THE CHARACTERISTICS OF PERSONS REPORTING STATE CHILDREN'S HEALTH INSURANCE PROGRAM COVERAGE IN THE MARCH 2001 CURRENT POPULATION SURVEY

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Abstract

In March 2001, new questions were added to the Current Population Survey (CPS) battery of health insurance questions. The questions dealt specifically with coverage through the State Children=s Health Insurance Program (SCHIP). Prior to March 2002, this coverage was reported, along with other types of coverage, in a question on Aother@ types of health insurance coverage. The Census Bureau=s estimates of health insurance coverage from the March 2001 CPS, released last September, included coverage reported in response to these questions, and the edited variables based on these questions included on the CPS microdata file also released last September. However, because of the confusion many respondents have about their source of public health insurance coverage, and because the questions were not asked of all households in the CPS with children, it is not clear whether the variables on the CPS public use file are reliable as SCHIP coverage indicators. The purpose of this paper is to examine the characteristics of persons who reported SCHIP coverage in the March 2001 CPS, and to compare the CPS estimates of SCHIP coverage with administrative figures, in order to evaluate the reliability of the CPS variables as SCHIP coverage indicators.

BACKGROUND

In March 2001, for the first time, the March Supplement to the Current Population Survey (CPS) added new questions about health insurance coverage under the State Children=s Health Insurance Program (SCHIP). This program, established through the Balanced Budget Act of 1997, provided new funds to states to expand health insurance coverage to uninsured low-income children. States were given the option of extending child coverage by developing a separate child health program, expanding Medicaid, or using a combination of both approaches.

In the years prior to March 2001, coverage under this program was included, but there was no separate question. Rather, coverage under this program was included as one of the types of coverage to be reported in a question on Aother@ types of health insurance coverage. The question, which has been in the March CPS since 1995, is below (prior to the enactment of SCHIP in 1997, the question referred to the various state health programs that preceded SCHIP):

> *Other than the plans I have already talked about, during (year), was anyone in this household covered by a health insurance plan (such as the (fill specified state-specific program name(s)) plan or any other type of plan/of any other type)?*

The state-specific program names consisted of any non-Medicaid public health insurance plan offered by that state. So, as states began to enact separate SCHIP programs, the state fill names were updated to include these new programs. The result was that in some states, 3, 4, or even 5 separate state programs were read to the respondent as part of this question. Thus, over time, the question was growing more and more unwieldy, partially because of the proliferation of SCHIP Programs. It was soon apparent that research into a separate SCHIP question would be a good investment of CPS research resources.

In the spring of 2000, as part of the testing of possible questionnaire changes for the March 2001 CPS, questions about SCHIP coverage were tested, and the questions tested well enough that the questions were proposed for inclusion, and subsequently the proposal to add these questions was approved (Loomis 2000).

The question that was accepted for inclusion for the March 2001 CPS, and was also used for the March 2002 CPS, is below:

> *In (state), the (fill in state CHIP program name(s)) program (also) helps families get health insurance for CHILDREN. (Just to be sure,) Were any of the children in this household covered by that program?*
>
> > *READ IF NECESSARY: (fill state CHIP program name) is the name of (state=s) CHIP program. It is the same as the Children=s Health Insurance Program, which helps pay for children=s health care.*

If the household responded Ayes@ to this question, a follow-up question asked which children were covered. As the question wording makes clear, this is not a stand-alone health insurance question. It is only asked of households in which one or more children did not report coverage through Medicaid (which is the question directly preceding the SCHIP coverage question). So the household question is, in effect, a Medicaid follow-up question that gives households in which not all children were covered by Medicaid an opportunity to report SCHIP coverage. The reason for skipping households in which all children reported Medicaid coverage from this question was to reduce the amount of additional respondent burden.

Thus, it is important for all those who wish to use the items based on these questions for analysis (on the March CPS public use file, for example) to know that not every household in the CPS was asked these questions about SCHIP coverage. So there would be legitimate cases in which a respondent may have reported SCHIP coverage (for example, in a household in which the children were covered by

Medicaid for part of the year and SCHIP for another part of the year) but would have skipped over the SCHIP questions if the household responded that all children were covered by Medicaid. For this reason, it is important for researchers to realize that these items may have serious limitations as SCHIP coverage indicators.

It is also important to point out that with the proliferation of state health insurance plans and the Ablurring@ of private and public coverage and the Ablurring@ of types of public coverage (for example, in some states a respondent would have no real way of knowing whether their coverage was funded through Medicaid funds or SCHIP funds), it has over the years become increasingly harder for respondents to accurately report the source of their insurance.

