



THE IMPACT OF THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) ON COMMUNITY HEALTH CENTERS

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THE IMPACT OF THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) ON SELECT COMMUNITY HEALTH CENTERS AND MATERNAL AND CHILD HEALTH PROGRAMS

FINAL REPORT EXECUTIVE SUMMARY

Nearly 12 million children in the United States do not have health insurance, and therefore often lack access to health care. In response, Congress enacted the State Children's Health Insurance Program (SCHIP) in August 1997, the largest expansion of health insurance coverage since the inception of the Medicare and Medicaid programs. The SCHIP provides states with federal matching funds for children's insurance either by expanding the existing Medicaid program, by creating a separate state program, or a combination of both.

The George Washington University's Center for Health Services Research and Policy (CHSRP) was funded by the Health Resources and Services Administration (HRSA) to evaluate SCHIP's impact on the insurance status of children served by select HRSA programs, as well as its impact on HRSA grantee organizations. The research has two primary goals: 1) to document the extent of health insurance volatility experienced by users of the health centers covered by SCHIP versus Medicaid; and 2) to determine whether and how SCHIP has impacted safety net providers such as community health centers (CHCs) and Title V maternal and child health (MCH) programs.

The study focused on the experience of community health centers (CHCs), and examined three groups of children: 1) children who continue using the HRSA site after enrolling in SCHIP; 2) children who are new to the HRSA sites; and 3) children who were previous users but are no longer visiting the HRSA site. Five research questions provide the analytic framework for conducting the research and data analysis: 1) What effect has SCHIP had on parents' ability/willingness to obtain SCHIP for their children? 2) What effect has SCHIP had on children's health insurance volatility? 3) What effect has SCHIP had on parents' ability/willingness to seek health services for their children at a CHC site? 4) What has been SCHIP's effect on CHC sites? and 5) What effect has SCHIP had on parents' ability/willingness to seek health services for their children from other providers?

METHODS

Our analysis included both qualitative and quantitative approaches to obtain a detailed picture of SCHIP's impact. The major components of the study included: 1) conducting site visits to CHC programs; 2) contacting former CHC users of the center to learn why they have not returned for services; and 3) analyzing CHCs' transactional encounter data. Our study protocol and instruments were subject to an expedited review by The George Washington University's Institutional Review Board (IRB). We obtained IRB approval on all materials in September 1999, our IRB approval number is #109913ER.

Site visits began in July 2000 and were completed in January 2001. In total we visited 14 health centers and 16 individual health care delivery sites in the following states: Arizona, Colorado, Indiana, Ohio, Pennsylvania, and South Carolina.. Each individual site visit was conducted in one day by three members of our study team. Project staff spoke with the following types of staff members at the sites: senior administrative staff, medical director, information systems staff, managed care staff, case managers, social workers and/or front line staff who assist people to apply for/enroll in SCHIP/Medicaid.

We conducted individual interviews and focus groups with health center patients who were either SCHIP beneficiaries or likely to be eligible for SCHIP. At least one focus group was conducted at each site. The study sites recruited patients to participate in either the individual interviews or the focus groups. The GWU study team did not provide focus group participants with monetary incentives to participate in the study; however, at least one study site offered patients \$20 for their participation, and another provided gift certificates to a local retail store. The focus groups were conducted by GWU project staff using a semi-structured interview guide. All patients participating in the interviews or focus groups completed a short questionnaire that provided information for demographic and statistical purposes only. Since we did not obtain patients' names, all information received during the interviews and focus groups was anonymous. Interviews and focus groups were conducted in either English or Spanish, according to the participants' primary language preference.

In addition to our on-site interviews, we also interviewed state and county officials, representatives of safety net providers, community-based organizations, advocates, primary care association representatives, and state maternal and child health directors, prior to conducting field work. These interviews provided contextual information and assisted in interpreting the results.

Interviewing Former Center Users

We contacted former CHC users who: 1) have not sought health care services from the center for at least one year; 2) are likely to be eligible for SCHIP; and 3) have a telephone number included in their patient record. Former users were randomly selected from lists prepared by the study sites; GWU project staff sought to conduct telephone surveys with the first 20 qualified patients from each CHC to determine: 1) their current insurance status; 2) their current health care providers and the frequency of their care-seeking; 3) their former health care providers and the frequency of their care-seeking; 4) the reasons they have not sought care from the CHC site; and 5) the impact SCHIP (or other insurance coverage) has had on their care-seeking behavior (from any provider). A total of 95 former CHC users from all 14 study organizations were ultimately surveyed for this report.

Because our protocol required that we administer a survey to more than nine individuals per site, this component of the study required clearance from the Office of Management and Budget (OMB). The study protocol and survey instrument were reviewed by OMB and approved in September 2000.

Analysis of Transactional Encounter Data

We requested patient encounter data from each site to obtain a longitudinal database used to observe patients' insurance coverage (or lack thereof) during the study period. We tracked each individual's insurance coverage pattern for certain subgroups of diagnoses and procedures and described and quantified the occurrence of episodes with and without insurance coverage.

We requested ten data items from the computerized transaction database at each site. With the exception of Arizona, sites provided all available data for all encounters that occurred between January 1, 1997 and December 31, 1999. Sites in Arizona provided all available data for all encounters that occurred between January 1, 1998 and December 31, 2000. All records with dental and prenatal ICD codes were excluded. To ensure that patients could not be identified, patient identification information was blinded. We requested the following data items: site ID, patient ID, birth date, gender, race, income, date of visit, payer source, ICD-9 Code, and CPT Code.

We paid each participating CHC site a \$1,000 honorarium to help defray the costs associated with programming, identifying former users, and related administrative costs of participating in the study.

FINDINGS

Our findings are summarized below according to research question:

Parents' Ability/Willingness to Obtain SCHIP for their Children

Parents' ability to obtain SCHIP is, in part, a function of the state's eligibility policies, the model a state has selected, and the process by which that model has been implemented. In addition, individuals' awareness and knowledge of (or lack thereof) the program contribute to their ability to apply. In other words, a family may be very willing to apply for SCHIP but, due to bureaucratic obstacles, challenging application procedures, or limited outreach and application assistance, they may be stymied in their efforts to do so. A family's willingness to obtain SCHIP relies on several factors, which include the application process, and the consequences of either obtaining or forgoing coverage. Therefore, despite state and CHC efforts to increase a family's ability to apply, some parents may simply be unwilling to enroll their children into SCHIP. Since our findings indicate a difference in parents' ability and willingness to obtain SCHIP, we treat them independently in this section.

Ability to Obtain SCHIP

- All six study states have simplified their SCHIP application/enrollment processes (e.g., joint SCHIP/Medicaid applications; redesigned/shortened applications; allowing mail-in or telephone application process).
- Most focus group participants reported that the SCHIP application process was easy.

- Some parents (e.g., domestic workers, day laborers) still face difficulties providing simplified documentation to complete their SCHIP applications.
- CHCs with dedicated outreach/enrollment staff increased patients' ability to apply for their children. Such staff can devote time necessary to assist with application completion, retrieving necessary documentation, checking on application status and following-up on denied applications.
- Some CHCs report that annual re-enrollment requires as much effort as initial enrollment.
- CHCs with established protocols for uninsured patients facilitate SCHIP/Medicaid applications.

Willingness to Obtain SCHIP

- Patients are more willing to apply when all staff, especially clinicians, are involved in outreach efforts.
- Some patients are unwilling to apply for SCHIP/Medicaid because of their negative perception of public benefits.
- Patients are more willing to apply for SCHIP/Medicaid when their children are sick and in need of health insurance.
- We heard mixed reports on the affects of SCHIP's cost sharing requirements. CHC staff reported these were an obstacle for some families; focus group participants reported that premiums and co-pays did not hinder their ability to apply for and receive SCHIP benefits.
- CHC staff and focus group participants reported that some non-citizens fear applying for SCHIP because of the public charge issue, even for their citizen children.
- CHCs that are assertive in encouraging patients to apply have the greatest success in overcoming resistance by unwilling patients. However, some tactics used by a few CHCs (e.g., issuing bills for full value of services, refusing appointments for additional sliding-fee care) walk a fine line and could result in alienating the most stubborn patients who wish to remain on the sliding fee.

SCHIP's Impact on Children's Health Insurance Volatility

- SCHIP/Medicaid had little effect on our study sites during the study period. Small to modest changes in SCHIP and Medicaid enrollment occurred at all centers. Some centers actually witnessed a decrease in child Medicaid enrollees. Few centers saw significant decreases in their child uninsured rates as well.

- Children who were never insured had lower utilization rates than did always insured children. Children who were sometimes insured visited the CHCs more often when insured than when they were uninsured.
- Once on SCHIP, enrollees tended to remain on the program for a year due to programmatic design.
- Review of 2000 UDS data reveal that study sites have made modest progress in enrolling more children into SCHIP/Medicaid and reducing their child uninsured rolls since the study's conclusion.

Parent's Ability/Willingness to Seek Health Services for their Children at a CHC/MCH Site

- Focus group participants reported that obtaining SCHIP did not effect their utilization of the CHC/MCH site.
- Most focus group participants reported that they have not forgone seeking preventive care for their children when uninsured; however, several reported delaying care during times of uninsurance.
- Many focus group participants reported delaying or forgoing care for themselves when sick and uninsured.
- Many focus group participants reported being longtime patients of the CHC site; however, some were reassigned to new providers through their managed care plan.
- Nearly all focus group participants reported that regardless of their children's insurance status, they were able to obtain services at the site.
- Most former users sought care from the CHC site less than three years ago; most had used the site for less than two years.
- Most former users reported that they stopped seeking care from the study sites because they were displeased with the CHC.
- Most former users knew that they could go to the CHC after obtaining SCHIP/Medicaid; however, most expressed no desire to return to the CHC for care.
- A majority of former users reported that they would return to the CHC for care if they lost health insurance coverage; nearly a fifth reported that they would seek care at a hospital emergency room.

SCHIP's Impact on CHC/MCH Sites

- SCHIP has had little impact on most sites, primarily because of low SCHIP enrollment, and little residual effect on Medicaid or uninsured rolls.
- Some sites reported potential or current financial impact (post 1999) and change in modus operandi as a result of SCHIP's implementation.
- Other state insurance programs may mitigate the impact of SCHIP on some sites.
- SCHIP's implementation has had little impact on MCH sites.
- Some states do not mandate that SCHIP plans contract with CHCs.
- In states with separately administered SCHIP programs, most services are delivered to SCHIP enrollees under pre-existing Medicaid managed care contracts. CHCs in states with separately administered programs face the challenge of providing care when capitation rates negotiated in preexisting contracts do not adequately cover the cost of care. Although services for Medicaid beneficiaries are paid under the Federally Qualified Health Center payment rates, SCHIP patients' care is not.
- CHCs in states with separately administered programs need to be able to distinguish between Medicaid enrollees and SCHIP children to adequately forecast the financial implications of enrollment.
- When weighing capitation rates against Section 330 grants CHCs in states with separately administered SCHIP programs may perceive a potential disincentive to enrolling children into insurance programs.

Parent's Ability/Willingness to Seek Health Services for their Children from Other Providers

- Most sites reported that they have not experienced patient migration attributable to SCHIP.
- Several sites reported increased competition for SCHIP/Medicaid beneficiaries.
- Very few focus group patients reported taking their children to see other non-health center providers for care; however, several reported that they had attempted to schedule appointments with such providers.
- Most former users learned about their current providers through their health insurance plan or from a friend, neighbor or family member.
- Most former users have been with their current provider for more than 12 months and have sought services between one and six times in the previous months.

- Over one half (55 percent) of former CHC users reported that they would return to the CHC for care if uninsured; however, nearly

CONCLUSIONS AND IMPLICATIONS

This section summarizes our findings, describes our conclusions, and discusses the implications of our findings. As do other sections, this discussion follows the major research questions addressed by our study.

