renewed - I got a letter saying I was being cancelled and I sent in the money and a letter explaining situation and then they reinstated me but they wanted money for back months that I wasn't covered and I couldn't afford that.
Ex-wife had unauthorized and had cancelled insurance, and then tried to reenroll and then had been unable to reenroll.
it was unclear what he had to do in order to renew
sent in late
difficulty with renewal, the denied it
enrolled children under insurance of employer
One of my children was ineligible at the time because of age so I couldn't count her as a dependent; my income is on the cusp so I would have had to pay for the other two children to be on CHIP, so since I had to pay for my other daughter to be on my health insurance at work it just made sense to put everyone on private health insurance.
child is now eligible for disability and has an Access card
Due to family situation I was unable to keep up with the payments therefore, I had to withdraw my health insurance.
CHIP dropped my daughter
couldn't afford it
he turned 19
sent in payment too late
he turned 19 and didn't qualify
child turned 18
was put onto husbands insurance
access card
The situation was that she was going to be on her father’s health insurance plan, but it didn't end up this way. I have sent in the forms to continue CHIP recently.
because of all the paperwork
daughter wanted to go to eye doctors, but insurance had been cancelled
misplaced renewal form
unison advantage
said we no longer qualified and we would be going on gateway; we tried to stay with CHIP because we liked that coverage better
took her off program without telling her
child was sent to another hospital
There was so much going on in my life that I missed the 15th of the Month by accident. I forgot....
due to age, too old to receive coverage
you were get insurance through employer
had to wait for her to get all the proper paperwork on income

sent in renewal form but there was a discrepancy with income on app
didn't get the renewal form
She was in school and working, and the job she has is not offering health insurance. the income cap is too much to be eligible
turned of age at 19
sent renewal form in too late
I thought I was going to get reasonable coverage through, but I can't so I'm going to be reapplying
David too old is eligible. the coverage was very good
put children on private health insurance through employer
Moved, stayed within the state, reapplied and ended up on Department of Public Welfare - they pay the employer's benefits
too old to be eligible and that she's 18
make to much money
Moved, did not letter, ready to leave the country, did not plan to use. don’t different from going to the free clinic
no primary reason, did not thing he qualified for a job and working out of state
hipp and kids on your insurance
I sent in the renewal form two weeks ago.
I was having some financial issues but I did send in the payment but was too late; would love [to] be back on the program.
covered on other state program called Access
getting new job
did not get renewal form
child did not qualify anymore...too old
she is 19 years of age
they did not receive paper work on CHIP end
my son took custody of him
would not accept online application
sent in for form
claims were always denied and so they gave up
makes to much income
of age
child too old and didn't qualify
did not receive application
didn’t get renewal forms
me being lazy
Anthem Blue Cross
haven’t had time
personal choice
daughter turned 19
Child isn't living with parent anymore. He is on his own.

she did send it in, but they said she didn't qualify anymore
"They canceled us, we sent them the check, but they sent it was late and they sent us a refund."
Never received renewal form. He said he could have lost it.
Child was too old and didn't qualify.
Appeals process was daunting to me - I had no opportunity to communicate with adultBasic
never got any forms
Pregnant, became ineligible.
Income lowered and now qualify for Medicaid
my ex husband was going to get coverage for them through his work
Late sending in premium; I told them the way my income was and they didn't' want to hear it. I tried to explain to them that I get paid the third of every month and they didn't want to hear it. that's not fair to low income people
Kept getting switched back and forth from CHIP and medical assistance. Now pay out of pocket for services.
moved out
Moral objection to program.
lost her job and couldn't pay the premium
military
other insurance through dad
She got adultBasic while you were re-enrolling and was on a 2 year waiting list. Got medical assistance while she was waiting, and then adultBasic drops her again when she had both.
I sent it in, but my father has Alzheimer's and tampers with the mail
company switched to another insurance
Change in custody of child.
Was only enrolled to get brother Nicholas on the policy, and the only way to do this was to enroll as a family.
other insurance
Don't recall getting the initial forms, was told that when he turned 5 he would not be eligible.
Not really a reason.
Did pay the premium, but there was confusion on the premium as one payment was late. Was told specific amount to pay, wrote out 4 checks for payment, payments were sent and children should have been reinstated.
cannot afford
Income changed (went down) and they are no longer eligible.
my child never had CHIP
I sent all paper work but CHIP didn't renew us. We have no coverage and Linda is 3 months pregnant and hasn't seen a doctor and we cannot afford a gym.
I was found eligible for Medicaid then after a couple of months my insurance was terminated because my job failed to send them proof of income.
Medicare
Through her therapy... I think its Medicaid
in the military now

thought everything was completed on the computer
child was pregnant and got public assistance
was hospitalized and did not have pay stubs to send in at the time of renewal
Didn’t have the money at the time to pay it.
Put on disability and required to be put on Access.
May have sent in too late.
late in sending the renewal form
graduated high school and went into
Military insurance
She ended up paying too much at doctor’s offices anyways. She got bills from the hospitals charging her the full price.
Problems with renewing. Never received renewal forms and never got the invoices. When she paid online it double deducted on one account but didn't deduct on another account. The process more difficult than it needed to be. Didn't know husband needed his green card to apply.
Access health insurance.
Incarcerated for a period of time and wasn’t able to pay the bill
Disappointed in program because CHIP kept increasing the price of the premium. She even double paid once but CHIP wanted another premium payment before reimbursing her for the double payment.
Didn’t think she would qualify because of new job. Income too high.
Receiving no income, didn’t know if would be accepted.
Never got any information in reference to this issue.
just haven’t sent in paperwork, is going to be renew enrollment in program
Don’t wish to take away from others, had an opportunity to get child off CHIP, but knows that he can still qualify. Wished to make it so others could take up with CHIP.
Child is 19 and she should get insurance herself.
sent renewal form in too late
medical assistance
Got a job and received insurance.
did not get renewal paperwork
Sent in forms, didn’t hear anything, then applied online and still didn’t hear anything. Assumed not eligible as child turned 19
military insurance
didn't know coverage expired
didn't get any letters saying it was cancelling
Never received forms, so was unaware coverage was ending.
Husband’s company covered child, and was not taken off the policy. Cobra. Still insured under Blue Cross, plan that was given was giving doctors up in Yorktown and wouldn’t be useful.
never recieved a renewal form
Divorce and ex-wife put child on new insurance.
Unknown...maybe some kind of welfare type of insurance.
sent forms in late

Unsure...he moved in with mother who got him new insurance.
At the time it was too much work...she will plan to renew.
They started making more money...still eligible, but they would rather pay out of pocket for a private insurance which would be the same amount of money.
Tried to send it in, but it was too late. She missed the deadline.
My son is now 19 years old. Although he is a student at Messiah, I did not think he was eligible. If he still is, please let me know.
Sent in all the paperwork, but never heard anything. Doesn't know why she hasn't heard anything. Had trouble figuring out what needed to be sent in.
My daughter moved to India for awhile but now she is back.

Q05: Is this coverage provided by your employer, your spouse's employer or some other source?

ex-wife's job provides coverage
Aetna program
Pay out of pocket.
Medicaid
UPMC medical asst.
individual plan paid out of pocket
covered trough school
military
through child's mothers employer
self PPO blue
Welfare/ public assistance
through social security
buy it through college
self employed our insurance
fathers employer
Medicare plan- today’s options
no did not want to answer
Through church
Retirement benefit
Access Medicaid
Health America
self employed so we provide it through an insurance company
united health care
Out of pocket
through college
Security Blue

through my boyfriend's employer
provided through army
it's a right for disabled children
no coverage
self-employed has own insurance
self-employed , I pay for it
Keystone Mercy
Envantra and Medicare
Keystone Mercy, through welfare office
his own employer
welfare medical
some other source
dad's employer
pay out of pocket
Husband self employed purchased own family health plan.
Husband's employer
pays out of pocket personally
I pay out of pocket - UPNC for life, with zero premium
State funded
blue cross
private
Blue Cross/Blue Shield - pay out of pocket
through public assistance
out of pocket
private
child’s employer
paid out of pocket
their mother's insurance
daughters employer
his own insurance through his employer
his employer; child is 19 and has own job and health coverage
high mark
private
self employed
ex-husband
Buy it myself.
through fathers insurance
ex husbands employer
military
Private, self insured - out of pocket insurance.
her employment

Etna individual plan

Q12: What types of benefits were not provided? (Follow-up to Is the reason you did not reenroll because the health care benefits provided by the CHIP/adultBasic program are too limited.

CHIP doesn't provide a mobile therapist
a lot of places wouldn't accept coverage
No adult coverage for eye care.
Eye Coverage & Podiatry. Received no booklet about coverage.
Chiropractic care
lumps in uterus, tubes tied, no risk in deformed child
not many doctors accept CHIP
Pediatrician
Age dependent - not actual benefits, it was the benefit of only until his 19th birthday
eyeglasses
Eye care
extended coverage that I needed for my health
Special needs for ADHD child (Mobile therapist)
Dermatological visits "Acne things"
gynecology/ MRI/ no provider to cover services
chiropractic
eyeglasses, prescriptions
orthodontist work
Eyeglasses, contacts, prescriptions, and paid out of pocket for visits not completely covered.
vision coverage
Did not cover hypertension or asthma.
Limited to age
eye care
limited to doctors around here nice to be expanded to Leigh Valley and Philly because of digestive problems and had to seek specialists
eye care
Did not like the doctors, did not like the choice, did not like the area, and went forever to look for someone, felt was not treated right. decided to put money and pay for own insurance to get better insurance
Birth control, cholesterol checks. Prescriptions aren't covered. Things that would benefit healthy individuals.
neurologist care / not enough resources for patients
psychological help not provided
eye

vision
doctor visits
services when needed, shifted from provider to provider, had to pay out of pocket for appointments
and vision
anesthesia, had to pay $900 to cover
blood sugar and urine testing for diabetic not covered; was sent a bill from hospital
more the doctors offered than the benefits- doctor’s didn't seem very professional about their work or very knowledgeable
MRI that she needed
Prescription eyeglasses - I would have to pay cash, and they would reimburse. I already worked for the $40 and I then again had to work for it - I said the hell with it.
my son needed braces and they said they don't provide braces for kids
her age
son had a skin disease that the cover did provide for
choice of own physician
eye care
Eye glasses/eye care
eyeglasses
medicines, eyeglasses and contacts, cheap glasses
they don’t pay 500 for medicines
providers available
had to change doctors and dentists, little bit of an inconvenience
I don't have any benefits
vision
vision coverage
student benefits
Eye classes and certain prescriptions
orthodontist and specialist coverage
Eye care,
the Access program, when turned 18 that when they cut her off
eye care and glasses
Could not pick own doctor, no dental, no eye.
not covered
eye care
canceled policy, would not accept renewal from the mother
vision
Jaw problems not covered.
Doctors used were not under that coverage, had to chose our doctors.
Very limited. Don't get all the services you could.
eye doctor coverage

orthodontia
I think getting free healthcare makes you go through too much humiliation and hassle if the child has an emergency. I called the CHIP program and it took me like 4 hours to get a reply to find out if I should take her to the hospital. For me, it's too slow paced when a child is sick and you have to wait for someone to respond to you to get healthcare.