The aim of this paper is to examine the number of persons reporting coverage in response to these new questions, both nationally and by state, and to examine the characteristics of those who report coverage in order to give potential users a clue as to how accurately these questions actually pick up SCHIP coverage. Finally, through the use of administrative estimates of SCHIP coverage by state, the paper will attempt to examine the effect of different types of SCHIP designs (for example, some states set up separate plans distinct from Medicaid and in some states the SCHIP and Medicaid Programs share program names) on the reporting of SCHIP coverage on the CPS.

SURVEY RESULTS

In March 2001**,** based on the questions above, SCHIP coverage distinct from Medicaid coverage was reported for 2.3 million children in the U.S. The CPS national figures are shown in Table 1. The figures in this table show that the characteristics of the persons who report SCHIP coverage are reasonably consistent with children covered by Medicaid, another means-tested health program. Compared to all children, SCHIP-covered children, as expected, are different, particularly with regard to economic status. SCHIP-covered children are, on average, younger than all children under 19 (specifically, a higher percentage of SCHIP-covered children were 3 to 5 and 6 to 11 years old and a smaller percentage were between the ages of 12 and 18). In addition, SCHIP-covered children were more likely to be Black or Hispanic, compared to all children, while a smaller percentage were White and non-Hispanic White. The percentage of SCHIP-covered children that were Hispanic (29 percent) was almost twice as high as the percentage of all children that were Hispanic (17 percent).

As would be expected, household income accounts for the largest differences between all children and SCHIP-covered children. For example, the percentage of SCHIP-covered children living in households with incomes under $25,000 (39 percent) was 81 percent higher than the percentage of all children in that income category (21 percent). And only 4 percent of SCHIP-covered children lived in households with incomes of $75,000 or more. The comparable figure for all children was 29 percent.

For some analysts, adding the SCHIP questions to the March CPS has raised the question of whether or not the results could provide reasonably reliable state-level estimates of the number of children

covered by health insurance through the SCHIP. This issue is addressed in Table 2, which compares CPS estimates from the SCHIP questions to administrative enrollment figures by state. The SCHIP enrollment figures by program type are based on data submitted by states in the Statistical Enrollment Data System (SEDS) and maintained by the Centers for Medicare and Medicaid Services (CMS). CMS defines enrollment as the unduplicated number of children signed up for SCHIP coverage at any time in the federal fiscal year, which for 2000 ran from October 1, 1999 through September 30, 2000. It is important to note that the CPS estimates in the table are based on the calendar year 2000, so the two time periods are not directly comparable.

Because the SCHIP questions were designed as Medicaid follow-up questions and not to try to capture all SCHIP coverage, we do not recommend using the new questions to estimate state SCHIP coverage rates, but rather as an additional component of public health insurance coverage. The results shown in Table 2 comparing the total SCHIP enrollment figure to the CPS estimates for the SCHIP questions lend support to this view. First, comparing totals at the national level, the official enrollment number is notably higher than the CPS estimate --
3.3 million compared to 2.3 million. Then, looking at the state level, there is a wide range of differences between state SCHIP enrollment numbers and the CPS state estimates. For example, at one end the CPS estimate for New York is 288,000 and falls well below the official enrollment figure of 769,000. At the other extreme, the CPS estimate for Washington is 86,000 and is far higher than the enrollment figure of 3,000.

Table 2 also examines whether differences in the designs of state programs might affect the reporting of SCHIP coverage through the new questions. By way of background, some states used their SCHIP funding to create new programs entirely separate from their existing Medicaid programs, some states merely used their funding to expand coverage under their Medicaid programs, and still other states did both. We anticipated that respondents enrolled in separate children's programs would be more likely to report they are in SCHIP versus Medicaid than respondents enrolled in a Medicaid expansion program. A major reason for this is that the SCHIP questions (as shown previously) make use of the SCHIP program names, and they directly follow the questions on Medicaid. So for Medicaid expansion states (where there is no separate SCHIP program), the Medicaid and SCHIP questions refer to the same program names. Thus, we would expect fewer people reporting SCHIP coverage in these states, compared to administrative totals.

The table shows evidence of this at the national level, as the CPS estimate of SCHIP coverage (2.3 million) is roughly equal to the administrative enrollment figure of 2.3 million children who were covered through separate children=s programs. Excluding Acombination@ states (that had both separate programs and Medicaid expansions), there is some evidence that, overall, reporting of SCHIP coverage is somewhat better in the 15 states with separate programs than in the 17 Medicaid expansion states. Overall, among states with separate programs, the CPS picked up around 81 percent of the total number of people covered according to CMS administrative totals, somewhat higher than the comparable figure among Medicaid expansion states of 62 percent. However, at the individual state

level, the findings are mixed. Based only on our preliminary analysis, there is little indication that respondents enrolled in separate programs were more likely to report they are in SCHIP than respondents in Medicaid expansion programs. In looking at some of the states with the largest populations, there is a wide range of differences between state CPS estimates and state enrollment numbers for separate children's programs. For example, for New York the CPS estimate is 476,000 below the CMS enrollment figure for separate programs, while at the other end of the spectrum for Texas the CPS estimate is 92,000 above the official enrollment figure.