Parents' Ability/Willingness to Obtain SCHIP for their Children

SCHIP had very little impact on CHC sites during the study period. This was true in states that had simplified outreach and enrollment procedures for the SCHIP/Medicaid programs, and where centers had implemented processes to increase their enrollment numbers. Focus group participants reported that they were generally able and willing to apply for SCHIP/Medicaid, especially when they were assisted by CHC staff. Simultaneously SCHIP/Medicaid enrollment activity was robust in our study states, often with higher-than-expected enrollment. These factors raise the question of why the study CHCs experienced such low SCHIP/Medicaid enrollment, particularly since, as safety-net providers, the bulk of their uninsured child population is likely to be eligible for SCHIP/Medicaid. Senior CHC staff could not easily explain the slow enrollment figures.

While our findings point to several contributing factors, they by no means provide a complete explanation for the slow SCHIP/Medicaid growth. Analysis of UDS data from 2000 indicates that SCHIP/Medicaid enrollment has begun to increase at our study sites, and the number of uninsured children has begun to decline; however the change has been modest (Exhibit 5). Throughout this report we have identified and discussed several strategies that seem to provide success in enrolling children into SCHIP, such as: involving all staff, especially clinicians, in encouraging SCHIP/Medicaid applications; establishing a protocol for uninsured patients; cultivating good relationship with community/local SCHIP administrative staff; and following-up on submitted applications. CHCs with the most success in increasing their SCHIP/Medicaid enrollees have utilized these strategies.

Children's Health Insurance Volatility

Although there were few SCHIP enrollees to analyze in our data-base of electronic encounters, we found that once children obtain SCHIP, few, if any lose their coverage during a 12 month period. This is due to the way in which programs have structured their SCHIP programs. Several study states provide enrolled children with a 12-month eligibility period. They are only likely to lose coverage if their circumstances change and make them ineligible for the program. For simplification's sake, states do not require that SCHIP enrollees periodically provide information on their status during the enrollment period. Rather, states inquire about changes during the annual enrollment period. Therefore, SCHIP has the potential to decrease health insurance volatility among children. For the most part, once children have obtained SCHIP, they can be confident that they will be covered for at least one year (or until their circumstances change).

However, our findings do indicate that at the one-year expiration period some SCHIP enrollees lose their coverage and must be re-enrolled. CHC staff reported that providing former SCHIP enrollees with assistance in re-enrolling can be very time-consuming. It is likely that most patients lose their SCHIP coverage because they neglected to complete and submit their re-enrollment documentation. According to CHC staff, patients often do not know that they have lost their SCHIP coverage until they present for care and are denied health insurance coverage. CHC staff reported that they devote nearly equal effort to assisting a patient to re-enroll into SCHIP as they spent on initial enrollment.

Parent's Ability/Willingness to Seek Health Services for their Children at a CHC/MCH Site

Current users reported being long-time users of the study sites, regardless of insurance coverage. In contrast, former users reported that they were not long-time users of the center but had used the site for less than two years. Our electronic analysis revealed that the number of child users fluctuated among the study sites during the study period. The child user population in all sites in South Carolina, Ohio and one site in Arizona either stayed the same or increased over the study period; however one site in Arizona experienced a decrease in their child population. In addition, child users at all sites in Colorado, Indiana and Pennsylvania declined slightly over the study period. These decreases in child patient population lead one to question the migration patterns of child users. As previously discussed, some of these decreases may be the result of managed care penetration and auto-assignment (specifically sites in Indiana), increased competition for Medicaid/SCHIP patients, and patients' perceptions of the CHC. It is important to note that, although we noted decreases in patient populations, these decreases were small (between one and six percent).

Nearly all focus group patients reported that obtaining health insurance coverage changed their health care-seeking behaviors. With health insurance coverage, parents reported that they were less apt to delay acute care and more apt to seek preventive care for their children. Our electronic analysis confirmed these reports as it revealed that patients who were sometimes insured sought care more frequently during episodes of insurance (Table 18). In sum, we found that regardless of insurance coverage, patients believed that they could obtain services from the health center site.

SCHIP's Impact on CHC/MCH Sites

Thus far, SCHIP has not had a significant quantitative impact on the study sites. We found low SCHIP enrollment at all study sites (one to nine percent) and little residual effect on the sites' uninsured and Medicaid enrollment rates. However, our electronic encounter data revealed that although SCHIP enrollment among sites was low, it had increased during the study period. We anticipate that this growth will continue in sites that focus more attention on SCHIP enrollment and invest resources into enrollment efforts. As discussed above, we found four common practices in sites' that experienced high rates of success in SCHIP enrollment: involving all staff in educating patients about insurance options; establishing a protocol for

uninsured patients; establishing good relationships with community/local SCHIP administrative staff; and following-up on submitted applications.

We found that several factors either affected or had the potential to affect SCHIP enrollment and its financial impact on our study sites. Competing insurance programs for indigent patients; the ability of the site to negotiate good contracts and compete in the managed care arena; the perceived disincentive to enrolling uninsured children into SCHIP (i.e., for fear of losing or reducing a CHC's Section 330 grant); and the mitigating effect of an influx of uninsurable patients all play a role in the impact of SCHIP on study sites. In addition, we found that it is essential for CHCs in states with separately administered programs to understand the financial ramifications of providing capitated services without the cushion of wrap-around payments available under the Medicaid program. In general, we found that sites that understand how to navigate these factors and see the ultimate benefit of increased SCHIP/Medicaid enrollment will invest resources into increasing enrollment numbers.

Parent's Ability/Willingness to Seek Health Services for their Children from Other Providers

Very few current users reported taking their children to other non-health center providers for care. A majority of the focus group participants were pleased with the care they and their children received from the site. We found very few cases of voluntary patient migration. In contrast, most former users reported various reasons for seeking care from other providers. Many reported that they chose their current provider through their health plan, and most reported that they chose this provider because of proximity. Our analysis revealed that a majority of these same patients would seek care from a CHC if they became uninsured.

When considering the reasons why users left the CHC, we found that most former users reported problems with the CHC (e.g. long wait times, difficulty with obtaining an appointment) or dislike for the facility or care they received there as the reason why they stop seeking care from the site. However, we also noted that, unlike current users, former users were not long-time users of the site and we suspect that these users may have only sought services from the site during episodes of uninsurance.

RECOMMENDATIONS

The following recommendations are based on the successful strategies used by our study sites and states to increase SCHIP/Medicaid enrollment. We present two sets of recommendations: one for CHCs, the second for states.

CHC-Based Recommendations:

- **Sites should dedicate staff to outreach/enrollment activities.** Sites with a formal outreach and education program and dedicated staff saw higher SCHIP/Medicaid enrollment than did sites that left those tasks to already overburdened front-line staff.

- **Sites should implement a formal process of referring uninsured patients to outreach and/or enrollment staff.** Sites with a formal protocol that coordinated front-line staff's management of uninsured patients with that of the site's dedicated outreach staff and/or outstationed eligibility worker saw higher enrollment in SCHIP/ Medicaid than did sites that used a more haphazard approach. Clearly defining pathways for uninsured patients was essential. In addition, sites found that treating outstationed eligibility worker and/or outreach worker activities as part of the site's operations (rather than as a separate function) maximizes the abilities of both front-line and outreach staff to enroll patients in SCHIP/Medicaid.
- **CHCs should follow-up on SCHIP/Medicaid applications.** Patients overwhelmingly reported that the easiest method of applying was through the CHC. However, in some cases, once the application was made, the CHC was unable to keep the patient abreast of their application status. In some instances, it is possible for the patient to have coverage but remain on sliding fee because the CHC is unaware of the patient's new insurance status. Although one of our study sites used an electronic system, most CHCs relied on relationships with the county DSS office to stay abreast of application status. If CHCs had the ability to follow up on applications, it is likely that they would be better equipped to assist patients with qualifying for coverage (e.g. find out why an application was denied and help the patient resubmit).
- **CHCs should be assertive when encouraging parents to apply for SCHIP/Medicaid for their uninsured children, but they should tread lightly.** Sites that aggressively pursued SCHIP/Medicaid applications from unwilling patients were successful in motivating them to apply. Some CHCs mandated that patients complete a SCHIP application (or obtain a denial letter from SCHIP/Medicaid) in order to receive services on the sliding fee. When faced with steadfastly unwilling patients, some CHCs issued bills for the full cost of care. Another reported that while initial care was not denied, follow-up appointments were not issued until an application was completed. Another center requires that all uninsured patients "apply" to receive services from the center, the application process provides all the information necessary to complete a SCHIP/Medicaid application. Such centers have concluded that the sliding fee should be reserved for patients who are uninsurable, not merely uninsured. All these strategies seemed to increase SCHIP/Medicaid applications and enrollees. However, sites should be careful when applying aggressive tactics to patients who are unwilling to apply. One rural study site reported that half of all patients who were issued a full bill did not return for services which raises the fears that they are forgoing care.

State-Based Recommendations

- **States should invest in CHC-based outreach and education activities.** Individual CHCs and MCH programs have limited resources and cannot devote staff to outreach and education activities. Additional funding would assist CHCs/MCH programs to conduct outreach, and potentially increase the numbers of children enrolled in SCHIP/Medicaid. The federal government allocated funds for outreach and education to states; these funds should be better utilized.
- **States should consider implementing assumptive eligibility to allow likely eligible patients to automatically enroll into SCHIP.** In some states, processing time for eligibility

determination can be lengthy. Assumptively enrolling applicants into SCHIP would speed the enrollment procedures, and ease applicants' ability to enroll into SCHIP.

- **States should allow for passive redetermination.** A major reason for loss of SCHIP after 12 months is parents' failure to complete the re-enrollment paperwork/process. South Carolina has sought to combat this problem by considering using a passive redetermination system, which would allow children to remain enrolled even if parents were non-responsive to reenrollment notices (as long as there were no changes in eligibility status). The state allows children to be certified eligible for its SCHIP program for up to three years at a time, which is likely to decrease its high disenrollment rates.
- **States should require SCHIP health plans to contract with safety-net providers.** Such a requirement would help ensure that CHCs are included in health plan provider panels, and thus give them access to the entire SCHIP market. In addition, it will help ease enrollees' transition from Medicaid to SCHIP (and vice versa) by allowing them to keep their regular primary care provider.

LIMITATIONS

Case Studies

Case studies are designed to present an in-depth analysis of particular “cases,” and thus are not meant to be representative of all groups involved in similar activities. Case studies typically produce a set of unique findings that reflect the individual experiences of an organization or group of organizations. To increase the generalizability of our findings to other safety net providers participating in the SCHIP program across the US, we selected 16 CHCs/MCH programs in seven states, and developed an analytic framework to guide our investigation with common instruments, and systematic data collection, and analyses.

Interviews with Current and Former Users

Our findings based on focus groups and individual interviews with current patients, and former users are not presented as representative of the entire population of SCHIP or Medicaid eligible children. Patient participants were selected by the study sites, and were already familiar with and/or connected to resources such as safety net providers, Medicaid and the SCHIP program. It is possible that they had more knowledge of and experience with applying for public services and benefits, and have more accurate knowledge of the process of obtaining SCHIP and/or Medicaid. This bias may mean that we have underestimated the barriers families with uninsured children face when applying for SCHIP. In addition, given that state-wide SCHIP enrollment has increased dramatically in many of our study states, while the numbers of CHC patients enrolled in SCHIP have not, our sample may underestimate parents' willingness to seek health care from other non-safety net providers. However, the information we derived from parents provided rich and detailed pictures of how parents seek health insurance and health services for their children.

General Data Limitations

There are both strengths and weaknesses in using computerized administrative data. These data provide a wealth of detailed longitudinal information on insurance coverage, diagnoses and procedures for all users of the CHC/MCH site. However, these data are collected generally for billing purposes rather than for research and raise issues regarding reliability and validity. Clearly all the conclusions in the study are limited by the fact that the user is the one who determines where health care will be sought. Researchers can only characterize a user's pattern of insurance coverage and medical care on visits that the user makes to the site—we do not know what happens during the time they do not seek health care or about those instances when they seek health care elsewhere. The fact that the data are not collected for research purposes is also evident in the fact that considerable effort was necessary to correctly classify the insurance payer sources into the insurance types of interest for this research. Most of these sites provided a tremendous volume of data and the opportunity for data entry errors is considerable. Also, when a billing change is made, it is uncertain if the old records are edited to reflect the change. Thus, if a user has insurance but coverage for a service is denied or if a user has pending coverage, the record in the file may not be updated to reflect the actual payment source that resulted for a visit. In addition, undocumented variations in the way each site may define some of the variables or collect the data can lead to limitations in data comparability across sites.