Q14: What types of needed services were not provided? (Follow-up to Is the reason you did not reenroll because The program did not provide coverage for health care services I/my child needs.)

mental health
vision
eye for adults
Podiatrist & Eye Care
Doctors would say his CHIP Card was invalid
Did not cover pregnancy care
ablation tubes tide
Glasses - eye doctor
Age limit
for my illness, medication etc
Mobile therapist, and behavior specialist
Dermatology
braces orthodontics
gynecology, mri
chiropractic
eyeglasses
orthodontist work
eyeglasses, contacts
vision coverage
Hypertension and asthma
Son had shoulder problems, could not find a doctor who needed or would accept the program and would diagnose the shoulder problem.
doctor did not accept CHIP month where daughter was in the hospital and had to be taken care of
limited doctors, limited procedures
one time went to doctor provided, -- had a mammogram the mammogram -- explained had to have another mammogram -- not comfortable with explanation-- if they did not find anything is she all set. felt she was not treat correctly-- though they were taking the cheap way out because she was with adultBasic
wouldn't reimburse for the dental

Psychological services
After I had the baby nothing much was covered
eye
tonsillectomy recommended, not treated like a patient
orthodontia
vision
adultBasic was like having no insurance; it was like peace of mind and that's all it was
braces
sleep apnea
my son had a skin disease and the treatment wasn't covered
eye care
needed eye glasses
physical therapy
I was told he was cut off when he wasn't
not 100% of dental, medical was fine
not enough providers
orthodontics
vision
not sure the type of procedure
vision coverage
Chiropractic services which I need
orthodontist and specialist
eye care
eyeglasses
eye care, a lot of medication not covered, heart medicine, not all generic medication available
eye care
Didn't get everything should could get.
eye doctor
I think she needed more than what I really got. Going to private health care they listen to me more.

Q20: Can you tell me what it was that made the renewal form difficult?

They needed information on husbands SSI which they should have already had
She didn't need to do it...she thought it was easy
Had to prove income sent in a bank statement part was cut off then when I receive the denied paperwork it wasn't made clear that was what I was getting. Went months thinking my kids were still covered. Really need to make sure it clearly states it's a denial form.
Too busy - watching grandchildren, and paperwork - finding
form was not filled out properly

Not hard to complete, they received the form – but they did not receive the payroll information. First they did not receive [it], then they found it, then they did not have payroll information, then she had to start over again. Spoke with supervisor, went on the web page, once completed, the application went to the Department of Welfare instead of the CHIP program. This held it up – if it did not happen this held up everything once again. She will get to the application for the 3rd time.
Didn't want to take all the money away from job to give to the program
"Too many questions"
she just got out of the hospital and forms were difficult at that time for her
Proof on income paperwork hard. Husband in first year of self employment and didn't know how to fill out an income statement.
didn't need to know you had to fill out the form, kids were on public assistance, people never told me that it needed to be renewed
Proof of income.
they already had my information, every time I got a letter saying my application was incomplete, never accepted it the first time
proof of income
can't remember at the monument but it felt like too much just to get it renewed
no help
Should be based [on] financial standards, being a single mom should be able to get it
At the time had 3 different forms to fill out. Two children on CHIP and his adultBasic form to fill out. Had to prove income 3 times. Assumed all 3 forms were due at the same time. that's why you lost is adultBasic due in January, but filled it out in January
paper work didn't clearly state it was a renewal form
too much information
to many things that added up to not renewing/ proof of income
Filled it all out and then they told me I had to go on welfare
I get paid in cash so It was difficult to prove my income
I felt I clarified everything and then I kept getting call backs and instead of clarifying via phone call it would be weeks and then I'd get more paperwork looking for clarification and I would call to check and couldn't get any info because there was a backlog of 3-4 weeks. It seemed there wasn't communication.
gathering all the information and the paystubs, had to write letters and bugging boss
some of the information was hard to understand
How to go about with income because his father is self employed
asking one thing but sounds like another, questions too long, felt like signing life away
did not receive
family income and age
Hard to explain self employment business with itemized expenses.

Attached my paperwork to my daughter's paperwork and I didn't read my daughter's letter she turned 19 and found no reason to read her letter and missed the cancellation form, original letter said that my insurance went from October to October, it was her renewal form why would I look at it
it was udder your aunts name, so everything was coming to the aunt rather than the mother, so that made some difficulty
Make everything on piece of paper front and back. Especially when nothing has changed. Why make people go through all of it again. People are very busy if they need something to prove income etc. If you miss the time frame you are cutoff and you have to reapply all over again.
Online renewal form got sent over to welfare and she kept having to redo the application, which is a lot of work with the income verification requirements.

Q21: What type of assistance could be provided to make the process of filling the renewal application easier?

Explain things easier
If someone had let me know my proof of income I sent in was incomplete.
Age limit, it was a wonderful program but the age limit disqualified me
Pictures, less information too much information, the application wasn't clear on where to put SSA benefits for child.
do it all on the phone and except it
Payments every other month, every three months instead of once a month
some who answers the phone(a live person)
Renewal application - doing it a 2nd time on web page as if they never had coverage in the past.
having someone read the questions to you while you gave the answers
Having basic information in records and not having to restate such as social security numbers and birth dates, and have an easier way to make simple changes such as address changes.
possibly a phone interview
lighten her husband's work load
they had a thing where you could call that seemed a lot easier
more communication
notifying
I would think if the same information is needed that I would assume they could use the information from the prior year.
one on one over the phone walk through
a local agency that can provide you one-on-one information and guidance
paid under the table, does not know how he could get proof of income, would like the coverage
some to help translate forms into Korean

to make it short, maybe a box that says has anything changed, and current income, they already have a lot of the info on file, and another thing, they have these boxes, and you have to separate everybody's income, even people under 18, they have you fill out each little box, should be able to figure things out, why do I have to figure it out, I have three people and I got to cram it into one box, proof of income itself shows who gets it,
make the online version easier than the real paperwork
having someone that you can call that can actually help you fill out the application line by line
no help
should be every two years
Possibly have in my language or have assistance filling out the application.
Combined forms would be better. So everything due at the same time.
a phone to inform of coverage ending and to tell me that's what it was
should ask for so much information to make it so hard to get
Someone call me and ask the questions so I could understand them better.
probably yes, less paperwork
Someone to help me fill out application. Possibly help with finding proof of income.
More user friendly - honestly I can't remember, but I just remember it was a real pain in the butt
accept payments from savings account
none
help with proof of income \
A live person; every time I talked to someone it was someone different; no continuity on one person following the application. I would have to retell the story every time.
Maybe someone taking the application over the phone would be easier.
less paperwork
fill it out myself
More basic questions. could be condensed down
Somebody telling me, helping me with what I need to provide for his father's income
better understanding of what they are asking, shorter questions and they need a certain date to complete paperwork-- or you do not get the coverage
need to get one
age limits that CHIPs is covering
"Fill in the blank" questions are good
it should be absolutely written in stone that when a person has a promise from adultBasic that their insurance goes from October to October their insurance should not be up sooner, that's not fair, I am a whole human being so why would they put my insurance renewal with her insurance renewal it is not fair to attach our letters together like that, there should be a more streamlined process for appealing
Wording of the information. Already have information on household, can you pre-format the information and has this information changed yes or no. leave a message of reminder asking about help, etc.
I think it was very repetitive
time extensions for paperwork

Phone number for strictly application. Phone goes right to a person [and you] can fill in application over phone to update what has changed.
Need help be able to get the help that we need.
She liked the way they originally had it when you filled everything out online and you renewed online. She was satisfied with the program when she originally had it, but was upset when the premium started increasing and they started getting double billed. Now she has to deal with middle parties (Keystone), there is just a lot more stuff to do now. After doing it all it somehow got sent to the wrong place. Program seems unorganized.
if it was in Spanish

Q25: How did doctors treat you/your child differently? (Follow-up to Is a reason you did not reenroll because your/your child's health insurance was provided through adultBasic/CHIP, doctors treated you/your child differently.

Like they were dirt
With Children
"they seemed to turn away or whatever"
They wouldn't see me. Then they acted like they weren't willing to work with it.
Sometimes like they ask you what kind of insurance you got they say "Oh, CHIP", in a some what condescending way, maybe a little attitude, asked if it is like welfare,
sometimes when you have public assistance sometimes you do sometimes you don't, but hey your a doctor and I'm a patient that's the way I looked at it
they assumed that I was ignorant to things because I didn't have any money
rudely and inconsiderately, and rushed care, left in the waiting room excessive amount of time
Treated like a human being not a number. Would like the same options as others.
Seemed like they were not as patient, as if the child didn't deserve their time and care to calm them down and proper care. Made you fell like less of a person because we had CHIP. Not all but some.
Like she was a poor soul without anything and treated you better if you a job
Staff was extremely rude to the mom
did not want/wanted they wanted to offer
We would always be last to be seen, always be told "I don't know if that pharmacy takes CHIP," they just always seemed frustrated, they just seemed like "oh, you're on CHIP too..."
spend less time with child
dentist passed by your son quickly... within 3 minutes
yeah because they wouldn't accept me, wouldn't treat me at all, you know like your eye and your dentist
patient doesn't make a lot of money- adultBasic did not pay the doctor what the doctor wanted- I did not see exactly how they did this but this is how I feel
felt isolated

treat you like a welfare case
The doctors who do accept CHIP, we call them the welfare CHIP, any doctor's office you'll have to sit for 1-2 hours waiting, at these offices you have to wait 3-4 hours. If you go in, doctors do not believe them, CHIP doctor wouldn't give my child a referral to a dermatologist.
personality and how they would act towards us and their staff would interact with us
My daughter had four mental break downs and they wouldn't take CHIP when she needed to go to a psychiatrist.
"make the comment of what they cover...the reality of the costs and priorities and stuff like that"
Making me pay for my dentist's novocaine, for doctors pain killers.
Many times they don't like to see you in the office. One time to the hospital they don't pay attention to they give you limited time.
they don't use the insurance that I have
it was the dentist that was rude
They weren't as attentive. We had to wait. We had a problem with scheduling. Once you said CHIP people seemed reluctant.
more of a quick treatment
the care provided, look down upon you to provide Blue Cross Blue Shield high end health coverage
Dentist was very rude and dismissive - they had two separate sections, one for normal insurance people and one for CHIP. The CHIP covered kids were not even allowed to play with the toys.
telling you only allowed certain test to find out what was wrong, they did not do very many test because it would cost too much money
I was talked to without privacy, in regards to what my card would cover, felt invaded on
care was insufficient
different procedures had to be done different ways
"I think the doctors that are taking the CHIP program - I've noticed that none of them are American. They are all foreigners. I don't think they understood everything."
"Well they um - because it's free medical. They didn't care about - I took him to a psychiatrist and he didn't get care there. They just gave him medication and that's it."

Q26: And how do you think this affected the quality of health care that you/your child received?