Based on our comparison of CPS estimates to official enrollment figures and the variability inherent in single-year, small-sample estimates, we caution against using single-year CPS data from the SCHIP questions to estimate the number of children who were covered by SCHIP at the state level.

Another limitation associated with using CPS data to estimate the number of children covered by SCHIP at the state level is the lack of child weighting controls on the CPS at the state level. For March 2001 and prior years, the only state weighting control employed by the CPS was for persons 16 years old and over. Thus, the CPS estimate of the total number of children in a particular state could vary quite a bit from the official population estimates of the number of total children in that state. As of the March 2002 CPS, this limitation will no longer exist, as child population state controls have been added to the March CPS processing system.

Because our analysis is only a preliminary one, we can offer some suggestions for analysts interested in doing more detailed analyses of results from the SCHIP questions. It is important to point out that once we have collected data from the SCHIP questions for additional years, it will be possible to calculate multi-year estimates that should be more reliable and that will more closely reflect actual participation rates. Consequently, the expected pattern that CPS figures will be closer to total SCHIP administrative enrollment figures in states where there is a separate and distinct SCHIP program (as opposed to Medicaid expansion states) will become stronger as we collect and combine more years of CPS data. For analysts interested in possible links between a particular state's SCHIP program and results from the SCHIP questions, we recommend examining unweighted numbers first to ascertain whether there is enough sample to do the analysis. For example, the Census Bureau does not publish summary measures based on weighted universes of less than 75,000, which translates to roughly 35-40 sample cases.

We also suggest considering additional state program factors that may affect what people know about their state's SCHIP and thus how they report participation. For example, some factors that may affect public knowledge about SCHIP include program maturity (how long the program has been running), program promotion (how the state has publicized their SCHIP program), and the level of program coordination between Medicaid and SCHIP. In addition, the March 2002 CPS public use file will be available in September 2002, and using a combined 2001-2002 file will certainly reduce the effect of sampling error on any analysis using these variables.

CONCLUSIONS

In March 2001, the Census Bureau added separate questions to the March CPS on SCHIP coverage. While the questions were not designed to come up with a complete count of persons with this type of coverage, CPS analysts may have a use for the results of these questions when using CPS data files for research. In order to help researchers who may wish to use these items, this paper examined the characteristics of recipients and compared the results, both nationally and by state, to administrative estimates of SCHIP enrollment. Some major findings are summarized below:

- There were 2.3 million people who reported SCHIP coverage in the March 2001 CPS. Examining their characteristics showed that covered children were more likely to be younger, more likely to be Black or Hispanic, and more likely to be in families with low incomes than non-covered children.

- When compared to administrative estimates, the 2.3 million estimate of the number of children covered by SCHIP was substantially below the administrative enrollment figure of 3.3 million, but virtually identical to the administrative estimate of the number of persons covered by separate SCHIP state programs.

- While the national CPS figures (at least compared to administrative estimates of those enrolled in separate SCHIP programs) appear to be good, a state-by-state analysis showed that the expected relationship between CPS reporting and type of SCHIP program (separate programs states versus Medicaid expansion states) did not appear to be very strong, at least according to a preliminary analysis.

- Researchers who wish to use the SCHIP variables from the March CPS public use microdata file should take these findings into account when using these variables and exercise caution when drawing conclusions, either at the national or state level.

Obviously, this was a very preliminary analysis, based on one year of CPS data. So beyond the substantial sampling error limitations (which will be mitigated as time goes on and one can combine years of CPS data), knowledge about specific states (of how long the program has been in existence, how the program is publicized, etc.) is important to answer the question of why the data were (or were not) close to the administrative enrollment estimates in those states. Hopefully this study will at least serve as a starting point (and as a cautionary note) for those who wish to examine estimates in particular states. Also, another obvious extension of this work, given the fact that many states used SCHIP funding to expand Medicaid eligibility, is to examine how the combined administrative Medicaid and SCHIP enrollment figures compare to the CPS estimates of the number of children covered by Medicaid in those states.

REFERENCES

Loomis, Laura, AReport on Cognitive Interview Research Results for Questions on Welfare Reform Benefits and Government Health Insurance for the March 2001 Income Supplement to the CPS,@ Internal Census Bureau Memorandum, June 25, 2000.