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INTRODUCTION

Nearly 12 million children in the United States do not have health insurance, and therefore often lack access to health care. In response, Congress enacted the State Children's Health Insurance Program (SCHIP) in August 1997, the largest expansion of health insurance coverage since the inception of the Medicare and Medicaid programs. The SCHIP provides states with federal matching funds for children's insurance either by expanding the existing Medicaid program, by creating a separate state program, or a combination of both.

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The study focused on the experience of community health centers (CHCs), and examined three groups of children: 1) children who continue using the HRSA site after enrolling in SCHIP; 2) children who are new to the HRSA sites; and 3) children who were previous users but are no longer visiting the HRSA site. Five research questions provide the analytic framework for conducting the research and data analysis: 1) What effect has SCHIP had on parents' ability/willingness to obtain SCHIP for their children? 2) What effect has SCHIP had on children's health insurance volatility? 3) What effect has SCHIP had on parents' ability/willingness to seek health services for their children at a CHC site? 4) What has been SCHIP's effect on CHC sites? and 5) What effect has SCHIP had on parents' ability/willingness to seek health services for their children from other providers?

This report synthesizes the findings from our case studies on selected CHCs in Arizona, Colorado, Indiana, Ohio, Pennsylvania, and South Carolina. First, we discuss the policy and research context for this study, briefly describe the study methods, and present a range of relevant political and sociodemographic information about the sites and the counties in which they operate. Next we present the study findings and their implications. Finally, we conclude with recommendations for improving children's access to the SCHIP program and health services following the enactment of SCHIP.

Overview of SCHIP, Community Health Centers, and Title V

In 1997 approximately 12 million uninsured children lived in the United States (15 percent of all U.S. children).¹ Nearly 12 percent of all children ages 17 and under were

¹American Academy of Pediatrics. *Health Insurance Status of US Children Under Age 19, 1993-1997*. Elk Grove Village, IL: American Academy of Pediatrics; 1998. Cited in Byck GR. A comparison of the socioeconomic and health status characteristics of uninsured, state children's health insurance program-eligible children in the United States with those of other groups of insured children: Implications for policy. *Pediatrics* 2000;106:14-21.

uninsured, and 21 percent of children in families with incomes below 200 percent of the federal poverty level (FPL) lacked health insurance.²

In response, Congress enacted the State Children's Health Insurance Program (SCHIP) as part of the Balanced Budget Act of 1997 (P.L. 105-33). Established as Title XXI of the Social Security Act, SCHIP appropriated \$40 billion in federal funding over ten years to expand health care coverage to low-income children. States that participate in SCHIP receive an enhanced federal matching rate more generous than that provided under Medicaid (e.g., reimbursed at 65 percent versus 50 percent). The program also allows states to conduct outreach to the millions of children who are eligible for Medicaid but currently uninsured.

Specifically, the program targets uninsured children ages 0-18 in low-income families whose incomes are too high to qualify for Medicaid, but who are at or below 200 percent FPL (or above 50 percentage points above the state's current Medicaid level)³. Children who already have health coverage (regardless of how limited or expensive) are prohibited from enrolling in the program. As a result of the program, roughly 70 percent of all uninsured children in the US now potentially qualify for public health insurance through either Medicaid or SCHIP.⁴

States were given three options for increasing children's health coverage under SCHIP: 1) expand Medicaid; 2) establish a separately administered program separate from Medicaid; or 3) a combination model that incorporates elements of both. Regardless of the model, all state SCHIP plans must comply with Title XIX (Medicaid) requirements and Department of Health and Human Service (HHS) guidance and review. States that opt for a Medicaid expansion have the advantage of tapping into the administrative structures and benefit packages that already exist for the Medicaid program. Such states also create an entitlement for SCHIP children by guaranteeing coverage even after the state's SCHIP allotment has been exhausted. States that spend their SCHIP allotments are reimbursed for costs above that amount at the regular Medicaid matching rates. States that choose instead to create a separately administered program have the flexibility to tailor their benefits packages, introduce cost-sharing, cap enrollment, create enrollment lists, or limit annual state contributions. Such programs do not create an entitlement for enrolled children.⁵

As of August 2000⁶ all 50 states, the District of Columbia, and five territories received approval for their SCHIP plans. Fifteen states choose to create separately administered SCHIP plans⁷; 23 have opted to expand their Medicaid programs⁸; and 18 have designed combination plans^{9,10}.

²Almeida RA, Kenney GM. *Gaps in insurance coverage for children: A pre-CHIP baseline*. New Federalism: National Survey of American Families. Series B, No. B-19, May 2000.

³\$33,400 for a family of four in 1999.

⁴Horner D, Lazarus W, Morrow B. *Express lane eligibility: How to Enroll Large Groups of Eligible Children in Medicaid and CHIP*. The Children's Partnership prepared for the Kaiser Commission on Medicaid and the Uninsured. December 1999.

⁵Ullman F, Hill I, Almeida R. *CHIP: A look at emerging state programs*. New Federalism: Issues and Options for States. Series A, No. A-35, September 1999. And General Accounting Office. *Children's Health Insurance Program: State Implementation Approaches are Evolving*. GAO/HEHS-99-65, May 1999: 4-5.

⁶All information cited corresponds to the time frame of our study (1997-2000).

⁷AZ, CO, DE, GA, KS, MT, NC, NV, OR, PA, UT, VT, VA, WA, WY.

Although initial enrollment in SCHIP was slow, recent data show that SCHIP rolls are rapidly increasing. There were between 2.6 to 3.1 million uninsured children eligible for SCHIP in 1999¹¹; and an additional estimated 4.7 million children were eligible for Medicaid but unenrolled in 1996¹². Enrollment in SCHIP more than doubled in 1999 from 833,303 in December 1998 to 1,766,174 in December 1999, an annual increase of 112 percent.¹³ However, other data suggest that children are still vulnerable to uninsurance. A study found that while the proportion of low-income children with public coverage has increased, the percentage with private insurance coverage has decreased sharply, resulting in no net change in the percentage of children who are uninsured. Specifically, children with family incomes under 200 percent FPL saw an increase in coverage under Medicaid and other state programs from 29 to 33 percent from 1996-1997 to 1998-1999; over the same period, private insurance coverage for the same group of children dropped from 47 to 42 percent.¹⁴

Children who do not receive primary and preventive care often use inappropriate, more expensive services and have more serious health conditions than other children.¹⁵ Uninsured children have reduced access to care and use health care services less frequently than do children who are either privately or publicly insured. Uninsured children are ten times less likely to have a regular health care provider; four times more likely to delay seeking needed care; five times more likely to use the emergency room as a regular source of care; and six times less likely to fill a prescription because of cost¹⁶.

Community Health Centers (CHCs) play an essential role in caring for the uninsured in the United States. CHCs are authorized under Section 330 of the Public Health Service Act to provide health care to underserved people regardless of their ability to pay. The 1,029 health centers provide care to more than 11 million patients, 4.4 million of whom were uninsured. This means that health centers care for 10 percent of all uninsured Americans, and 15 percent of

⁸AK, AR, HI, ID, LA, MD, MN, MO, NE, NM, OH, OK, RI, SC, SD, TN, WI; the District of Columbia; Territories: American Samoa, Guam, North Mariana Islands, Puerto Rico, and Virgin Islands.

⁹AL, CA, CT, FL, IA, IL, IN, KY, MA, ME, MI, MS, ND, NH, NJ, NY, TX, WV.

¹⁰Health Care Financing Administration. State Child Health Insurance Program Plan Activity Map. www.hcfa.gov/init/chip-map.htm accessed 8/15/2000.

¹¹Horner D, Lazarus W, Morrow B. *Express Lane Eligibility: How to Enroll Large Groups of Eligible Children in Medicaid and CHIP*. The Children's Partnership prepared for the Kaiser Commission on Medicaid and the Uninsured. December 1999. Page 2, 14.

¹²Selden T, Banthin J, Cohen J. Medicaid's problem children: Eligible but not enrolled. *Health Affairs* 17:30 (May/June, 1998) pp. 192-200.

¹³Smith VK. *CHIP Program Enrollment: December 1998 to December 1999*. Health Management Associates prepared for the Kaiser Commission on Medicaid and the Uninsured. July 2000.

¹⁴Center for Studying Health System Change. *Recent Trends in Children's Health Insurance Coverage: No Gains for Low-Income Children*. April 2000; Issue Brief Number 29.

¹⁵Byck GR. A comparison of the socioeconomic and health status characteristics of uninsured, state children's health insurance program-eligible children in the United States with those of other groups of insured children: Implications for policy. *Pediatrics* 2000;106:14-21.

¹⁶General Accounting Office. *Health Insurance: Coverage Leads to Increased Health Care Access for Children*. November 1997; GAO/HEHS-98-14. Edmunds M, Teitelbaum M, Gleason C. *All Over the Map: A Progress Report on the State Children's Health Insurance Program (CHIP)*. Children's Defense Fund July 2000, page 9.

uninsured Americans with family incomes at or below 200 percent FPL. Approximately 30 percent of children served by health centers are uninsured.¹⁷

**EXHIBIT 1
CHILDREN SERVED BY HEALTH CENTERS¹⁸**

Total number of children served	4.5 million
Total number of uninsured children served	1.3 million
Uninsured children as a percent of all low income uninsured children	19 (1.3 m/7.3 m)
Uninsured children as a percent of all children served by health centers	29 (1.3 m/4.5 m)
Uninsured children as a percent of all uninsured health center patients	31 (1.3 m/4.2 m)
Uninsured children as a percent of children eligible for Medicaid but not enrolled	29 (1.3 m/4.5 m)

Significant numbers of low-income populations rely on health centers for care. Overall, 65 percent of health center users have incomes at or under 100 percent FPL, and 21 percent have incomes from 101 to 200 percent of poverty.¹⁹ Health centers serve 4.5 million low-income children; 3.5 Medicaid beneficiaries, and seven million minorities.²⁰

In recent years, health centers have faced considerable challenges serving the vulnerable and uninsured while simultaneously maintaining their fiscal health. Health centers report that the number of uninsured patients increased 10 percent between 1996 and 1998, and the proportion of uninsured users increased from 38 percent to 40 percent. Rural centers saw a higher increase in uninsured patients than did centers in urban areas (17 percent versus 4 percent). During the same period, the *proportion* of Medicaid beneficiaries declined slightly (from 34 percent to 33 percent). Overall, however, centers in 20 states and territories showed declines in Medicaid patients ranging from 1 to 32 percent. Urban centers reported an 5 percent increase in the average *number* of Medicaid users, while rural centers showed a 1 percent decline.²¹

In addition, health centers serve a sicker population in need of more chronic disease management than the general patient population in America. One in three health center patients cannot pay the full cost of their care and rely on a sliding-fee scale. Medicaid reimbursement rates have declined in recent years due to Medicaid managed care, and the looming specter of an eventual phase-out of cost-based reimbursement²² makes it nearly impossible for health centers

¹⁷Rosenbaum, S. *The Role of Health Centers in Promoting Access to Medicaid and CHIP Coverage: Background and Overview*. Prepared for the Health Resources and Services Administration (HRSA). October 1998.

¹⁸National Association of Community Health Centers, calculations based on 1997 UDS data; Selden T, Banthin J, Cohen J. Medicaid's problem children: Eligible but not enrolled. *Health Affairs* 17:30 (May/June, 1998) pp. 192-200. Cited in Rosenbaum, S. *The Role of Health Centers in Promoting Access to Medicaid and CHIP Coverage: Background and Overview*. Prepared for the Health Resources and Services Administration (HRSA). October 1998.

¹⁹General Accounting Office. *Community Health Centers: Adapting to Changing Health Care Environment Key to Continued Success*. March 2000; GAO/HEHS-00-39.