"I don't think it did"
I didn't receive it
sometimes it was affected cause they look at you like you are underclass beneath everybody else
the stigma that was attached
very much so- I felt the quality of health care received was completely inadequate
100% it affected it, places had to go /does not live inter city, had to go in town

rushed through every thing like they were half listening to responses to important questions and felt as if their main concern was to get us out of the office
didn't affect it
it didn’t
already answered, not happy with the service from doctors
it affected it
it affected it because it was bad, you don't want to question a doctor but they didn't seem to believe what I was saying telling me it was something else then it was
it affected it a lot
yes had to change doctors, but no the new doctor gave me good care
I think they need to cover all medications
do not take child to doctors unless its a dire emergency
well I went in for a procedure, and because I had AB, I was supposed to get my tubes tied, had to have an aboliation, did not accept a tubulization.
they don’t pay attention to you as much, especially where I live, they try and get you in and out very quickly, and a lot of the times they tell you that its normal and its okay, they really don’t respect you
This caused her medical condition to worsen due to the lack of medical care.
not very much
It made it limited
I had to go to clinic doctors because doctors else where didn't treat us as well.
I would say we were fine with the dentist but it was the receptionist that was rude to my husband and my self at the dentist.
It was off. It was only a 7 out of 10.
when they give her prescriptions they give her to get generic prescriptions instead of the name brand
my child was barely in the room for five minutes for a dental cleaning they made me feel like they were in a rush to get us out and at the end they said we'll call you for an appointment don't bother setting one up now
poor
did not go back
no quality in the care received
not majorly, it was nothing to major, I don’t remember, I think it was lab testing
"I think it affected it a lot"
Her daughter didn't get to see the doctor
"I liked CHIP, I just didn't like it for temply psychiatric or dental"

Q39: Why do you say that? (Follow up to How easy was it for you to enroll in CHIP/adultBasic?

collecting unemployment so not applied can’t pay
went through domestic relations hard to get proof of income
Red tape deal had to apply for medical assistance and be turned down in order to qualify for CHIP.
took off coverage and still paying benefits
waiting list
Couldn’t get her questions answered.
husband was on waiting list a shorter time [than] she was
Every time she calls there is no one to answer her questions; they tell her to leave a message and they will call back and they never do - there is an option to speak to someone who speaks Spanish, but when she chooses that option, no one is ever available.
always had problems with paperwork had to re-file for several reasons
Was told to go through Welfare Dept to get disqualified from their program. Called CHIP back and they told her she never had to go through the Welfare Dept. Whole process was about a month by the time her son was enrolled. (Son was without coverage for this time).
would only except "x" amount applicants and after that the rest were denied and made to wait
had to go through social service to apply and that made it difficult to apply
it took two years to get on it
forms were confusing because she wasn't legal guardian confusing in some parts for her
Self employed, getting the numbers is a pain in the neck.
Because of pre-existing condition, diabetes, it was hard to get qualified to enroll. Upset with the process.
Was given a phone number but wasn't able to get a hold any actually had to go through the hospital and they had to assist me in getting CHIP.
Waiting period, then not enough [of a time] period to pay money and keep coverage.
Tough to meet the criteria. Long time on waiting list. Must give proof of income with every statement. Easier to be a slug than to put yourself through school and make extra money.
Difficult to prove income. Self employed. Kept pushing towards welfare program which doesn't help. Has a 19 yr old daughter in the same situation. If you make too little or too much it’s very difficult.
had a lot of stuff going on in her life
couldn't find any information, had to go to welfare to info, and it took 4 to 5 years to get into the program
took long
waiting period
feel like there isn’t enough money, and some people aren’t going to get it
issues, husband cannot elaborate
It took way to long on a waiting list. thank god for the other doctor that I had at the time that I could pay 20 to get seen other wise I cant wait a year for insurance
because of the forms
mental handicap
proof of income

Forms had to go through local health department/ health and human services to prove they weren't qualified for Medicaid, which slows the whole process down by a month.
Explanation of premium due dates.
Took a year 1/2 to get enrolled. Offered other plan (Health America??) for 500 per month. Very expensive when you don't have a job.
2yr waiting list
waiting list for 3 yrs
Wasn't hearing any thing from CHIP when I was sending in info so I called an insurance company and they helped me out and with in a week every thing was done. It worked well after that.
never received renewal forms
had to apply three times before we got through with the applications
there's a waiting list
On waiting list for 2.5 years, would recommend it if we didn't have to wait so long.
had to get help from the office of the aging, found that difficult
the waiting list
Didn't know about the program, and the whole procedure, nobody knew where the overlaps were. Extra help from social worker helped her to pursue
every year need to provide income verification; very frustrating
It took about a year to get it; income verification, getting forms filled out correctly, application had to be filled out twice, getting a hold of someone when there was an issue - a lot of things holding it back; once I got through to someone I was good to go within 30 days but it took about a year to get a hold of someone up to that point - this is from 2005 - when 2006 came around process changed and it was made a lot easier and I was able to get it. Also kind of a pain because it changed health insurance companies every year and I had to change doctors.
On a waiting list for two years exactly.
Husbands and my wages sent on same paper twice; received my husbands but not mine. Cancelled CHIP without letting me know and left me stuck with all these bills. My son was rushed to Children's Hospital and I thought we were insured and i was not insured
besides language, everything else was pretty much a factor
took more then a year to get enrolled with father unemployed
proving income was difficult because my husband owns his business
"i couldnt find a number for it and when i did find it I had to wait a month to get everything. I wasn't sure what we would be eligable for...access or CHIP"
proof of salery and finances made it difficult
we would get different letters saying we were qualified and not qualified. application sometimes considered husband's work expenses, some did not. we were cancelled abruptly I had appointments already set up, and we were on a waiting list that took forever
had to contact a senator, based on where I lived, I was living in a rich neighborhood but wasn't making any money,
Easy the first time. The second time it was hard because her son was accepted but she was not.

Repetitive paperwork process, should be a place to fill out paperwork once and enroll all kids at once, difficult to prove income - best way isn't go off a weekly paycheck, should go off prior year's tax record
they put me on a waiting list
if you pay your premium they were quick to throw you off
Having to submit repetitive paperwork, kept losing things, totally treated unprofessionally - would recommend CHIP, but not UNPC For Kids
charged to much at the time
tried to send something in and that CHIP wouldn't call her back
They made me apply for welfare in order to receive CHIP; however, I did not need it I only wanted the health insurance.
upset with phone call they gave her
problems going through the link; I called CHIP and they helped me but there were still some problems; I had trouble getting exactly to the right spot
The wait is absurd. When someone needs health insurance, a year and a half wait is too long: to wait a year and a half, you would hope your situation would improve in that time.
husband is self employed and we didn't always have proper paperwork; we make different amounts each quarter so it was hard to judge
self employed contractor; I have to get all kinds of paperwork to get to show proof of income so it makes it tough to apply every time we need to apply because if my bookkeeper doesn't have the books up to date
Because I wasn't able to submit income verification online and if I was able to do that I wouldn't be getting the denial letter. its like we are going around in a circle because they never send me any paperwork asking for proof of income; they just sent a denial because they don't have proof of income, but they never send anything asking for it
self employed and to get proof of income while being self employed was tough
at first when I tried it they turned me down then I had to keep calling and I finally got it but it took me a while to get it
disagree with the waiting period of a year
to much stuff to come up to verify, a lot of paperwork
send in another application and to keep calling, it just a big mess
The time period I had to wait a bit to find out which provider I was going to receive, the first provider did provide very good assistance with dental. I had to change.
takes over a year to get in
There was a time lap of three months which difficult without health service. time consuming
couldn't get a form to enroll sent out
was on a waiting list for ten month
four or five years spent on a waiting list
difficult to verify income
the waiting period
Put child in wrong program - it took 3 months to straighten out and 5 phone calls. Had to un-enroll and re-enroll.

More funding for people that don't have insurance
it's not easy
domestic paperwork is hard to submit
I waited on the list for 2 years before I got accepted and that was a problem for me.
very long waiting list was on it for two years
Combined annual income only 10-14000 told him he makes too much money. eligibility unclear
the long waiting list, over a year on waiting list
the two year waiting list
When I first moved out here I got denied for state insurance and then I found out about CHIP and I had to wait about a month before they got insurance, which makes it hard because, one of them has medical issues and now has the medical assistance. The hardest part is proving your income; the income brackets you fall under.
What happens is when you go to try to enroll your child in CHIP, you are presented with different health care providers; there is no guidance - they don't tell you anything. You just have to pick and you don't get to contact any of the providers. If they give you info they are enrolling you, so you have to try to hope you make the best decision at the beginning.
The beginning was difficult but they did help me over the phone.
Took me a while just to get on the waiting list, took 2 years on the waiting list.
at the time we had six kids and about our income...who was eligible and who wasn't eligible
When she moved in with me, when I got custody of her. I had to fax my custody papers up to 6 times.
Sometimes whether child was on Access Card or CHIP. Then I would call Welfare or CHIP and [got] bounced between CHIP and Welfare: communication was poor.
sometimes unable to find a doctor
I had to go to the Welfare Office and prove that I didn't make more money than allowed to be put on medical assistance; then she was denied assistance and allowed to be put on CHIP. It took me about two months.
I didn't feel it was fair regarding income because there could be a time when I might not be working and my income would not match the income I may have had months prior.
asked too many questions
The waiting period was too long; the health care provided was very limited.
I'm having a hard time; I've been fighting for almost a year now. They say no children should go uncovered but my kids are going uncovered because they are giving me a hard time. I have a kid that has severe asthma and I can't get coverage.
Too many pieces of paper, not enough answers.
After she lost her job, she went to the Welfare Office and told her to try CHIP. She waited a long time to get a response. Too many channels and needs to be better communication.
Father's self employed so not exactly sure on how to go about proving his income
waiting list
Time limit you have to get it somebody

We had to get denied by Medicaid first before we could enroll in CHIP. This process took to long considering you had to take the process.
"We had to go through the welfare office. It was more the welfare office that was at fault then the CHIP office. Welfare office made the process complicated and said that the proper work wasn't submitted when it was."
I want to talk to someone and do it that way, to get through and speak with someone was the hardest thing
I applied for it online and they give you a case number on the PA state website and then I got a letter in the mail saying kids were not accepted. A couple weeks later saying if I paid premium I would be enrolled. I called and nobody knew if they were accepted or not accepted; finally they put me in touch with a guy who told me they would be enrolled if and only if I FedEx'd the payment. The people weren't nice to me on the phone. It was just not good.
it took me three years to get on and it took them one week to kick me off
bounced back and forth between Medicaid and CHIP
communication between welfare and CHIP
Difficult due to 10 month position, so when position done I would be switched back to Welfare and once back on it would go back to CHIP. Difficult to being bounced between the two.
because they cancelled our membership
Make everything on piece of paper front and back, especially when nothing has changed. Why make people go through all of it again? People are very busy - if they need something to prove income etc. If you miss the time frame you are cutoff and you have to reapply all over again – [they] want your life's story.
took 3 months
lots of red tape, blue tape… whatever color tape you want to call it
lots of reiterating questions
Forms were being sent to the wrong place and she kept having to re-submit them. Proof of income hard to verify as well.
Had to do paperwork a couple of times, didn't' feel like it was being processed; didn't get acknowledgement when I needed it, and having to wait for two years. In two years a lot of things can happen. I have a girlfriend who's been waiting for a year.
Difficulty with daughter and her real father. Real father tried to enroll his other kids, but they wouldn't let him unless he also put his daughter from old marriage. Then when Mom tried to enroll daughter, they said she was already enrolled, but she shouldn't have been. They then transferred daughter over to mom's plan and then both of Mom's kid's insurance expired after 6 months instead of a year after all that paperwork. Also, a lack of communication in CHIP and forms weren't received when they were faxed.
Individual denied, but when applied at health center, they received coverage.
the whole process was difficult and everyone gave her the "run-around"
Still having issues with outstanding claims; a big mix-up she is still dealing with.
Had to get the paperwork more than once and send it in more than once.