Table 1: Characteristics of Children Under 19 with Reported SCHIP Coverage in the March 2001 CPS, Compared to Children Covered by Medicaid and all Children Under 19 (Numbers in Thousands)

Characteristic	Covered by SCHIP		Covered by Medicaid		All Children	
	Number	Percent	Number	Percent	Number	Percent
Total	2,253	100.0	15,243	100.0	76,610	100.0
Sex:						
Male	1,130	50.2	7,820	51.3	39,225	51.2
Female	1,123	49.8	7,423	48.7	37,386	48.8
Age:						
Under 3	354	15.7	3,133	20.6	11,868	15.5
3-5	396	17.6	2,601	17.1	11,799	15.4
6-11	877	38.9	5,111	33.5	24,818	32.4
12-18	626	27.8	4,399	28.9	28,125	36.7
Race/Hispanic[1] Origin:						
White	1,572	69.8	9,994	65.6	59,988	78.3
Non-Hispanic	953	42.3	6,242	40.9	48,017	62.7
Black	475	21.1	4,239	27.8	12,193	15.9
Asian and Pacific Islander	162	7.2	629	4.1	3,342	4.4
Hispanic origin	659	29.3	4,029	26.4	12,644	16.5
Household Income:						
Under $25,000	868	38.5	8,586	56.3	16,320	21.3
$25,000-$49,999	998	44.3	4,403	28.9	20,787	27.1
$50,000-$74,999	288	12.8	1,434	9.4	17,171	22.4
$75,000 and higher	99	4.4	819	5.4	22,333	29.2

[1] People of Hispanic origin may be of any race.

Source: U.S. Census Bureau, Current Population Survey, March 2001

Table 2. SCHIP Enrollment for Federal Fiscal Year (FFY) 2000 and Current Population Survey* SCHIP Estimates for Calendar Year (CY) 2000, by State.
(Numbers in thousands.)

State and Program Type	FFY 2000 Enrollment** (Number of Children Ever Enrolled During Year)			CPS CY 2000 Estimate***	Difference between CPS and Separate Children's Program	Difference between CPS and Medicaid Expansion Program
	Separate Children's Program	Medicaid Expansion Program	Total SCHIP Enrollment			
TOTAL	2325	1009	3334	2253	-72	1244
Alabama (C)	38	NR	38	40	2	NR
Alaska (M)		13	13	27		14
Arizona (S)	61		61	39	-22	
Arkansas (M)		2	2	9		7
California (C)	429	49	478	239	-190	190
Colorado (S)	35		35	19	-16	
Connecticut (C)	10	9	19	60	50	51
Delaware (S)	4		4	5	1	
Dist. of Columbia (M)		2	2	0		-2
Florida (C)	201	26	227	236	35	210
Georgia (S)	121		121	52	-69	
Hawaii (M)		2	2	11		9
Idaho (M)		12	12	6		-6
Illinois (C)	18	45	63	100	82	55
Indiana (C)	NR	44	44	0	NR	-44
Iowa (C)	9	11	20	11	2	0
Kansas (S)	26		26	14	-12	
Kentucky (C)	14	41	56	71	57	30
Louisiana (M)		50	50	63		13
Maine (C)	9	14	23	4	-5	-10
Maryland (M)		93	93	44		-49
Massachusetts (C)	40	73	113	21	-19	-52
Michigan (C)	21	16	37	38	17	22
Minnesota (M)		0	0	12		12
Mississippi (C)	8	12	20	18	10	6
Missouri (M)		74	74	36		-38
Montana (S)	8		8	9	1	
Nebraska (M)		11	11	9		-2
Nevada (S)	16		16	32	16	
New Hampshire (C)	4	0	4	4	0	4
New Jersey (C)	50	39	89	82	32	43
New Mexico (M)		6	6	14		8
New York (C)	764	5	769	288	-476	283
North Carolina (S)	104		104	28	-76	
North Dakota (C)	2	0	3	3	1	3
Ohio (M)		111	111	19		-92
Oklahoma (M)		58	58	33		-25
Oregon (S)	37		37	15	-22	
Pennsylvania (S)	120		120	130	10	
Rhode Island (M)		12	12	2		-10
South Carolina (M)		60	60	16		-44

South Dakota (C)	0	6	6	2	2	-4
Tennessee (M)		15	15	24		9
Texas (C)	85	46	131	177	92	131
Utah (S)	25		25	29	4	
Vermont (S)	4		4	5	1	
Virginia (S)	38		38	23	-15	
Washington (S)	3		3	86	83	
West Virginia (C)	18	3	22	20	2	17
Wisconsin (M)		47	47	29		-18
Wyoming (S)	3		3	3	0	

*The two periods are not directly comparable -- enrollment data are for the CMS fiscal year 2000, which is October 1, 1999 through September 30, 2000, and CPS estimates are based on data for the calendar year 2000.

** CMS: State Children's Health Insurance Program Annual Enrollment Report: 2001

*** U.S. Census Bureau, Current Population Survey, March 2001

Dark shading indicates the state did not have this type of program as of September 30, 2000.

S – Separate child health programs. M – Medicaid expansion programs. C – Combination programs.

NR = Indicates the state did not report data to CMS.