²⁰National Association of Community Health Centers. America's Health Centers. www.nachc.com/newweb/about_centers/about_chcs.htm accessed 8/16/2000.

²¹General Accounting Office. *Community Health Centers: Adapting to Changing Health Care Environment Key to Continued Success*. March 2000; GAO/HEHS-00-39. Pages 12-13; 19.

²²The Balanced Budget Act of 1997 (BBA) required that cost-based reimbursement for federally qualified health centers (FQHCs) be phased out from FY 2000 to FY 2003; the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999, delayed the phase-out for two years, repealing cost-based reimbursement in FY 2005. However, this temporary reprieve will not alleviate the financial concerns of health centers. The Safety Net

to cross-subsidize the cost of caring for the uninsured (or unreimbursed services) with third party payor sources. Health centers can only rely on grants from the Public Health Service²³ or other parties to help defray the costs of health services delivered to uninsured patients.

MCH programs are authorized under Title V of the Social Security Act to promote and improve the health of mothers and children in the U.S. Since 1981 the Title V program has been a block grant program with three components: 1) Formula Block Grants; 2) Special Projects of Regional and National Significance (SPRANS); and 3) Community Integrated Service Systems (CISS) Grants. The Formula Block Grants are delivered to 59 states and jurisdictions to create federal-state partnerships to develop maternal and child health service systems. The program requires that every \$4 of federal Title V money be matched by at least \$3 of state and local money. At least 30 percent of the federal funds must be used to support services for children with special health care needs (CSHCNs), and at least 30 percent must be used to provide primary and preventive care services for children. In FY 1997 this partnership provided nearly \$2.7 billion for MCH programs. SPRANS projects include MCH research, training, genetic services, hemophilia diagnostic and treatment centers, and innovative MCH projects. In FY 1999, 478 SPRANS grants were awarded totaling \$102 million. The CISS seeks to reduce infant mortality, and developing community-level integrated services to improve the health of mothers and children. In FY 1997, 143 grants were awarded in the amount of \$12 million. Nationally more than 24 million people were served by Title V programs. This includes nearly 5 million pregnant women and infants, over 16 million children and adolescents, and almost 1 million CSHCNs.²⁴

Enrolling uninsured eligible children into either Medicaid or SCHIP would not only increase children's access and use of primary and preventive services, but would promote financial stability among safety net providers like CHCs and MCH programs. One estimate suggests that if health centers were to succeed in assisting half of their more than 4 million uninsured patients to enroll in Medicaid or SCHIP, annual revenues might increase by as much as \$600 million. Obtaining coverage for 90 percent of the uninsured children who use health centers could result in annual revenues of \$350 million.²⁵

Preservation Act (SNPA), enacted into law under section 702 of the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000 may provide a solution and ensure that health centers can continue to care for the underserved. This bipartisan initiative, which took effect January 1, 2001, provides a permanent prospective payment methodology that allows health centers to better predict their reimbursement rates. In the initial year, payments to health centers are frozen at their previous year's per-visit payment. In following years, the per-visit rate will be increased by the rate of inflation calculated by the Medicare Economic Index (MEI) for primary care.

²³Section 330 grants.

²⁴Maternal and Child Health Bureau web page www.mchdata.net. Accessed August 17, 2000.

²⁵Based on the average health center patient cost of \$300. Rosenbaum, S. *The Role of Health Centers in Promoting Access to Medicaid and CHIP Coverage: Background and Overview*. Prepared for the Health Resources and Services Administration (HRSA). October 1998.

METHODS

The present study builds on a pilot study conducted by the George Washington University in 1997 – 1998 for the Health Services and Resources Administration (HRSA)'s Bureau of Primary Health Care. The pilot study was undertaken to evaluate health insurance volatility among health center users. Specifically, the study examined: 1) whether an increased number of uninsured health center users were the result of an influx of new uninsured users, or previous users losing insurance; 2) the stability of users' insurance status; 3) whether patients' use varied according to their insurance status; and 4) what impacts federal/state/local initiatives had on CHC users' insurance status.

The pilot study used longitudinal encounter data from seven sites from January 1, 1995 to December 31, 1996. Results of the study showed that new users at the health centers were far more likely to be uninsured than previous users, far less likely to have Medicaid, and about as likely to have private insurance. In addition, the pilot study showed that it was possible to use transactional encounter data to follow CHC users over time, and that using such a data base was feasible. It also showed that it was possible to use this methodology to track users by groups (e.g., age, gender, chronic conditions), and to monitor/evaluate the impact of major policy initiatives such as welfare reform and SCHIP.

The current study is intended to accomplish the following objectives: 1) identify SCHIP's impact on children's insurance status served by CHCs and MCH programs; 2) track previously uninsured children to determine SCHIP's impact; 3) determine the extent of insurance coverage volatility among CHC/MCH patients (especially children); 4) identify SCHIP's impact on CHC and MCH programs; 5) follow the extent to which children enter or remain in care at the CHC/MCH site; and 6) provide a transferable methodology to states and sites interested in tracking volatility and related issues.

Five research questions provide the analytic framework for conducting the research and data analysis: 1) What effect has SCHIP had on patients' ability/willingness to obtain health insurance? 2) What effect has SCHIP had on patients' health insurance volatility? 3) What effect has SCHIP had on patients' ability/willingness to seek health services at a CHC site? 4) What effect has SCHIP had on the CHC site? 5) What effect has SCHIP had on patients' ability/willingness to seek health services from other providers?

To answer these questions, we focused our evaluation on three different groups of children: 1) children who continue using the HRSA site after enrolling in SCHIP; 2) children who are new to the HRSA site; and 3) children who were previous users but are no longer visiting the HRSA site.

Based on the following criteria, we selected six states:

- SCHIP program is either a separately administered program or else a Medicaid expansion (no combination models);
- SCHIP program was fully implemented as of June 1998;
- SCHIP program covers a substantial number of children;
- SCHIP program covers children up to at least age 18 years of age;

- Existence of sufficient potential study sites within the state;
- The state is geographically diverse from the other study participants, and adds favorably to the urban/rural mix.

The study states include: Arizona, Colorado, Indiana, Ohio, Pennsylvania, and South Carolina.

We conducted interviews with experts in State Primary Care Associations, State Maternal and Child Health Directors, the National Association of Community Health Centers (NACHC), various community health center directors and individuals at the Bureau of Primary Health Care to identify a group of potential study sites that: 1) provided comprehensive primary care services (including acute and preventive care); 2) served significant numbers of women and children; 3) had data systems sophisticated enough to provide us with electronic transactional encounter data for 1997-1999; 4) would be willing to participate; 5) represented a good urban/rural mix; 6) and where it would be relatively easy to travel between sites within the state during a site visit. Using this initial list of CHCs and MCH programs, we selected two to three sites per state and requested their participation. In most cases we were successful in recruiting our initial selection of sites because they met our criteria; in some cases we substituted alternative sites. A list of our study sites by state is included in Appendix C.

Our analysis included both qualitative and quantitative approaches to obtain a detailed picture of SCHIP's impact. The major components of the study included: 1) conducting site visits to CHC programs; 2) contacting former CHC users of the center to learn why they have not returned for services; and 3) analyzing CHCs' transactional encounter data.

Our study protocol and instruments were subject to an expedited review by The George Washington University's Institutional Review Board (IRB). We obtained IRB approval on all materials in September 1999, our IRB approval number is #109913ER.

Site Visits

Site visits began in July 2000 and were completed in January 2001. In total we visited 14 health centers and 16 individual health care delivery sites. Each individual site visit was conducted in one day by three members of our study team. Project staff spoke with the following types of staff members at the sites: senior administrative staff, medical director, information systems staff, managed care staff, case managers, social workers and/or front line staff who assist people to apply for/enroll in SCHIP/Medicaid.

We conducted individual interviews and focus groups with health center patients who were either SCHIP beneficiaries or likely to be eligible for SCHIP. At least one focus group was conducted at each site. The study sites recruited patients to participate in either the individual interviews or the focus groups. The GWU study team did not provide focus group participants with monetary incentives to participate in the study; however, at least one study site offered patients \$20 for their participation, and another provided gift certificates to a local retail store. The focus groups were conducted by GWU project staff using a semi-structured interview guide. All patients participating in the interviews or focus groups completed a short questionnaire that provided information for demographic and statistical purposes only. Since we did not obtain

patients' names, all information received during the interviews and focus groups was anonymous. Interviews and focus groups were conducted in either English or Spanish, according to the participants' primary language preference.

In addition to our on-site interviews, we also interviewed state and county officials, representatives of safety net providers, community-based organizations, advocates, primary care association representatives, and state maternal and child health directors, prior to conducting field work. These interviews provided contextual information and assisted in interpreting the results.

Interviewing Former Center Users

We contacted former CHC users who: 1) have not sought health care services from the center for at least one year; 2) are likely to be eligible for SCHIP; and 3) have a telephone number included in their patient record. Former users were randomly selected from lists prepared by the study sites; GWU project staff sought to conduct telephone surveys with the first 20 qualified patients from each CHC to determine: 1) their current insurance status; 2) their current health care providers and the frequency of their care-seeking; 3) their former health care providers and the frequency of their care-seeking; 4) the reasons they have not sought care from the CHC site; and 5) the impact SCHIP (or other insurance coverage) has had on their care-seeking behavior (from any provider). A total of 95 former CHC users from all 14 study organizations were ultimately surveyed for this report.

Because our protocol required that we administer a survey to more than nine individuals per site, this component of the study required clearance from the Office of Management and Budget (OMB). The study protocol and survey instrument were reviewed by OMB and approved in September 2000.

Analysis of Transactional Encounter Data

We requested patient encounter data from each site to obtain a longitudinal database used to observe patients' insurance coverage (or lack thereof) during the study period. We tracked each individual's insurance coverage pattern for certain subgroups of diagnoses and procedures and described and quantified the occurrence of episodes with and without insurance coverage.

We requested ten data items from the computerized transaction database at each site. With the exception of Arizona, sites provided all available data for all encounters that occurred between January 1, 1997 and December 31, 1999. Sites in Arizona provided all available data for all encounters that occurred between January 1, 1998 and December 31, 2000. All records with dental and prenatal ICD codes were excluded. To ensure that patients could not be identified, patient identification information was blinded. We requested the following data items:

- Site ID
- Patient ID
- Birth Date
- Gender

- Race/ethnicity
- Income
- Date of Visit
- Payer Source
- ICD-9 Code
- CPT Code

We paid each participating CHC site a \$1,000 honorarium to help defray the costs associated with programming, identifying former users, and related administrative costs of participating in the study.

Exhibit 2 summarizes the relationships between study method and groups of children.

**EXHIBIT 2
RELATIONSHIP BETWEEN METHOD AND GROUP OF CHILDREN**

	Children using site before and after SCHIP	Children new to site after SCHIP	Children using site before but not after SCHIP
1. Extraction of encounter files on each child	Insurance status at each visit from sites' encounter files, 1997, 1998 and 1999; reasons for visits	Insurance status at each visit from site's encounter files, from time of entry-1999; reasons for visits	Insurance status at each visit from site's encounter files, 1997-last visit; reasons for visits
2. Interviews with stratified random sample of children in each site	Self-reported insurance history; whether and how enrolled in SCHIP or Medicaid as part of SCHIP implementation; satisfaction with care received at CHC	Self-reported insurance history; previous provider use; whether and how enrolled in SCHIP or Medicaid as part of SCHIP implementation; how referred to site; satisfaction with care received at CHC	NA
3. Interview follow-up with sample of former users in each site	NA	NA	Self-reported insurance status since using site; whether and how enrolled in SCHIP or Medicaid after leaving; reason for leaving; current provider

BACKGROUND

Study States' SCHIP Programs

Our study included six states: Arizona, Colorado, Indiana, Ohio, Pennsylvania and South Carolina. We found that each state's SCHIP program was unique and differed in many ways including its type, structure, eligibility criteria, and benefit package. Pursuant to these differences, each state's enrollment into SCHIP varied. While we discuss these programmatic differences and their effect on SCHIP enrollment throughout our report, we now provide a brief description and comparison of the programs implemented in our study states. Exhibit 3 briefly describes and compares six selected elements of the states' SCHIP programs. These elements include type of program, eligibility criteria, implementation date, SCHIP enrollment at the end of our study period, cost-sharing requirements and benefit package.