Q42: What were these problems? (Follow-up to Did you experience any problems when enrolling in CHIP/adultBasic?)

didn't receive documents
submitted application and it took 5 months to get approved
Needed Citizen Paperwork
I had to wait a year until enrollment was available - had to wait for someone else to drop out before I could join.
I needed to send in an additional paper and unfortunately didn't get it in on time. I asked if there was a rush on this and he no just send it in. I thought I had coverage and had a mammogram; unfortunately, it wasn't covered.
I didn't get the mail at first; however, it got straightened out and everything is fine.
They said he was on it but the doctors said he wasn't and couldn't use it.
waiting list
didn't process the applications
took a damn year, the wait time is what it is to become eligible
Regulatory rules - referred to Welfare and Welfare referred back to the CHIP program
income to low
would only except "x" amount applicants and after that the rest were denied and made to wait
Initially took 2.5 yrs to get on adultBasic.
older child another child had same name, some confusion resolved very quickly
denied at first
did not receive paperwork
Getting primary doctors. Given a random doctor from a list.
Pre-existing condition – diabetes. Upset with the process.
I was given a phone number but wasn't able to get a hold of any one; actually had to go through the hospital and they had to assist me in getting CHIP.
Tough to meet the criteria. Long time on waiting list. Must give proof of income with every statement. Easier to be a slug than to put yourself through school and make extra money.
Difficult to prove income. Self employed. Kept pushing towards welfare program which doesn't help. Has a 19 yr old daughter in the same situation. If you make too little or too much it's very difficult. Daughter very close to dying from diabetes. Finally got coverage at the time of his emergency.
on waiting list for a little while
first time was told no, second time told yes
switched counties so there were minor problems
denied the first time
3 or 4 times they just dropped the kids. it happened a lot
application never received
did not receive renewal information mailed to CHIP, he had to re-enroll, had problems with on-

line
completing the paperwork and documents
Kept kicking you out. Not easy. If you skipped questions it would take you back. Must asked unrelated questions.
Renewal paperwork didn't come
the first time I sent it in they sent it back and wanted more information
paperwork too complicated
both names were put on application but because my husbands name was first I was denied access to information which should have never happened in the first place and it took a few phone calls and a form to fix the problem which was unacceptable
paperwork, filling it out, and they sent it back saying it wasn't the right paperwork and I had to do it again
notice that she wasn't accepted, then accepted, choose a provider, very complicated mess
denied/ approved, at the end we told we had a few more months in the program , and then we were dropped suddenly
were on a waiting list for three years
computer online application kept screwing up and she had to fill it out in person instead
Have never heard back from the CHIP staff since sending in the renewal form 3, 4, or even 5 months. have been going without insurance ever since attempt to reapply
paperwork seems to get lost
Had to reapply two times, only happened once
just the waiting process of getting on the program
Ineptitude of service members, seemed like this guy didn't know what he was doing - Josh Byrd
Trouble finding doctor
requested information about my parents that I didn't feel was necessary
Had problem in welfare office. Said they never received paperwork from assistance office.
wouldn't accept me for some reason even though I meant all of the qualifications; took a while to get it
hard to get them into CHIP
Originally renewed but unaware he had to include proof of child support since it is not taxable. Then received call saying they need proof but didn't say what kind of proof they were looking for. Received call from 4 or 5 different people. Finally 5th person told him to print off page for proof from CHIPcard website and sent that in. Heard nothing back since. They considered it incomplete. Did not know if there was coverage or not. Never received insurance card.
dealing with the people and the waiting period
delay of processing
instead of accepting bank statements a proof of child support I received they needed a court document
His biological father was not with us; we did not qualify because of income, and didn't want to accept step dad's income. I had to fight about it
Trouble finding proof of income, had trouble producing SSA number because lost card and didn't have Birth Certificate to get new SSA card.

long waiting list
Put child in wrong program. Took 3 months to straighten out and 5 ph calls. had to un-enroll and reenroll
I had to do a lot to get it - very hard
kept asking for two forms of pay stubs 3 or four times I had to send things in because he is self employed and didn't get weekly paystubs every time I called every one was very nice but I couldn't provide them with what they needed
domestic forms hard to submit
income limits were an issue
wait list was horrible
proof of income forms hard to prove
long waiting period
I felt the waiting period was much too long.
there were kinds of questions that I did not think were pertinent- we applied for CHIP and we were told my kids were eligible effective a certain date; two days after my daughter tore her ACL; because we weren't in the program yet she had a hard time getting any kind of care; it all worked it self out in the end but initially she was denied service by the doctor saying we didn't have insurance even though we were told we did
custody paper work hard to deal with
only the poor communication between CHIP and the Access Card
I did have problems originally with the online form it kept telling me to go forward, but I did not have a number they required to go forward. I wasn't able to find the number either.
I used my mothers address as a mailing address and they considered this to be my residence even though I did not live here. This made it difficult when establishing who was involved in my household
Their father is self employed and they are asking for income paper; he gave them everything they wanted and now they want something else. It’s an ongoing thing.
After she lost her job, she went to the welfare office and told her to try CHIP. She waited a long time to get a response. too many channels and needs to be better communication
waiting time
treated as a lower person by dentist for having CHIP
spent bill when you did not have coverage
"Welfare office made it difficult and wasn't organized"
Moved after first application, missed notice of acceptance, and had to reapply
due to misunderstanding on a birth date
I applied for it online and they give you a case number on the PA state website and then I got a letter in the mail saying kids were not accepted. A couple weeks later saying if I paid premium I would be enrolled. I called and nobody knew if they were accepted or not accepted; finally they put me in touch with a guy who told me they would be enrolled if and only if I FedEx'd the payment. The people weren't nice to me on the phone. It was just not good. I had a really hard time getting someone on the phone then when I did I had to FedEx payment.
bouncing back and forth between Medicaid and CHIP

Bounced between welfare and CHIP, when income went down and put on welfare and then when working bounced back to CHIP.
I kept waiting but never got a response.
had no coverage for a while until there was a space available
Completed the paper and got a notice a month later they got a notice that they couldn't complete the paper due to a lack of information.
Difficulties with the forms being sent to the wrong place. Proof of income hard to verify.
Problems proving income.
Had to get tax returns pulled apart so they could be copied; they lost the paperwork and I had to go through it again. I wasn't sure after the first time that they lost it- it was a good thing I followed up. I found out that something went off track and I had to do it again. I had to make phone call after phone call to try to get info to make sure that they received my application and if I was on the waiting list.
Difficulty with daughter and her real father. Real father tried to enroll his other kids, but they wouldn't let him unless he also put his daughter from old marriage. Then when Mom tried to enroll daughter, they said she was already enrolled, but she shouldn't have been. They then transferred daughter over to mom's plan and then both of Mom's kid's insurance expired after 6 months instead of a year after all that paperwork. Also, a lack of communication in CHIP. They said forms weren't received when they were faxed.
Difficulties proving income because family is self employed.
income hard to prove
Difficulty proving income. They didn't account for fluxuating paychecks.

Q44: What were these problems? (Follow-up to Did you/your child experience any problems while enrolled in CHIP/adultBasic?)

don’t help with prescriptions too expensive
miscommunication on re-enrollment/ verify income
I was told that kids should have this vaccine but doctors weren't being reimbursed for it. Doctors I guess were taking a big hit and they put us on hold for the Meningitis and Guardisil vaccinations.
miscommunication with calling repeatedly and information was not sent to proper departments
NONE
my job is so versatile that I never know exactly how much money I am going to make so there fore I have to take care of my most primary needs first and then whatever I have left I try to take care of other needs including health care.
Took child to doctor and went through the card process and the doctors said the card is not activated but CHIP would say it was activated
wouldn’t cover pregnancy
didn't cover surgery
Could not find a dentist

Difficult to use - paying monthly premium on something that isn't even accepted.
Medication - had to go through certain procedures, rules and regulations
other than the lost check, no.
Canceled his insurance without telling him and sent him the letter too late.
took him to a doctor with a referral and CHIP didn't pay the co pay
for the extended medical coverage I needed for my illness
other child administrative problems other child had same name, resolved quickly
difficulty finding doctors in the south Philadelphia area
Horrible customer service. Had to file an incident report.
lack of access to quality care
Nothing but problems; did not use the insurance, paid cash due to quality of doctors. Felt it was useless – paid out of pocket.
could not afford monthly premium
No mental health coverage
Enrollment date was unclear
quality of care often felt rushed and often unwanted
Really looking forward for enrollment for son, but did not work out, doctor were not available, they stated CHIP did not pay. She should have contacted CHIP to advise of doctors. She was frustrated-- gave up called so many doctors and was mad and frustrated. Turned away from doctors.
Had a child, had to reapply, made too little money - was sent to welfare, paperwork -- had to be straightened out and went back on CHIP.
Couldn't get a very important test for son who had strep throat because of that my family was unnecessarily exposed to the infection.
dentist appointment and chose a different dentist
Did not receive renewal paperwork, they sent back payment. This happened two times - she sent in renewal form and they mailed back payment 2x.
cancelled me for no reason/ income didn't change
Only enrolled from September to November. I only got two months of coverage because of their not taking my.
unclear whether services were covered or not
Only had problems when renewing. Had filed paper applications in the past and never had a problem.
had to pay high co pays for medicine, etc.
doctors, could not find
not enough coverage
CHIP didn't help diabetic daughter
The eye doctor that we went to didn't accept Unison. which is a part of CHIP
couldn't get a neurologist
problems with getting child's wisdom teeth taken out
problems with keeping track of paperwork

wasn't receiving bills so when I did call they still didn't fix the problem made knowing if I was covered very difficult
I called up twice once was because I wasn't covered for counseling and mental illness, and other time was about a bill, it wasn't covered right away
At the beginning of program I sent $100; I kept getting letters in the mail and they kept going over the $100 like I never sent it in. I did receive a letter and it was minus a certain amount of money and I thought they were verifying I sent the $100 but my coverage was never active
zip code that payment was sent to was wrong and payment was sent back to me; resubmitted it to adultBasic and they got it late and I was dropped; took dozens of phone calls and they gave me a really hard time about it; said I would have to reapply and be put on waiting list
adultBasic wanted her to do physical therapy before her MRI
went to eye doctor
couldn’t get braces
not taking out the money on time--waited too long
a visit to a doctor about a skin disease her son had wasn't covered
One time they cancelled my insurance and it was a mistake. then they reinstated it but they said they hadn't received my check but I had sent it at the beginning of the month and they said it took 14 days to process it from when the received it.
no coverage for skin problem
was canceled without warning accidentally
reapplying
Difficulty finding a dentist.
he was going to the dentist and we were told his CHIP was no longer and that he didn't have it anymore but he actually did have it and we didn't find that out until later, and he didn't go to the dentist because we were told he no longer had CHIP. We got a letter later saying he was terminated with a date that was after the date they had told me when he went to the dentist. I was misled to believe he no longer had it before it was over.
Renewal every year was difficult because I had to send my income three separate times, they kept saying more information needed
had to stop seeing regular doctor; not real thrilled with the doctors that my child was able to see
when trying to go see a specialist in Philadelphia it wasn't covered they didn't except that insurance , and there was another procedure that I asked permission to get and it wasn't approved so I didn't get it done
was sending in one check that covered myself and my wife for years but then for some reason there was a problem were the amount I was sending in to cover both was only being applied to my wife’s account showing a positive balance on her side and a negative amount on my side so I was almost un-enrolled after that I was forced to send in two separate checks instead of the same old way I had been
a doctor misdiagnosed a medical condition and left me with a dislocated rib for a least two weeks
just dissatisfied with how they did their payments
Doctor they provided me didn't except CHIP. I wanted to change the doctor and had to go through a big process to do so.

problem finding an orthodontist
primary doctor on insurance card wasn't his primary care doctor
Had a problem with the doctors because a name mix-up, with the same name of Franklin Pediatrics.
Applied for CHIP was put in Unison. when there were emergency room visits there was constantly a problem with the health care provider paying the bills
misplaced the renewal form
procedure not covered, eventually covered, payments paid two months ahead of time, but still wouldn't get out bills early enough.
my soon needed teeth pulled and the dentist said he had to go to an orthodontist I kind of felt it was because of the CHIP program
y'all didn't have eyeglass insurance
horrible pediatrician and she was the only one that I had to go to they needed more doctors in my area
was out of the state and not able to reapply, got disgusted with the amount of info required
The channels you have to go to and the long waiting period that you wait on the phone waiting for someone to respond to you. It's very hard getting through to adultBasic. You talk to a machine more than you talk to a person and that's really not acceptable when it comes to healthcare.
never contacted me until after the fact of being discontinued
was sending my payments but they were saying they weren't receiving them
only at the end when they sent a letter telling me that I wasn't eligible
I didn't receive a renewal statement so I thought I wasn't getting renewed - they should add dental; I would pay more if they had a dental program.
child has asthma, child needed medication but couldn't afford to buy it
Sometimes did not like the doctor. sometimes sitting for 3 hours for appointment
Limitation - no glasses coverage, no close dental covered… dental coverage was also limited.
Found out at the doctor's office that CHIP was cancelled. CHIP never let her know there was no coverage.
dentist mistreatment
problems with payments not being in on time when they paid them on time
Issues with payments being paid late, and were paid, CHIP said that they would re enroll children when the payments were made. Checks were sent and checks cashed since May 23, children should be re enrolled. Trouble getting this resolved and had trouble getting in touch with primary contact [name redacted].
CHIP wouldn't cover speech therapy
she turned 19 and going to school
Not receiving bills and the automatic deductions were faulty.
Went to Philly had to get preapproval and was emergency situation, had cancer and eye started bleeding and need to go to Philly. Had to try and get referral. Called at 9 and by 1 and everything was fine.
limited coverage, dental, prescriptions, and ophthalmology

Every specialist I went to was told that I did not have coverage. Then I got a letter saying I was denied based on the fact that I didn't have a policy. I would call and was told I was covered. This happened 100% of the time. I had my cardiologist's office actually call because the last specialist's office determined I had two different membership numbers. One of the girls called and straightened it out and made me a print out and that didn't work either.
Time of renewal was an issue because went to dentist and didn't show that they were covered. Had renewal card, made a phone call and was found that they were still in the system. It was system glitch.
Didn't pre-pick the doctor, so they said that the doctor was not covered. Once they decided to cancel, pass off to another doctor.
Quality of doctors not so great.
The fact that she had a visit not covered and they were charged full price.

Q46: What types of needed services were not provided? (Follow-up to Did you/your child ever delay or not get care because you could not find or did not know a doctor or other health care provider who accepts CHIP/adultBasic?)

optical exams/ eye exams
Couldn't find a doctor that would take the card
Pediatrician
eyeglasses
primary doctor had trouble finding
Specialist - neurologist
Hard to find doctors
Had to take daughter to doctor that doesn't take adultBasic. Clinic is inconvenient.
took me a while to find doctors, everything was fine once doctor was found
vision
Doctors' not providing quality service, doctor's office was filthy, staff was rude, had to wait over hour and a half to see doctor, examination room was not clean or wiped up.
Not sick kids, need special medication-- not covered. not a maintenance policy, no emergencies
Clinic for back injury - clinic wouldn't call her back and give her an appointment
To get a consultation visit to doctor. When she stated she had CHIP/ called 6/7 doctors.
health care for eyes
Wanted to go to ear nose throat doctor, but could not go to previous doctor because they didn't accept adultBasic. did not like doctor she was sent to
Mammogram, put off other things because of the trouble of qualify of doctors. Thought it was very confusing. Not happy.
neurologist
broke my finger and couldn't find a doctor to help had to drive an hour away
neurologist

flu shots, didn't have flu shots for everyone
eye care
had to bring to private doctor, and had to pay out of pocket
the doctor didn't have me on file so I didn't get to see the doctor that day
anesthesia again
Pediatric neurodevelopmental doctor, dermatologist
no optical or vision coverage
Orthodontist. Also too far away.
finding a pediatric dentist for daughter last year
my old doctor wasn't covered with the program had a hard time finding a new doctor
kidney specialist
Went for physical with a doctor picked for them 35 miles away. Traveled there and doctor wasn't there anymore, as building was up for sale. Called the doctors phone and it was no longer in service. It took 3 months to get that appointment. Drove home and played phone tag and they finally told him the doctor's new phone number - shortly after that CHIP stopped.
when trying to go see a specialist in Philadelphia it wasn't covered they didn't except that insurance , and there was another procedure that I asked permission to get and it wasn't approved so I didn't get it done
Trouble finding orthodontist. Had to travel about 50miles to get one that was accepting patients.
just the problem with the income
looking for a pediatric orthopedist and had to go out of my area to find one
I couldn't get an appointment
DOCTORS WERE TO FAR AWAY
dental
Child broke arm. Only 2 doctors in town. the doctor with the x-ray machine agreed to see him, but the people at CHIP did not ok the visit to this doctor even though doctor # 2 referred him to doctor # 1. Doctor # 2 did not have an x-ray machine. During a really bad winter storm and a lot of roads were closed.
Needed a specialist to remove 2 cysts and could not find one. Called CHIP and no one called back.
eye care
doctors were not accepting the CHIP
glasses and physical
going to the doctor
waiting to find a doctor for something...can't remember
the doctor didn't accept new patients, they're far away, that's why I, he hardly used CHIP because the doctors were too far away, I couldn't afford it
too hard to find specialists

Q47: Based on your experiences, what could have been done to get you/your family to renew your/your child's enrollment in CHIP/adultBasic?

in the future
no grace period
nothing I don't think
don't need it
needed to fill out papers didn't do it
include mental health
send her the renewal forms
She will renew if she looses work insurance. Waiting list is ridiculous.
Going to look into renewal information
she said she was told she was not eligible; they cancelled her coverage
They sent so many letters that I didn't realize the application had come and unfortunately I didn't fill out the paperwork. I also didn't realize my children were dropped from coverage until after the fact.
she tried to reenroll in CHIP but was told she made too little money; not eligible; was sent to public assistance
The income guidelines were way too low - based on today's economy
Mail it a month ahead of disconnection to give plenty of time to get it filled out and mailed back.
Receiving pay stubs from employer.
I thought my employer health insurance would be a better fit more on prescription drugs
No time frame for the kids, especially under 10.
If I would have been able to easily get all of my children enrolled instead of just my oldest. Was transferred back and forth between assistance phone lines trying to get coverage but with no results, which forced me to find a different job that had benefits which was an inconvenience. If not for that I would still enroll.
too old
We chose not to because my husband had employer health insurance.
More information - would have known that coverage was ending, would have renewed in time period
Follow up phone call to verify that additional paperwork was needed.
Forms and the timeline with them - not enough to them in
For me to lose my Job
Need more dentists nearby that except CHIP. Only dentist he knows in Susquehanna county provide inferior care could in good conscience take his kids there. Would be more than willing to go to another county if CHIP would allow it.
Increased the age
Could have given me a grace period on the payment, waiting list to get adultBasic was shorter, I waited two years to get it
I have trouble receiving mail so a phone to me would be very helpful to sign for CHIP.
only thing was the age limit would really like to still be enrolled but the age limit prevents it

I was frustrated with the system and I had a lot on my plate. I also have two kids on CHIP and the double paperwork was a lot to manage. The information was repetitive and it would have been easier if I could filled out the information once for all family members.
would have liked a phone call instead of a letter because respondent too busy with paperwork and gets confused and forgets about it
age limit prevents reenrollment
All set - does not apply
Not so much a problem for adultBasic - that mail was stolen
Unable over 65
giving an extended grace period on late payments
nothing could be done; child is outside the age range for CHIP and ineligible
make ex-wife happy
Already sent in application.
coverage was denied
have to be working to get it and was not working at the time so he could not get it
nothing--now make too much to qualify
Have the cards be functional
65
was able to get insurance through wife assumed no longer qualified
Did not have renewal papers to fill out- mother did.
cover pregnancy
She feels she shouldn’t have to wait so long to get it if she ever does try to get it
tried to renew
NOT DROPPED ME AFTER MISSING A PAYMENT
more time to send payment in
they exceed income- so she did not bother
would have stayed, we are the ones that rejected her, given procedure that program never alerted to liability, wrote letters, never stopped to be told that it wouldn't be covered.
no longer eligible over the age of 18
nothing--they are over age
Tell him he is eligible. He wants it but feels he isn’t eligible
to not assign you to go to AmeriChoice
receive another application
me getting off my but to fill paper work, got to stop pouting
she wanted to continue, but father did not him on CHIP
child has moved--nothing
Let her know she was still eligible
it was good, I just wasn't using it
Ten-day grace period
no one helped her when she called to go over her income
They couldn't keep me in there (there being the database)