**EXHIBIT 3
SCHIP STUDY STATES**

State	Program Type	Eligibility	Implemented	Enrolled in 2000 ²⁶	Cost Sharing	Benefit Package
AZ KidsCare	Sep Admin.	Children up to age 19 at or below 200% FPL	11/98	38,073	For families with incomes between 151-175% FPL \$10 for one child, \$15 two or more. Between 175-200% FPL, \$15 for one, \$20 two or more. \$5 copay for non-emergency use of the ER.	Benefits equivalent to state employees' coverage with the addition of dental and vision services. Limits on behavioral health and vision care. No non-emergency transportation.
CO CHP+	Sep Admin.	Children up to age 19 with incomes below 185% FPL	04/98	36,000	For families with incomes between 151-185% FPL yearly enrollment fee of \$25 for one child, \$35 for two or more. ²⁷	Based on the standard plan as defined in Colorado's small group insurance reform law. Includes coverage for inpatient mental health services or 90 days of day treatment.
IN Hoosier Healthwise	Medicaid Exp. ²⁸	Phase I: Children up to age 19 below 150%FPL Phase II- up to 200% FPL	Phase I: 10/97 Phase II: 1/2000	350,000	Phase I: None Phase II: Sliding scale premiums for families with incomes above 150% FPL. Does not exceed 5% of family's annual income.	Phase I: Medicaid Phase II: Age appropriate preventive, primary and acute care services
OH Healthy Start	Medicaid Exp.	Children up to age 19 below 200% FPL	01/98	72,612	None	Medicaid
PA PaCHIP	Sep Admin.	PaChip Free Program: 0-19 below 200% FPL PaChip Subsidized Program 0-18 200-235% FPL (0-1 from 185-200%, 1-6 133-200%, 6-16 100-200% FPL)	05/98	105,000	None for families below 200% FPL. PaChip subsidies vary by health plan, families must pay ½ of premium costs.	Comprehensive state-based coverage grandfathered in the BBA
SC Partners for Healthy Children	Medicaid Exp.	Children up to age 19 below 150% FPL	10/97	142,788	None	Medicaid

Sources: National Governors' Association. www.nga.org Individual state annual report

²⁶ As of 2000, end of our study period

²⁷ At the time of our study, monthly premiums and copays for families with incomes 101-150% FPL were: \$9 for one child, \$15 for two or more children, \$2 for office visits; for families with incomes 151-169% FPL are \$15 for one child, \$25 for two or more children, \$15 for office visits; for families with incomes 170-185% FPL, \$20 for one child, \$30 for two or more children. Since our study the state has altered the CHP+ cost sharing structure to those cited above.

²⁸ At the time of study site selection, Indiana's SCHIP program was a Medicaid expansion. On January 2, 2000 the state implemented a hybrid program in which families with incomes from 150-200 FPL can purchase low-cost health coverage. We elected to keep Indiana in study since the program was not operational until 2000 (a time frame outside of our study—1997-1999). Source: KidsCare www.kidscare.state.az.us.

Study Sites' SCHIP Participation

Our study included 16 community health centers (CHCs) or networks; a complete list of these sites is located in Appendix C. To increase the generalizability of the findings, our study included sites that varied both geographically and demographically. This variation caused a great deal of heterogeneity in our analysis of SCHIP's impact on the CHC programs. Many of our sites served as both CHCs and migrant health center sites, and all provided a full range of primary care and enabling services. A select number also provided dental services as well as pharmacy and subspecialty care. Sites varied in the size of their child patient population and the amount of resources that could be dedicated to increasing SCHIP enrollment. Although we attempted to study stand-alone MCH programs (e.g., non-CHC health departments), we were unable to find any in our study states that fit the criteria for inclusion. Most MCH programs either no longer provided direct comprehensive primary care to patients, or they did not have data systems capable of tracking individual patient encounters over the study period. Several of the CHCs that participated in the study do receive Title V funds and double as both CHCs and MCH programs for purposes of this study. Our findings therefore focus on the experience of CHCs with the SCHIP program. Where relevant, we discuss the findings from interviews with state MCH officials.

Exhibit 4 describes each site and its participation in the SCHIP program, its outreach and enrollment activities, and participation in managed care networks for the SCHIP and Medicaid programs. The table also displays the percentage of child patients enrolled in SCHIP/Medicaid at the beginning of our study period, and how this participation changed over the study period.

**EXHIBIT 4
STUDY SITES' SCHIP PARTICIPATION**

Site	Site Description	Percent of <19 patient population in SCHIP/Medicaid at start of study period and percentage point change during study ²⁹	Outreach and Enrollment Activities	Participation in Managed Care
ARIZONA				
El Rio Santa Cruz Neighborhood Health Center	330 grantee, 7 delivery sites, provides primary care pharmacy, laboratory, radiology and many specialty and social services. Patient population: 40,377; 42% under age 19.	SCHIP: 9% (+8 ½ percentage points) Medicaid: 50% (+6 percentage points)	Development and implementation of the KidsCare project, which consists of a team whose goal is to enroll 80% of Pima City into KidsCare. CHC outreach and enrollment activities include patient education by all staff, health fairs, development of coalitions, uninsured patient protocols, dedicated staff for application assistance and tracking.	5 managed care contracts with the area's Medicaid MCOs
Sun Valley	Ambulatory health care facility, 1 delivery site, provides comprehensive healthcare. Patient population: 18,585; 41% under age 19.	SCHIP: 0.2% (+4.8 percentage points) Medicaid: 42% (+4 percentage points)	Plans to hire outreach workers dedicated to Medicaid and KidsCare enrollment.	2 managed care contracts with the area's Medicaid MCOs
Colorado				
People's Clinic	Primary health care facility, 2 service delivery sites. Patient population: 10,044; 36% under 19	SCHIP: 3% (+3 percentage points) Medicaid: 54% (-6 percentage points)	Satellite Eligibility Determination site (SED) and receives small fee for completed applications from state.	Contracts with 2 of the area's 3 managed care MCOs
Plan de Salud	Community and migrant health center; 8 service sites; primary care and dental services on site. Patient population: 33,415; 47% under age 19	SCHIP: 1% (+3 percentage points) Medicaid: 37% (+3 percentage points)	SED site and receives small fee for completed applications from state.	Contracts with 3 of the area's managed care MCOs
Valley Wide	Community and migrant health center; 22 service delivery sites provides primary, dental and social services. Patient population: 30,000; 27% under age 19.	SCHIP: 5% (no change) Medicaid: 41% (+3 percentage points)	Formal outreach and education. Dedicated staff to assist and follow up with applications. SED site and receives small fee for completed applications from state.	Contracts with the only Medicaid MCO in the area.
Indiana				
Indiana Health Centers	Community and migrant health center, 8 full or seasonal sites; 2 homeless programs. Patient population: 33, 835; 10% under age 19.	SCHIP: no separate SCHIP data available, Medicaid expansion state Medicaid: 55% (-3 percentage points)	Serves as an outstationed enrollment site for SCHIP and Medicaid. Involved in the "No Wrong Door" approach to maximize SCHIP enrollment.	No risk-based managed care contracting, all services delivered under PCCM agreements.
Neighborhood Health Clinics	330 grantee; provides comprehensive primary care services. Patient population: 6,889; 47% under age 19.	No electronic transactional data provided	Involved in the "No Wrong Door" approach to maximize SCHIP enrollment. Serves as an SCHIP enrollment site.	Contracts with one Medicaid managed care MCO.

²⁹ Source: Site Electronic Encounter Data, Table 4 Users Who Ever had SCHIP/Medicaid by Age Group and Year, Percent of Age Group Population.

Site	Site Description	Percent of <19 patient population in SCHIP/Medicaid at start of study period and percentage point change during study ²⁹	Outreach and Enrollment Activities	Participation in Managed Care
Ohio				
Cincinnati Health Networks	Comprehensive health care network; 19 partners which include CHCs, homeless and Ryan White HIV/AIDS programs. Patient population: 35,000; 35% under age 19.	SCHIP: no separate SCHIP data available, Medicaid expansion state Medicaid: 65% (+3 percentage points)	Use of outreach workers to provide application assistance.	No managed care
Southern Ohio	Comprehensive health care facility; 19 service delivery sites provide primary, diagnostic, dental and social services on site. Patient population: 42,689; 42% under age 19.	SCHIP: no separate SCHIP data available, Medicaid expansion state Medicaid: 42% (-1 percentage points)	Use of outreach workers to provide application assistance.	No managed care
Pennsylvania				
Spectrum	Primary healthcare facility with 3 health center sites. Provides primary medical and social services. Patient population: 11,026; 50% under age 19.	SCHIP: 0% (+1 percentage points) Medicaid: 86% (-6 percentage points)	Serves as a Covering Kids pilot site, an initiative aimed at increasing SCHIP enrollment	Contracts with all 3 of the area's MCOs; 2 are commercial, 1 is Medicaid only
York	330 grantee and Ryan White Title III program; one health center site provides primary medical care and dental services; Patient population: 7,900; 56% under age 19.	SCHIP: 0% (+0.4 percentage points) Medicaid: 64% (-16 percentage points)	Use of center staff to encourage enrollment.	Contracts with 2 of the area's 3 MCOs
South Carolina				
Beaufort-Jasper	330 grantee, provides full range of primary care services through 10 health center sites. Patient population: 18,733; 35% under age 19.	SCHIP: no separate SCHIP data available, Medicaid expansion state Medicaid: 44% (+11 percentage points)	Accommodates an outstationed eligibility worker who takes primary responsibility for enrolling eligible patients into Medicaid.	No managed care
Franklin Fetter	Comprehensive health care facility that provides all primary care services through 4 service delivery sites. Patient population: 10,000; 35% under age 19.	SCHIP: no separate SCHIP data available, Medicaid expansion state Medicaid: 69% (+5 percentage points)	Accommodates an outstationed eligibility worker who takes primary responsibility for enrolling eligible patients into Medicaid; four school-based sites with a community health aide dedicated Medicaid/PHC enrollment.	No managed care
Family Health Centers	330 grantee provides comprehensive health services through 7 primary care sites and 4 school-based sites. Patient population: 30,000; 44% under age 19.	SCHIP: no separate SCHIP data available, Medicaid expansion state Medicaid: 62% (+2 percentage points)	Accommodates an outstationed eligibility worker who takes primary responsibility for enrolling eligible patients into Medicaid; outreach worker to focus on the Hispanic community.	No managed care

FINDINGS

Overall our findings suggest that during the study period, SCHIP had little impact on CHCs. As we will discuss in this section, CHCs saw small gains in both SCHIP and child Medicaid enrollment, and small decreases in the number of children who were uninsured. In fact, some CHCs actually saw small decreases in the number of child users and child visits covered by Medicaid. These findings occurred in states that had greatly simplified their SCHIP and Medicaid enrollment processes, and among CHCs that had exerted considerable effort to enroll their uninsured patients into public insurance programs. These findings raise important questions about why so many CHC child patients remain uninsured, especially in states with robust SCHIP enrollment. We explore these reasons and point out some best practices and lessons learned by our study sites.

Our findings will be discussed according to the five major research questions outlined earlier: 1) parents' ability/willingness to obtain SCHIP for their children; 2) children's health insurance volatility; 3) parents' ability/willingness to seek health services for their children at a CHC/MCH site; 4) SCHIP's impact on CHC sites; and 5) parents' ability/willingness to seek health services for their children from other providers (i.e., non-safety-net providers).

Parents' Ability/Willingness to Obtain SCHIP for their Children

Parents' ability to obtain SCHIP is, in part, a function of the state's eligibility policies, the model a state has selected, and the process by which that model has been implemented. In addition, individuals' awareness and knowledge of (or lack thereof) the program contribute to their ability to apply. In other words, a family may be very willing to apply for SCHIP but, due to bureaucratic obstacles, challenging application procedures, or limited outreach and application assistance, they may be stymied in their efforts to do so. A family's willingness to obtain SCHIP relies on several factors, which include the application process, and the consequences of either obtaining or forgoing coverage. Therefore, despite state and CHC efforts to increase a family's ability to apply, some parents may simply be unwilling to enroll their children into SCHIP. Since our findings indicate a difference in parents' ability and willingness to obtain SCHIP, we treat them independently in this section.