nothing- issues with proving income with respondents husband
Reduce waiting period
Cover my son until he graduates from college
Extend benefits until mother is out of college. Until age of ineligibility.
income was to low
Four years to get on program, I don't have another four years to wait for insurance coverage
age limit was the only reason I am not still enrolled
Made enough money to be eligible for CHIP, we made too little money
employer coverage, felt no longer qualified
wish I could have simply called since nothing had changed instead of having to redo all the paperwork
Just an oversight on my part for not sending it in
different billing cycle- being able to come up with the right premium at the right time
if I didn't make as much money as I did
Definitely felt mistreated when calling to try and renew since renewal form came in 2 days prior to due date. During the call he was told that she can't control the mail. Customer service rep (she) had a bad tone. got the impression she had a few calls similar to his
If I get a job I would have re enrolled, didn't like how coverage was discontinued for son as well
Would have if check wasn't lost.
Payments every two to three months instead of once a month
orthodontist coverage
moved for work then came back
a longer grace period after it was expired; I'm self employed and I had to file an extension for taxes for our income verification
Medicare
CHIP hasn't contacted me back
Contacted him that if he had insurance through welfare, that he would have been dropped so he could have had time to cancel welfare insurance so he could get adultBasic.
She wants to renew, but thinks she cant
child too old
I'd renew it now
waiting list
level of income could have been higher
I think they should higher the income level for acceptance
nothing they said I didn't qualify
nothing because she did try to enroll
raise the income level
Doesn't know if child qualifies...no one called to tell her.
Larger selection of doctors that accept adultBasic. Doesn't want to wait for a month in a clinic.
I called twice for an application, was never sent a form
raise the limit of income

getting the right paper work
More doctors that accept CHIP
LOWER THE payment
Once I was given a fax number and a person to attn to. If they had gone through with the paper work we would still be on it.
nothing
was moving
"Once the children reach 18, and they go to college they should still be covered by CHIP, and I'd be willing to pay an additional fee for it"
Been poorer but I think they should start looking into the cutoff is too rigid what about the people making just above the cutoff point.
"get my boss to cooperate with me" she needs her pay stubs/ proof of income
to have known what the income requirements would have been
I want to re enroll with it because for me that is the easiest way, benefits are good for me and my financial status
I would have had to stay poor
Better choice of doctors; don't know why all doctors can't accept.
sent out the paper work
would have to be without insurance
If she would have stayed living with me should have still been on CHIP
nothing able to get through wife work for free
not an option; can't have it over 65
man is too old for the adultBasic
do not treat like trash, cover things everyone else is covering
was transferred by CHIP to another program so not applicable
it takes too long to get enrolled
told we make too much
better prescription plan and dental
Did not know if qualified because unemployed.
Waiting to get back on the waiting list.
orthodontist
if husbands pay goes down because you get free insurance through his employer
Income limits - raised a little bit
not legible due to age
too old for the insurance to be covered
If I was here it would have been renewed
wasn't needed because insurance provided through employer
Gave me an extension on the pay
if they had responded
age 19
so if your provide insurance respondent would get CHIP[

would if didn't have insurance through employer
Competitive with premium and coverage, lifestyle coverage is better with Health America.
DID NOT MAKE THE INCOME REQUIREMENT
didn't know I had been taking off until I went to get medication for my son and had to pay out of pocket
just need to reapply for CHIP
ACCEPTED PAYMENT, AND START THE PAYMENT THE FOLLOWING MONTH
Coordinate the computer so information is correct on all of them. All paperwork is not in one place
CUSTOMER CARE ASSISTANCE
proof of income
She wishes they had a mandated hearing exam for 1st and 2nd graders
a better explanation of what the children were entitled to for coverage
Need to be able to get immediate necessary medical attention with out having to jump through hoops to do it.
if we could not have turned 65
More flexibility with the income verification process. Most of the time gets paid in cash. Sometimes get check and not really any proof. Some send her a 1099 and some clients don't. We usually rely on bank records.
weren't able to go to doctors appointments while living with her aunt
Accept current income instead of past income
Moved to New Jersey.
more convenient if you could pay premium online
Found a doctor who accepted CHIP.
Unable to enroll. made too much money because of job cap or amount cap
quicker response time
if she was working he would be on CHIP
lower income brackets make it more like CHIP guidelines
if need would apply
would have stayed if I wasn't too old to eligible
Husband has job. CHIP insurance was very good, better insurance than insurance thru spouse job.
if she had gotten more info in the mail
nothing, so your husband job covered for insurance
Unemployed and had no income at the time, welfare moved him to a different program.
If I had gotten the papers, you know?
financially ineligible
If I wouldn't have had other hospital insurance, because I know most insurances wouldn't cover me
did not qualify any longer financially
would like to renew enrollment, easier way to pay/ on phone
Customer service rep did not speak nicely to her, never did send renewal application.

Nothing it was just on my side
raise income limits
The CHIP program was a good experience for us and now we no longer are qualified. it was very
still waiting on word back
"I should have never taken my promotion when they sold it" Income limit to be raised
Better communication between clients and representatives of the program. I would like a phone call or something. I haven't received anything stating coverage was over. after sending in payment, over a month went by before notification of reenrollment when reapplied last year
CHIP is an excellent program
that was up to us- didn't receive papers- I don't know
If she qualified she would enroll
would enroll if child could qualify
Get better job.
wouldn’t change anything… she just doesn’t qualify
he moved out/ nothing we could have done
if I had had a better car
Lighten my husband's work load so he could actually get the paperwork filled out--and nothing, son is now 18.
nothing they canceled me
if she hadn't lost your wallet
Didn’t know she could be reenrolled
they could have made it easier by not dropping the kids so many times
extend doctors to Philly, cover mental health and psychiatric care, therapy, prescription coverage
change the income requirements so she could have kept it
loss of insurance due to being laid off
more communication
if I could just renew that would be great
Hadn’t gotten a job I would be still on it, wishes she was still on it!
child is now covered through army
more literature on what they cover
let me go to 21 she's still in school can't see why she can't have health coverage
Nothing. Son has moved out and graduated high school.
No longer needed.
Better communication needed since child does not currently have any coverage.
It was for other reasons such as child turning 18 very soon plus the paperwork was quite substantial.
No longer qualified, salary too high.
Nothing I have health insurance through my employer for my family
more explanation of premium due data
Applying over the phone would work best for me. It would be easier if I did not have to send in so much information.
Payments send out a statement.

should not of paid for what I did and shouldn't have to pay for medicine
Income was too high and spouse has family health insurance.
Confusing process. Was moved into another government plan got a letter one day and another letter a different day. Made follow-up phone calls and got a different answer every time.
Maybe a phone call to help me understand if I am eligible and my children.
Just doctors you do not want to see. Increase the number of doctors that would take Blue Cross or Aetna-- would like to see those types of doctors. Should be no difference. she is older -- want to see /knows students are out of college-- want to go to a doctor and see confidence and does not want to see students, the places she went was that type of place. Unable to ask for a certain doctor, had to take who was their. Want to see the same doctor, always different face. Want to get to know a family doctor.
Have better coverage for healthy people. Only coverage you can get is your annual check up and that’s pretty much it.
nothing
nothing going to reapply
lack of income
would have taken a crisis of some sort, even then I wouldn't be sure if I would have done it again
if they prescribed prescription drugs
nothing
never got the last bill, when I didn't get it I didn't pay it then got kicked off, hesitant for the waiting list, do plan to enroll again
if they could have extended it for college kids--no one was really sure if he would be covered, they told me they would, and then that they would not
get the paperwork sent to her
send me the application on time
I need an application
No grace period with payments, threaten to cut me off. Little longer grace period, that was an issue, wasn't the reason for term. But it was an issue once or twice, maybe a couple days, given the offing.
a warning call before it was cancelled
more money and a better job--I can't say anything negative about the program at all
I’m not sure I know sure there is a waiting list and once your late for a payment then your done so...
"I would need understanding of my specific self employment situation." Understanding that proof of income is sometimes difficult
Bright flashy lights in front of my house so I can remember.
if I would have had other insurance available I would have
I blame my husband
has job with insurance
nothing could have been done because child is too old for program
Accept my late payment
wait until after tax time to ask for income- after April 15th renewal would have been easier

just age limit
If they could reverse their decision and find respondents voided checks, and start automatic deductions.
income limits are too low if you miss the date and if you qualify you may sit on a list for a very long time
Ask for monthly gross income, they are self-employed. its hard to come up including the deductions / because they are self-employed made $70,000 before deduction, and after deductions made $23,000
somebody should have gotten back in touch with her
If I would have made the effort to find out, I probably could have called and asked somebody but I didn't
more doctors that accept adultBasic and more benefits
nothing child's fault
didn't have a job was transitioning jobs and housing
Both paid an individual premium, treated as individuals, when only I needed it they treated me as a couple, so I didn't think that was very fair
Had a problem with a collection agency about a past due bill that was incorrect. It was covered by CHIP when I contacted CHIP for assistance they made promises and never mailed me the information I needed to correct the problem or offered any solutions. the second time I called the read off the information but couldn't mail it and that wasn't satisfactory for the collection agency
nothing because he was not eligible anymore
solution for income process
nothing, child had insurance available
Raise the Age limit
should have just paid the premium and let them deny it
If I could get another job I would
Wanted child to have CHIP but didn't turn out that way; better communication. they have to tell you before they cancel your car insurance never mind your child's health ins; no one told me they cancelled
didn't qualify; wife started working and they got insurance
first CHIP provider lost medical records, then went back for appointment and records were lost
More information about eligibility
lost job
nothing
I think the people that qualify you should be on the same page, everyone had different opinions on whether to qualify or not it seemed like people didn't seem like they understood what qualified you or not, and they could not communicate it well to you. The people answering the phone had different answers. Also they were different answers then when you corresponded by mail. We were on a waiting list for a long time, we had a lot of problems if we were qualified or not, then we were dropped suddenly, and I had doctor's appointments...
The waiting list shouldn't be as long as it is. Should be quicker.
the only thing they don't have is dental

She wished someone called her to tell her she wasn't covered anymore. IF they were going to expire, they should be warned.
easier way to find a different doctor, it was hard to find a doctor that accepts CHIP in my area
doesn't apply to me--not my choice3
had surgery lost job not able to make payments
thought about keeping kids on CHIP, because it was free, but knew it was the wrong because we could get it through my husband
CHIP staff should have called with a warning that the coverage was ending
nothing income is too low and she is now 18
stop playing games with the application - send in the forms - them not getting it every month
Won’t change anything. Doesn’t have money to pay for it.
at the time there was a mix up, my employer thought was going to take over then it never happened, then it lapsed, received notice, called somebody and was told there were no more openings
its not that I didn't want it, it was that my payment was a day late
nothing...she doesn't qualify now and is on her own
dental care and eye care and prescription costs
phone contact from staff
I tried to reenroll but they wouldn't let me, actually sent a payment back to me, [they] couldn't wait to get rid of me!
More hours at work so I can make more money so I can pay the premium.
in the process, trying to go from UPMC to High Mark Keystone
push back the date of acceptance
Could have accepted her. Son received acceptance letter and she did not. No other communication was received regarding her.
my husband would have got a job sooner
A little more explanation about coverage because co-worker with children and same employment insurance was able to keep CHIP and I was told my kids had to get insurance through the work
if they kept it while he was in college and older; pretty sure that he got kicked off at 19
would rather have CHIP, but thought if employer provided insurance I couldn't get CHIP
if my husband and I stayed together
income was to low for CHIP
tell me they were glad about the payment they received and acknowledge the fact that a payment was made; I kept looking for card in the mail and finally I got the card
never received paperwork for renewal
nothing, if welfare hadn't picked it up
nothing
didn't fill out paperwork because I thought I made too much
Service needs to improve because no one there could pinpoint the problem.
I was unaware until you just told me that I am no longer
doesn't qualify any longer