Ability to Obtain SCHIP

Summary of Findings

- **All six study states have simplified their SCHIP application/enrollment processes (e.g., joint SCHIP/Medicaid applications; redesigned/shortened applications; allowing mail-in or telephone application process).**
- **Most focus group participants reported that the SCHIP application process was easy.**
- **Some parents (e.g., domestic workers, day laborers) still face difficulties providing simplified documentation to complete their SCHIP applications.**
- **CHCs with dedicated outreach/enrollment staff increased patients' ability to apply for their children. Such staff can devote time necessary to assist with application completion, retrieving necessary documentation, checking on application status and following-up on denied applications.**
- **Some CHCs report that annual re-enrollment requires as much effort as initial enrollment.**
- **CHCs with established protocols for uninsured patients facilitate SCHIP/Medicaid applications.**

Simplified Application Process

Each of the study states has simplified its SCHIP/Medicaid application processes. State efforts have included creating joint SCHIP/Medicaid applications and redesigning and shortening their applications. Other states have allowed for mail-in or telephone application processes that eliminate applicants' need to visit local Medicaid agencies. States have also greatly reduced the documentation required to complete a SCHIP/Medicaid application. Now, most applicants are only required to provide proof of income to complete an application. In addition some states are considering whether to allow applicants to self-declare income information.

Most focus group participants reported that they found the application process to be easy. This was especially true for those who had received application assistance from CHC staff. Focus group informants reported that the forms were short, easy to understand, and simple to complete. Some had obtained their applications via a state supported 1-800 telephone number, while many others completed their applications at the CHC.

Most focus group participants reported that it was easy for them to provide income documentation for their applications. However, both CHC informants and some focus group participants reported that some applicants may have difficulty producing even the most simplified documentation. These informants reported that day laborers and domestics who do not have steady employment or who have multiple employers often find it difficult to produce one-to-two months' worth of pay stubs. This is especially true for those workers who are paid in cash.

Importance of Dedicated CHC Outreach Staff

We learned that CHCs that employed staff dedicated to the tasks of SCHIP/Medicaid outreach and enrollment found it easier to assist patients to apply for the program. Several study

sites have at least a partial full-time equivalent (FTE) staff member dedicated to SCHIP/Medicaid outreach and enrollment. These positions are funded in several different ways. Two sites have state-funded outstationed enrollment workers who not only assist with application completion, but can also determine applicants' SCHIP/Medicaid eligibility. Recognizing their importance, and because of a lack of state support, other CHCs have funded their outreach/enrollment staff from their own revenues. Another group of CHCs receive some funding from outside sources to cover some of the related outreach/enrollment costs. These sources include small state/local and foundation-supported grants, and state-supplied per-application incentives.

CHCs with staff dedicated to outreach and enrollment find that they can more easily assist applicants in completing their application processes. For example, such staff have the time to assist patients to complete their applications, a process that can take between 10 and 40 minutes depending on the applicant, his/her circumstances, and the state's requirements. CHC staff and focus group participants reported that it is rare for an applicant to have all necessary documentation on hand at the time of application. CHC outreach/enrollment staff can devote the time necessary to track down the necessary documents; some even make home visits to retrieve the vital information. Such staff can also spend the time required to regularly contact the Medicaid office or SCHIP-administering agency to check on the status of applications. Likewise, they can also contact SCHIP/Medicaid officials to learn why an application was denied and what is necessary to overcome the denial. In some cases, a CHC staff worker may counsel an applicant to work fewer over-time hours to reduce their income enough to qualify. Others may learn that the applicant is entitled to greater deductions for child care or transportation not previously counted. CHC staff also reported that dedicated outreach/enrollment staff also spend considerable time assisting patients with the annual re-enrollment process. Staff informants reported that it is essential to have good communication with SCHIP administrative staff (e.g. administrative contractors, local DSS staff) to ensure that CHC staff can track patients' applications.

CHCs that relied on front-line staff to undertake SCHIP/Medicaid outreach and enrollment activities found it was difficult to enroll high numbers of uninsured children into the program. CHC staff reported, and we observed, that front-line staff are already busy with taking incoming patient phone calls, scheduling appointments, and juggling patient inquiries. CHC staff reported that already over-burdened front line staff do not have the time to explain the SCHIP/Medicaid program to uninsured patients, assist with application completion, track down missing documentation, check the status of applications, or follow-up on denied applications. Instead, CHC staff reported, and we witnessed, that busy front-line staff often offered uninsured patients sliding-fee-scale applications because they are easier and shorter to complete, rather than taking the time to describe the SCHIP program and assist with application completion.

Importance of Protocols for Uninsured Patients

CHCs with established protocols for addressing uninsured patients found it easier to facilitate SCHIP/Medicaid applications. Several CHCs have taken a proactive approach to addressing uninsured patients who seek care at the center. First and foremost, these proactive CHCs have made it clear to staff that patients are to be enrolled on the sliding-fee scale only as a last resort. Only those who are unable to enroll in SCHIP/Medicaid (e.g., because of income or immigration status) should be kept on the sliding-fee-scale rolls. Staff are taught that they should exhaust all insurance options for each uninsured patient. These CHCs have set up protocols to ensure that uninsured patients are screened for potential SCHIP/Medicaid eligibility. For example, when uninsured patients enter one of these CHCs, they are automatically directed to an outreach worker or outstationed enrollment worker to explore different insurance options. Several CHCs also compile lists of all uninsured patients who are likely to be eligible for SCHIP/Medicaid and outreach workers contact them to discuss the program. Several centers also call uninsured patients the day before their appointment to explain about the various insurance programs and tell them which verification documents to bring to complete their applications.

Willingness to Obtain SCHIP

Summary of Findings

- **Patients are more willing to apply when all staff, especially clinicians, are involved in outreach efforts.**
- **Some patients are unwilling to apply for SCHIP/Medicaid because of their negative perception of public benefits.**
- **Patients are more willing to apply for SCHIP/Medicaid when their children are sick and in need of health insurance.**
- **We heard mixed reports on the affects of SCHIP's cost sharing requirements. CHC staff reported these were an obstacle for some families; focus group participants reported that premiums and co-pays did not hinder their ability to apply for and receive SCHIP benefits.**
- **CHC staff and focus group participants reported that some non-citizens fear applying for SCHIP because of the public charge issue, even for their citizen children.**
- **CHCs that are assertive in encouraging patients to apply have the greatest success in overcoming resistance by unwilling patients. However, some tactics used by a few CHCs (e.g., issuing bills for full value of services, refusing appointments for additional sliding-fee care) walk a fine line and could result in alienating the most stubborn patients who wish to remain on the sliding fee.**

Importance of Involving All Staff in SCHIP/Medicaid Outreach

Half the study sites reported that involving all staff members in SCHIP/Medicaid outreach increased patients' willingness to apply. Several centers reported that involving clinicians in SCHIP outreach efforts proved to be very successful. Patients who were previously

unwilling to apply when discussing the program with CHC billing or outreach staff were convinced of the program's benefits when their physician or nurse raised the subject.

One Arizona center posted a large blood drive thermometer on the wall to track the number of SCHIP/Medicaid applications taken at the center. This encouraged all staff members to talk to uninsured patients about the program and encourage applications. One Colorado center held a training for all staff that demonstrated the financial benefits of enrolling uninsured patients into the SCHIP program. Staff were shown a chart that showed the CHC's revenue for a typical patient on SCHIP/Medicaid versus an uninsured patient on the sliding fee scale. When staff saw the dramatic difference in payment to the CHC, and understood that additional funds could mean new services, staff raises and bonuses, and updated facilities, they had incentives to encourage more SCHIP/Medicaid applications.

Negative Perception of Public Benefits

CHC staff at half the study CHCs reported that some patients are unwilling to apply for SCHIP/Medicaid because of their negative perception of receiving public benefits. This was more common among low-income White patients in rural areas than among other patient demographic groups.

One Arizona center approaches patients' unwillingness somewhat differently. Uninsured patients are told that they must "apply for services" at the center. The application process addresses their insurance status and potential eligibility for SCHIP/Medicaid and any other publicly funded insurance programs. Therefore, applying for SCHIP/Medicaid becomes an intrinsic part of registering as a patient. This approach circumvents any patient resistance to applying for public benefits and puts the focus on becoming a patient at the CHC, rather than a recipient of SCHIP/Medicaid. This center has found this approach to be very successful.

Patients More Willing to Apply when Sick and in Need of Insurance

CHC staff at just over a third of the study sites reported that many patients are unwilling to apply for SCHIP/Medicaid until there is a need. Staff reported that although parents have been introduced to the program, they often do not actually apply until their child is ill and must be seen by the doctor. In states where the SCHIP program is a Medicaid expansion, this strategy does not necessarily pose a risk for families because back medical bills can be paid three months from the date of signing the SCHIP/Medicaid application. However, in states with separately administered programs parents cannot obtain retroactive payment for medical bills incurred prior to enrolling in the SCHIP program.

Premiums

When asked about SCHIP premiums and/or co-pays, most focus group participants who were subject to them did not report that they were an obstacle to enrolling their children into SCHIP.³⁰ Several focus group participants reported that SCHIP's premiums and/or co-pays were

³⁰ During our site visit, Colorado's SCHIP program had among the most expensive premiums and co-pays in the nation. Advocates warned that such high cost sharing requirements would negatively impact working families'

well below the cost of enrolling their children into their employer-based family coverage, or buying individual commercial products. Some CHC staff reported that some families have had difficulty meeting SCHIP's cost-sharing requirements; however, we did not encounter any.

Public Charge Issue

Our site visits to CHCs with high migrant and immigrant populations revealed that the public charge issue can deter some parents from applying for SCHIP for their uninsured citizen children.³¹ Despite the clarification issued by the Immigration and Naturalization Service in 1999, focus group participants and CHC staff reported that some immigrants are unwilling to apply for SCHIP. Reportedly, some parents would rather forego health insurance for their children than risk their ability to convert their citizenship status. Instead they rely on safety-net providers such as CHCs and public hospitals to provide health care when needed. CHC staff reported that they are very sensitive to these parents' concerns and do not force the issue of applying for SCHIP/Medicaid for fear of alienating them.

CHCs' Assertiveness with Patients Unwilling to Apply

Several CHCs reported that there is a contingent of patients who despite outreach efforts, remain unwilling to apply for SCHIP/Medicaid for their uninsured children. According to CHC staff, some parents refuse to accept public benefits, while some have had past negative experiences with Medicaid and/or Temporary Aid to Needy Families (TANF, the successor to AFDC) and refuse to deal with social service programs again. CHC staff point out that these patients have little incentive to apply for SCHIP since they know they can obtain primary care from the CHC for little cost, and more serious care from hospital emergency departments.

Faced with such stubborn patients, a few CHCs have undertaken some very assertive strategies to encourage their applications. Only as a last resort, some CHCs have decided that while they will not deny services for initial acute care, they will not issue appointments for subsequent care and/or they will issue patients bills for the full cost of the care delivered. This strategy is employed only after several attempts have been made to describe the SCHIP/Medicaid program(s) and its benefits (i.e., access to comprehensive care services), and the patient remains strident in his/her refusal to apply.

For the most part, this strategy has proved to motivate the most stubbornly unwilling patients to apply for SCHIP/Medicaid. CHCs in rural areas have experienced the most success

ability and willingness to apply for the program. Since our site visit, the state dramatically overhauled its premium and co-payment requirements.

³¹ The Illegal Immigrant Reform and Immigrant Responsibility Act of 1996 (IIRIRA), enacted by Congress, was designed to codify practices of the Immigration and Naturalization Service (INS) concerning the admissibility of immigrants, increased the reporting and verification requirements for federal and state agencies that administer public benefits and focused attention on the issue of public charge. In addition, IIRIRA changed the deeming law to hold immigrant sponsors legally responsible for new immigrants at a higher income level. This law has heightened concerns among immigrants that any use of public assistance, even a legitimate use of Medicaid, could interfere with an immigrant's ability to become a legal permanent resident (LPR) or petition to bring relatives to the U.S. In the spring of 1999, the INS issued proposed regulations clarifying the grounds for public charge and specifically noting that any use of the Medicaid and SCHIP programs would not subject an immigrant to the risk of being labeled a public charge.

since there are few, if any, competitors willing to see uninsured patients on a sliding fee. In other words, patients have no choice but to comply with the SCHIP/Medicaid application if they wish to receive health care. Conversely, the strategy has not been very successful in urban areas where patients have several options for receiving health care (e.g., free clinics, church-based clinics, health departments, emergency departments). CHCs in inner-city areas in particular know that such assertiveness will likely cause patients to seek other nearby providers.

Use of these strategies should be weighed very carefully since they have the potential to alienate patients. One rural CHC reported that among those who were unwilling to apply for Medicaid/SCHIP, and of those who were issued bills for the full cost of care, fully 50 percent have not returned for subsequent health care services. This has raised concern at the CHC that at least some of these patients may be forgoing care entirely, since there are no other local providers willing to provide care for free or at a reduced rate.

Children's Health Insurance Volatility

Summary of Findings

- **SCHIP/Medicaid had little effect on our study sites during the study period. Small to modest changes in SCHIP and Medicaid enrollment occurred at all centers. Some centers actually witnessed a decrease in child Medicaid enrollees. Few centers saw significant decreases in their child uninsured rates as well.**
- **Children who were never insured had lower utilization rates than did always insured children. Children who were sometimes insured visited the CHCs more often when insured than when they were uninsured.**
- **Once on SCHIP, enrollees tended to remain on the program for a year due to programmatic design.**
- **Review of 2000 UDS data reveal that study sites have made modest progress in enrolling more children into SCHIP/Medicaid and reducing their child uninsured rolls since the study's conclusion.**

Results of our electronic data collection³² and review of the centers' Uniform Data System (UDS) submissions revealed that SCHIP/Medicaid had little impact on our study sites during the study period. We sought to discover whether SCHIP had any effect on children's health insurance volatility, that is, whether SCHIP could reduce the frequent cycles of insurance/uninsured so often experienced by low-income children. To do so, we collected data on the number of children covered by different types of insurance throughout the study period, as well as those who were uninsured. We studied the patterns of insurance (and uninsurance) among CHC child users, as well as the frequency of their utilization. We compared our electronic data analysis to the CHCs UDS records for the same time period for consistency; for the most part our analysis of encounter records mirrors the trends seen in the centers' UDS reports. Subsequent UDS reports reveal that the study sites have made some modest progress in enrolling children into SCHIP/Medicaid and reducing their child uninsured rolls. This section

³² Electronic encounter data could only be collected from 13 of the 14 study organizations.

will address the most salient findings from our inquiry and analysis. The full set of our findings can be found in the tables at the end of this report.

Insurance Status

Over the study period we found that SCHIP had little effect on children's health insurance status. In states with separately administered SCHIP programs we could easily identify children enrolled in SCHIP, since they were coded at the CHCs with a distinct identifier which separated them from Medicaid enrollees. In states with SCHIP programs that were Medicaid expansions, we sought to compare changes in child Medicaid enrollment before and after SCHIP's implementation. This is because SCHIP children in states with Medicaid expansions are typically coded as Medicaid enrollees without an identifier that signifies their enrollment in SCHIP.

**EXHIBIT 5
INSURANCE STATUS AND INCOME DATA
1998 - 2000 UNIFORM DATA SYSTEM
ALL STUDY SITES**

State	Site	Year	Insurance Status (% of patients <19)				Income (% of total patients)				(% of total patients)
			Uninsured <19	Medicaid <19	SCHIP	Private <19	<100% FPL	101-150% FPL	151-200% FPL	>200% FPL	Patients <19
Arizona	El Rio	1998	9,430 (41%)	7,150 (31%)	0 (0%)	3,293 (14%)	20,491 (43%)	4,957 (10%)	1,215 (3%)	1,004 (2%)	23,022 (48%)
		1999	4,751 (28%)	8,381 (49%)	0 (0%)	1,552 (9%)	15,867 (39%)	3,007 (7%)	149 (0.3%)	668 (2%)	17,031 (42%)
		2000	4,479 (25%)	7,316 (41%)	1,459 (8%)	1,810 (10%)	18,137 (46%)	334 (1%)	123 (0.3%)	233 (1%)	17,785 (45%)
	Sun Life	1998	2,843 (39%)	3,005 (41%)	0 (0%)	1,393 (19%)	7,426 (43%)	4,712 (27%)	4,363 (25%)	1 (.01%)	7,329 (42%)
		1999	2,778 (36%)	3,319 (43%)	0 (0%)	1,600 (21%)	7,854 (42%)	5,018 (27%)	4,646 (25%)	5 (.02%)	7,699 (41%)
		2000	2,684 (30%)	4,312 (49%)	19 (0.2%)	1,842 (21%)	9,074 (41%)	5,757 (26%)	5,200 (24%)	4 (.02%)	8,861 (41%)
Colorado	People's Clinic	1998	1,981 (59%)	1,152 (34%)	208 (6%)	44 (1%)	5,992 (61%)	3,304 (33%)	362 (4%)	197 (2%)	3,385 (34%)
		1999	2,063 (58%)	1,246 (35%)	175 (5%)	83 (2%)	5,196 (52%)	3,210 (32%)	1,058 (11%)	303 (3%)	3,568 (36%)
		2000	1,736 (52%)	1,324 (40%)	249 (7%)	40 (1%)	5,148 (55%)	3,010 (32%)	871 (9%)	291 (3%)	3,349 (36%)
	Plan de Salud	1998	8,515 (65%)	2,659 (20%)	0 (0%)	1,980 (15%)	21,772 (67%)	7,182 (22%)	1,721 (5%)	1737 (5%)	13,154 (41%)
		1999	7,785 (50%)	4,249 (27%)	549 (4%)	2,987 (19%)	22,443 (67%)	7,388 (22%)	1,827 (5%)	1757 (5%)	15,572 (47%)
		2000	8,806 (53%)	4,394 (26%)	683 (4%)	2,748 (17%)	26,907 (74%)	6,372 (18%)	1,673 (5%)	1201 (3%)	16,631 (46%)
	Valley Wide	1998	1,651 (14%)	4,321 (37%)	375 (3%)	5,272 (45%)	12,119 (37%)	4,258 (13%)	3,177 (10%)	4324 (13%)	11,640 (36%)
		1999	3,189 (30%)	3,679 (34%)	297 (3%)	3,532 (33%)	16,014 (54%)	5,042 (17%)	3,559 (12%)	5041 (17%)	10,716 (27%)
		2000	2,319 (22%)	4,092 (39%)	797 (8%)	3,166 (30%)	16,714 (54%)	5,253 (17%)	3,708 (12%)	5252 (17%)	10,386 (34%)
Indiana	Indiana Health Ctr	1998	10,955 (63%)	5,847 (34%)	--	568 (3%)	18,888 (58%)	2,200 (7%)	7,856 (24%)	1,714 (5%)	17,371 (54%)
		1999	10,326 (60%)	6,093 (36%)	--	677 (4%)	18,307 (54%)	2,321 (7%)	8,193 (24%)	1,608 (5%)	17,099 (50%)
		2000	6858 (53%)	5,540 (43%)	--	548 (4%)	15,715 (59%)	2,177 (8%)	5,893 (22%)	1,199 (5%)	12,951 (49%)
	Neighborhood	1998	903 (27%)	2,069 (61%)	--	429 (13%)	5,237 (75%)	482 (7%)	275 (4%)	206 (3%)	3,403 (49%)
		1999	1,003 (37%)	1,496 (55%)	--	204 (8%)	3,221 (56%)	1,632 (28%)	284 (5%)	653 (11%)	2,703 (47%)
		2000	1,188 (41%)	1,502 (52%)	--	184 (6%)	1,801 (31%)	2,973 (50%)	190 (3%)	771 (13%)	2,874 (49%)
Ohio	Cincinnati	1998	8,122 (53%)	3,239 (21%)	--	582 (4%)	36,674 (87%)	2,770 (7%)	665 (2%)	1,390 (3%)	15,286 (36%)
		1999	5,943 (44%)	5,080 (41%)	--	101 (1%)	22,164 (63%)	6,600 (19%)	527 (1%)	1,408 (4%)	12,471 (35%)
		2000	5,217 (44%)	6,017 (50%)	--	96 (1%)	23,619 (72%)	6,142 (19%)	1,219 (4%)	1,755 (5%)	11,969 (36%)
	Southern Ohio	1998	2,882 (16%)	7,162 (40%)	--	7,926 (44%)	16,479 (39%)	8,874 (21%)	7,183 (17%)	9,719 (23%)	17,973 (43%)
		1999	2,518 (14%)	6,728 (37%)	--	8,749 (49%)	16,649 (39%)	8,964 (21%)	7,257 (17%)	9,819 (23%)	17,995 (42%)
		2000	2,241 (11%)	8,342 (42%)	--	9,169 (46%)	15,744 (34%)	8,478 (18%)	6,863 (15%)	9,285 (20%)	19,752 (43%)
Pennsylvania	Spectrum	1998	1,782 (32%)	3,266 (58%)	0 (0%)	503 (9%)	10,183 (92%)	490 (4%)	140 (1%)	124 (1%)	5,618 (51%)
		1999	2,060 (38%)	3,060 (56%)	29 (1%)	413 (8%)	10,089 (92%)	618 (6%)	173 (2%)	146 (1%)	5,486 (50%)
		2000	894 (19%)	3,278 (71%)	35 (1%)	429 (9%)	8,527 (90%)	627 (7%)	147 (2%)	141 (1%)	4,636 (49%)
	York	1998	1,267 (28%)	1,995 (44%)	21 (0%)	1,211 (27%)	5,484 (70%)	869 (11%)	394 (5%)	158 (2%)	4,495 (57%)
		1999	1,663 (37%)	1,823 (40%)	29 (1%)	1,020 (22%)	4,349 (54%)	1,106 (14%)	469 (6%)	497 (6%)	4,546 (56%)
		2000	1,479 (31%)	2,387 (50%)	55 (1%)	809 (17%)	4,563 (52%)	1,299 (15%)	521 (6%)	896 (10%)	4,732 (54%)

EXHIBIT 5 (CONTINUED)
INSURANCE STATUS AND INCOME DATA
1998-2000 UNIFORM DATA SYSTEM
ALL STUDY SITES

State	Site	Year	Insurance Status (% of patients <19)				Income (% of total patients)				(% of total patients)
			Uninsured <19	Medicaid <19	SCHIP	Private <19	<100% FPL	101-150% FPL	151-200% FPL	>200% FPL	Patients <19
South Carolina	Beaufort-Jasper	1998	3131 (40%)	4078 (52%)	--	604 (8%)	9920 (53%)	3364 (18%)	1018 (5%)	4311 (23%)	7861 (42%)
		1999	2880 (44%)	2970 (45%)	--	669 (10%)	9431 (51%)	3395 (18%)	1294 (7%)	4613 (25%)	6552 (35%)
		2000	3073 (46%)	2938 (44%)	--	628 (9%)	8448 (45%)	3738 (20%)	1494 (8%)	5068 (27%)	6717 (36%)
	Franklin Fetter	1998	2349 (37%)	3652 (57%)	--	394 (6%)	13553 (87%)	825 (5%)	337 (2%)	793 (5%)	6396 (41%)
		1999	1096 (31%)	2246 (64%)	--	151 (4%)	7330 (73%)	1059 (10%)	511 (5%)	1108 (11%)	3493 (35%)
		2000	919 (25%)	2452 (66%)	--	337 (9%)	7668 (73%)	684 (7%)	260 (2%)	1908 (18%)	3735 (36%)
	Orangeburg	1998	2621 (24%)	5721 (52%)	--	2583 (24%)	21748 (80%)	1628 (6%)	371 (1%)	564 (2%)	10925 (40%)
		1999	3295 (27%)	7370 (61%)	--	1375 (11%)	19683 (72%)	1816 (6%)	554 (2%)	269 (.9%)	12044 (44%)
		2000	2736 (23%)	7234 (61%)	--	1974 (17%)	20752 (74%)	1829 (7%)	523 (2%)	261 (1%)	11950 (43%)

Our analysis of UDS data revealed that in states with separately administered SCHIP programs (Arizona, Colorado, and Pennsylvania), all seven CHCs experienced modest increases in the percent of child users covered by SCHIP. These increases were small, ranging from 0.4 to 8 percentage points across the seven sites (Exhibit 5). In terms of the percent of child visits covered by SCHIP, all seven sites experienced still more modest gains according to their encounter data. Increases at these sites ranged from 0.1 to 3 percentage points (Table 5 at end of report).