Renewal process could be much more professionally done, and easier, treating everyone like they're a welfare lowlife, like they're dumb, they talked to me like I couldn't speak English
contact people as soon as there is a delay in payment
if I had gotten the papers
a little more time frame for tax forms to be turned in
if needed she would apply
Husband got a job, making more money; adultBasic didn't have a prescription plan which we needed. The only thing we had a problem with was pharmaceuticals. Wish I had investigated before I switched.
if I didn’t have insurance on him already I would have contacted you guys to enroll him
If I would have got a follow up call or a follow up letter I had a lot going on at the time
The income guidelines; we pay almost $1000 a month for health insurance for our family. That’s a lot of money; if we could have it in our home to use for other things that would be nice. if they could higher the income guidelines that would be great
cheaper to go with private insurance and have whole family covered for only a very little bit more; limitations with doctors and the way they are- some of the doctors didn't seem to care; quality wasn't very good
I didn’t have any say so in the deal, the department of welfare switched us, in fact I wanted to stay on CHIP because of dental coverage
nothing
everything was pretty good3
dental coverage didn't cover braces had to pay out pocket
getting the services (MRI) that she needed
I don't know, I had the idea that adultBasic was like auto or home insurance you just pay the premium and your enrolled
they could have worked with me a little better
use braces as a priority and not cosmetic surgery
two jobs not eligible
"if they sent me a bill on time and not give me the run around sending me from state to state"
it was negligence on my part it has nothing to do with CHIP
could have given me a credit for the stuff that I owed due to their not taking out the allotted money on time
allow higher incomes to qualify
just to keep my job (Medicaid)
would come back if I didn't have that
could have sent me the paper
I don't thing it should just go by income, include day care, utilities rent gas
an explanation as to why the program didn't pay their proper amount on the doctor bills
She would have loved to renew insurance. income was lower she would reapply within the guidelines
We have our own plan so the CHIP is no longer necessary
they could have gave me another chance to send the papers in. I called them like 50 times

I have my own employer health plan so at this time I would not need the CHIP program.
If we didn't have insurance I would reapply for CHIP
Shorten the waiting list. waited almost 2 yrs
if they raise the limit on the amount of income
It was applicable we had/have insurance through employer
I started a new job; I had to give my insurance up. I didn't know if the job would last or not, which it did not, so I was without insurance. I wasn't eligible anymore because of my income even though I was there for 7 months total for my job. I wish they would have allowed me to continue in the plan and paid a higher rate. I would have gladly pd $100 a month if they had allowed it. I have medical problems and it was a reason I couldn't end up doing the job and then I had no insurance
to be able to choose my own physician
nothing
nothing
I moved so if I hadn't moved than I would still have adultBasic
no coverage for her period
I shouldn't have been grieving my father and paid attention; it was nothing they did. It would have been nice if you could appeal but they said there was no appeal. They just didn't withdraw the money. I called them pretty quick after I realized what happened but it was final.
wasn't anything, did it through job, opened up two slots for two other kids
an application
if the wait wasn't that long I would have enrolled
don't think I should have been terminated and the customer service representative was extremely rude and even though I had made the payment I would have to reenroll
I did send in the renewal application; however, have not heard anything back thus far.
Sent renewal form in but did not get confirmation of coverage. found out their was no coverage when bill was received from doctor
process itself, if wife hadn't had opportunity to take advantage of teaching
have it continue until she's 21
If my husband or myself had no health insurance offered through our work place
grace period for payment
I would still like to have adultBasic but not sure I'm eligible.
nothing it was my fault I didn't get the paperwork in in time
If I knew where doctors were that were close to my area.
if I hadn't gotten insurance at work
child is 19
accept my application--I was bringing home gross 800 a month for numerous years, the mortgage is 922 dollars a month, you're living off credit cards, if they could somehow just let you get back on your feet a little bit. Working part time, we didn't pay our taxes, I owe the IRS now, I have medical bills that still have to be paid, and they had interest on it and all that stuff. They should look into what you've gotten into within the past few years, just because I make more doesn't mean I have more to spend. They should look into that.

they could have let us know we needed or we able to enroll
Give me an extension, give me some time to show proof of income
had nothing to do with adultBasic; got laid off from job and they were the ones paying for coverage
I'm not sure I am eligible for both Medicare and adultBasic.
Had to go through the county first to get a rejection notice
they would cover prescriptions
Be able to do it without the waiting period and the costs. for the costs of the [premium
I wasn't getting my payments in on time and they discontinued my service; however, I would like to have the benefits if eligible.
didn't need to be on it anymore; didn't have to use it; have other health insurance coverage and don't think she would qualify now
If I got mailed out another bill I guess
My income went up which made me ineligible.
nothing
I sent in the application and am waiting for the health insurance to kick in.
Waiting list 2yrs. Self employed difficult to prove income. Works as a subcontractor and gets paid by the job. Does not receive paystubs do not know income until doing taxes. would not accept anything other then a check stub or government paper
clearly state on top of paperwork that it is a renewal form
I need coverage for medications; my medicines cost too much money
I don’t know
More or less children were not eligible any longer because they had to switch to gateway.
I would continue if it was able to (but covered by another source)
nothing I could do because he was 19
Could have told him what he needed to renew it. Could have told him what ever happened after he sent in the renewal form. could have let him know if he still had CHIP or not
nothing--currently ineligible
nothing except filling out application and waiting a year
We have family plan for health insurance through employer this is why we didn't re-enroll
could have sent in my paperwork
if they got dental
more time for renewal
Too old not eligible.
check my address and send the form
nothing--ineligible
If they would extend the age limit then I would still be in there because I was very satisfied with it
Child over age limit not eligible.
too difficult to get proof of income when self employed
If it would have kept son on until he finished school or expanded through college.
Better communication. Come up with a better packet or a separate packet for self employed

people.
circumstances changed; someone needed to call me back as soon as possible- I didn't get any feedback when I needed it
having trouble with the whole financial end of it; we would definitely enroll again we're just having a bit of issues with the proof of income
The timeline is too long the waiting list.
income increased
nothing; income level went up
if I had the money to pay the premium
If I hadn't called in to check on something I would never have found out that I had misfiled my paper work and with out informing me of how to fix the error they were just going to drop my coverage. If you miss one payment the drop you it is ridiculous people who are on this program are on it because they are financially stressed you should revamp the system and either access a late fee or give an extended grace period instead of just ending coverage.
nothing- can reenroll again now
Update people more often on their status on the waiting list instead me having to call them. Make sure when people are transferring from medical assistance be sure they are actually doing the paper work.
I called so I can renew but I haven't received a phone call back yet
waiting list
nothing- it wasn't anything CHIP did, it was a family emergency I had
would if I could- don't qualify
If she hadn't forgotten to pay it or if she got the bill. Doesn't know if she didn't get the bill
Wasn’t bad to enroll just upset about the way that they billed. and there was no grace period on payments if your late they bump you off
if I had the child support forms I could have done it
They would have let me triple my payment, or send a reminder that I had to pay. they gave me a number to appeal, but they just said no
nothing wants to reenlist
no longer qualify
I would have enrolled if we didn't have other
kept him on list and not just cut him off when he didn't pay the premium
if just dental could be covered
didn’t know she could or should
nothing...they would have kept it if he was eligible
resubmit money order
nothing too old
nothing
Nothing...they moved
Doctors said he wasn't covered when he was. So now she has to pay a 70 dollar out of pocket bill when she thought he was covered.
No longer eligible due to age.

simplify the application
If I would have qualified financially
We need to show proof of SSA card; however, don't have Birth certificate to get a new SSA card.
earned too much money to qualify
I just needed more time for income forms
I would still have the insurance
Could have just let me go on instead of making me go on welfare, I actually sat here and cried and then just said it screw it - also, difficult to switch from CHIP to adultBasic
never received renewal form
Nothing - age limited
nothing , didn't qualify
no just over the age limit
Give me another break, get another way to prove that, because that was only the problem
eligibility to qualify income limits
When it was time for renewal, was eligible for Medicaid, only covered for a month. CHIP coverage ended before coverage was stated to end and had to pay out of pocket for prescriptions
Increase the amount of doctors that were available, increase coverage for Novocain and stuff like that, pain relief, that would do a good deal
If I could do it over the phone it would be easier
Shorter time to accept - couldn't wait another two years to be honest with you
send renewal forms out on time
19 yrs old
If my husband didn't have insurance or me
nothing...they moved
would renew it right away
the economy if it was different
covered by Amerihealth
fill out the paper work
nothing--moved out of state
Debit from her bank account and make one price per family so there doesn't have to be 4 separate checks.
nothing not the payments
I spoke to them about the money in my account and they took the money in my account, I didn't receive any bills then they said I owed a lot a money- I never received the bills
more time and take the payments out of my savings account
tell me there was a website
when I applied for CHIP I put my name in on the list and never heard any thing from them
"Someone can open the mail" She can't figure out why no one has received her mail.
just because he was turned 19
nothing different they misplaced renewal papers
nothing- I didn't like the program

suddenly has Medicare
if I didn't have insurance through employer
just easier to go through work and be done with it
I think, it sounds stupid, but even a phone call; this was our first time having to have any of this and I didn't realize it was an annual thing. but I do recall getting envelopes but I didn't open any of them because of the time frame
Someone should have told her it wasn't there.
if I didn't have insurance through employer, when part time at job wasn't able to enroll until I became fulltime
More information on financial end, how much to keep CHIP. The income caps. Wasn't easy to find information. Feeling around in the dark. The requirements. This income you qualify for this.
send a reminder that form is due
Could've accepted payment that they had.
nothing she's too old
needed to have a little more income coming in, either being without gas or being without HI, had to choose one
nothing...they moved out of state
my son was too old
PAYCHECK NOT IN ON TIME DID NOY ALLOW ME TO MAKE PAYMENT ON TIME
When they go to college keep them enrolled until they aren't in college any more. I had very good customer service based on my calls I even had some one call me after hours just to make sure things were going good I was very satisfied with the staff
needed application never got one
I think that I just changed my address
free before I got married, once I got married the premiums were such that it made more sense to put them on her insurance
Notification of some kind that says she needs to renew her child.
nothing going to try and reenroll
not to be on the waiting list since I had it to automatically get it again
never got the forms...figured child was no longer eligible
cover the child or have a program that covers kids till there 22
I don't tough to say to, I knew I was turning 65, playing Russian roulette for a bit, I felt as though they were looking for and excuse to get rid of customers. I always thought they were putting in a scare tactic. Right then and there I said forget it.
if the income was lowered
extend the age
Longer registration period/time. longer renewal period
"A call or something. I was just misinformed"
doesn't make enough doesn't apply
Would have done it immediately if child had not moved. A lot of the prescriptions doctors prescribed were not covered under CHIP, and would ask for the doctor to write a different brand so it would be covered

I didn't know I needed to; never got the letter
I've already sent in the renewal form so I would like to continue having CHIP.
going to try to reapply
doesn't apply to me
if I had a lower income then I would probably go back on it
If I lose my job that I have now.
one person to follow the application so there is continuity and it can be found that there are pieces missing
nothing
Confused about when the papers came out; did not [know] if child eligible or ineligible. make it more clear
making sure my payments were received
if I paid attention to the mail
if she had been a little younger we would have reenrolled
send a letter or application
if my son was younger; because he wasn't qualified for CHIP I wasn't able to continue with my coverage so neither of us are covered anymore
They could not have charged me for insurance I didn't have. I would have stayed with it
Get them to speed up the process of enrollment. Better training for customer service, and put on hold for up to 12 minutes.
Offer prescription coverage. have more options
if my 19 year old child who is a student could have been enrolled or if I could claim her as a depend in my household- if she could have been covered until she was no longer a student
Would definably have reenrolled if didn't get the Medicaid.
NOTHING
coverage for out of state students
information unclear didn’t know what info he needed
nothing, we were looking to move
renewal form did not go through online
need assistance in filling out paperwork
"The co pays for the pharmacy and to the doctor would cost up to 60-100 dollars more a month plus I lost 94 dollars of my disability income because she turned 18. I had to charge her medications on a charge card at 18% interest. I ended up filing bankruptcy."
money issue
nothing my car accident affected it
Easier to pay. Allow her to pay online.
nothing
son doesn’t qualify
doesn’t qualify
if I wouldn't have had a better job
Income was too much to qualify.
send people the renewal form

I have sent in the paperwork recently to re-enroll.
nothing, is going to be reenrolling
only to have people to help fill out the application
just misplaced renewal form
Using gross income to determine eligibility is unfair. Should go by what's left after you have paid everything. mortgage etc
got kicked off when she turned sixty five
having some income
expand to dental and prescriptions
Anything wife's coverage did not cover. CHIP would have covered but would have had to pay a monthly premium.
A phone-call more info on daughter's coverage. Would very much like to continue enrollment.
Reminder like a phone call reminding me to fill out paperwork and get it in soon.
nothing because child is too old to qualify
waiting time
I would have reenrolled if didn't get insurance through employer
Nothing; I've done everything I'm supposed to do.
Something could have been done in the way of communication in regard of income discrepancy. No longer eligible due to low income.
receiving an enrollment form
higher the income ratio as far as money goes it towards home mortgage and if you make too much money you can't apply for CHIP
increase the age limit
No booklets or information provided by CHIP as far as directories etc. No grace periods. you miss the renewal you are out of luck
It's on my part - procrastinating and thinking I was going to be get affordable health care through my employer
too old to be eligible
County assistance office needs to step it up a notch - to put it politely they suck. I've made multiple phone calls and nobody.
Nothing he was just too old
probably would have enrolled, work provided it so decided to get off government
I didn't even have a choice to get back on CHIP or not
just talk to customer service
Not sure if eligible.
work part-time and salary is up and down
Not sure if moving, in situation playing basketball messed up finger. If I thought I was staying, I would have kept it
proof of income
Have a need. does not think he is eligible

Not qualified due to income, felt her doctors treated her very well, did not like the staff -- in the office- felt like a second staff citizens-- this is by workers in the office not the doctors. This is the staff that work in the office. Gave her attitude. The care from the doctors was very good.
I sent in the renewal application two weeks ago.
Weren't sure if you are still eligible.
would like to try again, cancelled kids on state funded kids--welfare had too keep them on the Access plan and no other type of insurance
clearer mention of how much money a person can make
nothing
"be more proficient with the forms on proof of reliability"
more consistency, need better customer service
sent out the forms
nothing...child is too old
nothing, child is to old
receive the paper work from me, was sent in but they did not receive
child moved out of state and lives with his uncle...so they would change nothing
forgot to send in paperwork
Income guidelines were very unrealistic
could have resolved issue about termination, papers were filed online and on time and I was rejected
send renewal forms
pay the claims that were submitted on the coverage
follow-up on qualifications, income wise would be helpful
accept renewal form from another family member, parent was hospitalized
child is of age
child doesn't qualify
send application
send another form
To have someone come out fill out the forms for me.
nothing really, it was my fault
nothing...too old
"When you don't have any income, you don't meet the guidelines. They shouldn't cancel the CHIP until the other insurance kicks in"
send them an application to renew
"make him younger, he is too old" child doesn't qualify
make it easier to reapply if you are a business owner
Having an on-line appeal form, providing a person who I could have appealed to, basic human contact might help
they could have sent me the paperwork
Income qualifications
if I thought I still needed it

They need to redo the CHIP program to needs of the families. My daughter was on CHIP and getting orthodontia thru dentist and when my two sons went to college, they dropped my daughter. Need to reevaluate family status before handing out care.
I wanted to keep them in CHIP but once my ex husband got his job we weren't eligible anymore because of his income.
They could have been more fair with me about giving me a week extension to get my money in. They should allow everyone a week to ten days to get their payment in especially when you are living on a fixed income.
simplification over all, and communication between Medicaid and CHIP
he was just too old; I enrolled my younger daughter and she's still enrolled
phone call
extend the age past 19
nothing - too old
Charge a fair market price for it. It only seems to be fair. A program has to be worth at least 300 a month. It's just not fair to whoever is footing that bill. People who aren't receiving these benefits are paying these bills. It's not fair. Redistribution of wealth... it’s not fair. I'm an able bodied worker...its one thing if I was disabled, but it makes me not want to work. It was fair at 200 bucks a month when I first enrolled.
nothing
nothing
make too much
the paperwork never got to them because my father tampers with the mail
nothing different, I forgot
child aged out
If I had custody, would continue with CHIP.
CHIP sends information to Medicaid but Medicaid doesn’t send information to CHIP. Communication between these two.
If husbands job didn’t provide it.
Post payments when cashed and made accessible to any rep that individual came in contact with so that they can see the payments were made on the account.
never had it
feedback and correspondence
If the dept of welfare told me I qualified for adultBasic I would have enrolled again. I don't know if I would qualify.
Helped me continue with my unemployment. A refund on pre-paid months would be nice
Keeping paper trail. Making it easier to renew. cut the red tape
notification that paperwork needs to be sent in.
needed paystubs and had to wait 3 months
nothing...moved out of state
Start a program in New Jersey.
Would reenroll, but have to wait 6 months in order to do so.
extend the age beyond 19

Could have let her know about the CHIP program sooner before she got insurance through work.
If they would have only let me renew for the period I needed to renew for.
shorter timeframe to get the coverage
Make the paperwork process more efficient
The month that she was double billed, the program should have rolled-over the extra payment because they were not able to pay the premium the next month.
Nothing his child is his nephew who moved out of state and is no longer eligible (too old).
I just need to fill the application out and wait to hear
If they had not caused me problems, I would have stayed on the policy. Every bill I got had a threatening and intimidating notice on it saying that if I was one day late I would get cancelled. I didn't call to cancel it as I would with anything else in my life. They wouldn't let me pay up and continue that coverage when I lost my job and tried to go back to adultBasic. The accounts were delinquent but open. It took me 6 months of phone calls. Because this wasn't closed, it screwed up my coverage on my private policy. I called many times to complain
send another form
Send forms.
A phone call for a reminder to tell them that the services were ending and that they would need to be renewed.
Better communication. Make the application process simpler. If they hadn't messed up in the first place, then she would still be on the program.
Make the proof of income process easier.
"If they would have called me I would have been able to do that on time and stuff."
If income qualifications changed she would join.
send me the correct paperwork
Correspondence.
needs an application sent
Better communications in regards to me having to renew
I just forgot about it
cover the anesthesia
nothing
"I could have received the paperwork, and someone should have called ahead of time to let me know to look for something in the mail."
she needs to send her renewal paperwork in on time
Make the renewal process every two years instead of every year.
aged out
A new application.
Need better communication when I call.
More communication
I feel the staff needs more compassion for people

INS00: Is your child currently covered by ANY type of health insurance? (Asked of CHIP respondents)

through husbands union
Geisinger
Amerihealth and Delta Dental
Amerihealth
Private on own pay out of pocket
welfare UPMC for kids
medical assistance
medical asst. through UPMC
through college
through the asst office
AmeriChoice
Delta Dental and house America
Through his church
UMWA funds -- through Union. Employer went bankrupt, retirement benefit
Gateway
Through the school, but only during school hours
all three of us are covered through gateway
Every time I called every one was very helpful and the program was great.
Program through daughter's school
private through school
through the state, health partners
Mercy, through dept of healthcare
through another government program
blue shield
PPO Blue -Blue Cross Blue Shield program
keystone Mercy
blue cross
access 3
medical assistance
Son is currently insured through employer. daughter does not have any coverage
unison
Gateway
south central preferred, welstance select
medical assistance
Keystone Mercy
medical card, Medicaid, like Gateway
Cigna open Access plus plan
gateway program through the state

Keystone through the welfare program temporarily
Geisinger
don’t' remember what type
upn c4u
health insurance through fathers company
Amerihealth
health partners
union type through husbands employer
gateway
medical assistance, access
gateway program; not sure if this is Medicaid or not
Highmark w/Blue Cross and Blue Shield, out of her pocket
unison
Keystone Mercy
health partners and American choice
access - welfare
Unison
"Rather not say"
medical assistance
he thinks maybe access
Gateway

INS02: Are you currently covered by ANY type of health insurance?

united food and commercial workers
Blue Cross Blue Shield of NC
Geisinger
Amerihealth and Delta Dental
Amerihealth
Aetna program
no insurance yet; new coverage thru employer begins November 1st
private insurance on own pay out of pocket
Mega NASE
going through cobra kids somewhere else
Keystone insurance
government type insurance for pills
unison AB
Welfare - "Health Partners"
Keystone 65
just dental

Bravo by Elder Health
Blue Cross Blue Shield
AmeriChoice
OBTAINED THRU CHURCH
RETIREMENT BENEFIT RECEIVED AT AGE 55,
HEALTH AMERICA
Freedom Blue for supplement
UPMC through employer
UPMC
access card
umanor
Blue Shield
Blue Cross Blue Shield like the children
Amerihealth
Well-Span select
gateway as well
tri care through the government
Amerihealth through welfare
Security blue
through school as well
freed advantage
Aetna
Thinks it is part of the Access program.
Gateway- through the department of welfare
PPO Blue
late husbands factory insurance
Highmark Blue Cross
Keystone Mercy
Blue Cross as well
access
ins for only for women and only covers twice a year for ob/gyn visits (she doesn't know what it's called)
medical assistance
public assistance, unison
I don't know I enrolled in Cigna but I have yot discovers
medical assistance
Mercy Health and Mercy
UPMC
Etna
Geisinger medical plan
Cigna open Access plan

Geisinger
pays out of pocket
UPMC for Life
not sure the name
Blue Cross Blue Shield
UPMC program for life
medical assistance
union through husbands employer
pay out of pocket
Keystone, Blue Cross
through husbands employer
Blue Cross first priority
unison advantage
Blue Cross Blue Shield
unison
Keystone Mercy
Keystone
Access - Welfare
Bravo health
PPO Blue
Gateway
Help plus