Our examination of the percent of children and child visits covered by Medicaid at the study sites yielded some interesting results. UDS data indicate that while eight of the study sites witnessed small increases in the percent of child users covered by Medicaid (between 3 and 6 percentage point increases), five of the sites actually saw small decreases in the percent of children covered by Medicaid (0.4 to 9 percentage points) (Exhibit 5). Encounter data analysis revealed that seven of the CHCs had modest increases in the percent of child visits covered by Medicaid over the study period (1 to 8 percentage points); four experienced a decrease (between 6 and 8 percentage points); and two saw no change (Table 5 at end of report). This is particularly interesting since Medicaid rolls are expected to increase overall due to a coattail effect from SCHIP outreach and enrollment efforts. This phenomenon is not affected by the type of SCHIP program (i.e., separately administered or Medicaid expansions) implemented in the state.

Trends for uninsured child users reflect our findings discussed above. UDS data revealed that nine of the CHCs reported decreases in the percent of uninsured children (from 5 to 16 percentage points); however, four reported increases in the percent of children who were uninsured (between 3 and 14 percentage points) (Exhibit 5). Encounter-level data on uninsured child visits revealed similar trends; however, our results were less broad than those reported on the UDS. For example, CHCs' encounter data revealed that eight of the study sites had seen a decrease in the percent of children who were uninsured, but the change was less dramatic than that reported in the UDS (between 0.1 to 4 percentage points). Encounter data revealed that three of the CHCs experienced an increase in the percent of uninsured child visits, and again, the change was less dramatic (between 1 and 4 percentage points). Two of the study sites did not witness a change in the percent of uninsured child visits (Table 5 at end of report).

Insurance Groups

We separated users into three insurance groups: 1) always insured; 2) sometimes insured; and 3) never insured. We considered a user to be always insured if she/he never experienced an uninsured visit. Such users were not required always to be insured by the same insurance type (Medicaid or private); those who experienced switches among different insurance types were included in this group (e.g., Medicaid to private insurance to SCHIP). Those users who experienced both insured and uninsured encounters were included in the sometimes-insured group; while those who never had an insured visit were included in the never-insured group.

Table 13, found at the end of the report reveals the overall insurance grouping of patients over the study period. Our analysis shows that the percent of all children who were always insured ranged from 23 to 84 percent across all states with a weighted average of 54 percent.

This figure includes those children with one or more visits. When we looked at children with two or more visits, we found that while children were more likely than adults to be always insured at a majority of the sites, a significant percent of children were never insured (from 5 to 35 percent with a weighted average of 19 percent). Of those that were currently uninsured at the end of the study period, the majority had always been uninsured (from 68 to 88 percent with a weighted average of 80 percent).

We also found a considerable number of children with two or more visits who were sometimes insured (i.e., by definition they were also sometimes uninsured, the most volatile group). In all but two of the centers, at least a fifth of the child population with two or more visits was sometimes insured. Several centers had even higher rates of sometimes insured children; children who were sometimes insured usually made up between one quarter to one third of the child population of regular users (i.e., had more than one visit). At one center, 58 percent of children with two or more than visits were sometimes insured. (Table 13).

Utilization

We found some interesting utilization patterns among children who used the study sites. Our analysis indicates that children were more likely to have multiple visits to the CHC than a single visit. This indicates that children are more likely to receive regular care from the CHC, rather than episodic care for acute conditions (Table 15).

When we looked at children by insurance group, we found some fascinating trends. For example, children who were never insured used the CHCs less frequently than those who were always insured (Table 17). In addition, children who were sometimes insured used the CHCs more frequently during times of insurance than when they were uninsured. Across all sites, sometimes-insured children used the centers approximately twice as often when they were insured than when they were uninsured (Table 18). This indicates that the CHCs are important sources of safety-net care for uninsured children; however, it also raises an important question about why sometimes uninsured children use the CHCs less frequently when they have no insurance. Perhaps families cannot afford the CHCs' sliding scale fees; others may perceive that they are less welcome when uninsured; others may simply be used to limiting their care-seeking behavior during periods of uninsurance and opt only to go to the CHC when absolutely necessary. Or, the explanation may lie in the parents being more likely to seek insurance coverage when their children are sick, a period when they are also most likely to use the CHC.

Switching Patterns

We also reviewed children's patterns of switching insurance types. Most children did not switch insurance status during the study period. Child non-switchers ranged from 60-89 percent (weighted average of 78 percent) (Table 10). Among non-switcher children with both single and multiple visits, we found that more always had Medicaid (between 29 to 82 percent across sites, weighted average of 45 percent); followed by those who were always uninsured (ranged from 11 to 62 percent across sites, weighted average of 35 percent). Fewer children always had private insurance (between 1 and 40 percent, weighted average of 18 percent); and even fewer always had SCHIP (ranging from 0.1 percent to 3 percent) (Table 10).

Among children with single switches between insurance types, the most common pattern we saw was from uninsured to Medicaid (ranged from 18 to 63 percent, weighted average of 32 percent). The next most common switch pattern was from Medicaid to uninsured (between 16 to 52 percent, weighted average of 27 percent). A small percent of children went from uninsured to SCHIP (from 0.3 to 14 percent, weighted average of 8 percent) (Table 8). Among those children who did switch to SCHIP, nearly all remained enrolled in the program for 12 months, a fact likely due to the program's structure.

Parent's Ability/Willingness to Seek Health Services for their Children at a CHC/MCH Site

Summary of Findings

- **Focus group participants reported that obtaining SCHIP did not effect their utilization of the CHC/MCH site.**
- **Most focus group participants reported that they have not forgone seeking preventive care for their children when uninsured; however, several reported delaying care during times of uninsurance.**
- **Many focus group participants reported delaying or forgoing care for themselves when sick and uninsured.**
- **Many focus group participants reported being longtime patients of the CHC site; however, some were reassigned to new providers through their managed care plan.**
- **Nearly all focus group participants reported that regardless of their children's insurance status, they were able to obtain services at the site.**
- **Most former users sought care from the CHC site less than three years ago; most had used the site for less than two years.**
- **Most former users reported that they stopped seeking care from the study sites because they were displeased with the CHC.**
- **Most former users knew that they could go to the CHC after obtaining SCHIP/Medicaid; however, most expressed no desire to return to the CHC for care.**
- **A majority of former users reported that they would return to the CHC for care if they lost health insurance coverage; nearly a fifth reported that they would seek care at a hospital emergency room.**

Impact of SCHIP

Overall, focus group participants reported that having health insurance did not affect their ability to seek health services at the CHC site. Most patients were long-time users of each site; several patients reported that their children had been receiving services at the site since their birth. A majority of patients had sought services prior to SCHIP and continued to do so after the program was implemented. Some patients reported that obtaining SCHIP made it easier for them to obtain health care for their children and relieved them of financial concerns related to such care.

Health Care-Seeking Behavior

Nearly all focus group patients reported that regardless of their children's health insurance status, they have not forgone seeking either primary or preventive care for their children due to lack of resources. However, one patient in Ohio reported that her grandchildren had not been to see a doctor in over a year due to lack of insurance coverage; she stated, *"If you don't got health insurance, you just can't do it."* Although only one parent reported forgoing care, many reported delaying care for their children when uninsured. One patient in Colorado reported, *"I wait until the last terrifying minute when I don't have insurance...all of us in this room would wait until their children were at their most critical point and then go to the emergency room, but with insurance, if they get the sniffles you just say, 'forget it, I'm taking him in anyway,' and you don't worry about not being able to pay the bill."* Another patient in Arizona reported, *"With kids I do take them in but there's been times where we just didn't have any money, when we didn't have insurance. Where normally you would be concerned enough to take them in, you're just as worried and concerned [when you don't have coverage] but you have to just wait and judge it and be watching them...you think you're wrong for not taking them in but what should I do? You don't take them in because you know you can't pay."*

Almost all focus group participants reported delaying or forgoing care for themselves when uninsured. Many patients reported using over-the-counter medications or home remedies to treat their illnesses. In most cases, they either waited until they overcame their sickness, or until their symptoms were so severe that they required care in the emergency department.

In general, we found that obtaining SCHIP has changed patients' health care-seeking behaviors. Many focus group patients reported that they were less apt to delay acute care and more apt to seek preventive care for their children. One patient in South Carolina reported, *"If you don't have insurance, you don't feel the need to check up your eyes, your ears, your system and you're not going to do it because you're gonna have to pay for it..."* A patient in Arizona reported, *"Now I splurge on (preventive) stuff...to me the KidsCare program is for sick and all that, but yes, I will now use it for preventive stuff."*

As we stated earlier, our electronic data analysis found that patients who were sometimes insured -- and sometimes uninsured -- sought services more frequently during times of insurance; a more detailed discussion of this trend is found at the end of this section. Although we found that patients were appreciative of their insurance coverage and tended to seek services more frequently when insured, they voiced concern about abuse of insurance coverage. In particular, many patients in Arizona reported that they were careful not to abuse their coverage. One patient stated, *"You don't abuse the privilege, so many people out there abusing it and I think that's why all these things have that stigma attached to them..."*

All focus group participants reported that they could receive care at the CHC regardless of their ability to pay; in most cases, they were required to pay a small fee in accordance with the CHC's sliding fee scale. Many reported that they delayed care for their children because of their inability to meet even nominal sliding-fee requirements. However, they realized that the nominal fee (usually \$10-\$20) was far less than what they would pay if uninsured and receiving services at a hospital emergency department or a private physician's office.

Ability/Willingness to Seek Care from a CHC

Managed Care

Although most patients had sought care at the CHC before and after SCHIP's implementation, this was not always the case in states where SCHIP enrollees were required to enroll in a managed care plan. In these states, we found several cases where patients were assigned to another provider through their SCHIP managed care plan. The complexity of the enrollment and default process and the CHC's contractual status with the MCOs in the area played a significant role in whether or not the patient remained at the CHC after enrolling in SCHIP. In most cases, a patient's choice of MCO was driven by his/her choice of primary care provider. However, patients who did not understand the process or were unwilling to go through the process of changing a default selection (i.e., auto-assignment to a provider other than the CHC) ended up seeking services from another provider after enrolling in SCHIP. We found that sites in Indiana were the most negatively effected by auto-assignment caused by the complexity of the managed care, primary care provider (PCP) selection process. Nearly all informants in Indiana reported that the auto-assignment process has been problematic and CHC staff reported that many of their patients were lost as a result. In general, nearly all study sites located in areas with significant managed care penetration contracted with the MCOs in their area. However, we found that one site neglected to contract with the MCO in its area until major penetration had occurred, which resulted in the reassignment of many of their patients elsewhere.

The CHCs' efforts to retain patients that enroll in SCHIP varied among sites. While some sites focused on enrolling their uninsured patient population into SCHIP, other sites broadened their approach to enroll their patient population as well as other uninsured residents in the community. One site that engaged in such an effort estimated that only one-third of the SCHIP applicants they assisted remained at the site for care. In most cases these applicants already had established relationships with other providers in the community. Informants reported that many community providers encourage patients to go to the CHC for SCHIP application assistance.

Choosing to Seek Services from the Health Center

Although many patients expressed frustration with the long waiting times at the CHC, most expressed their loyalty to the site and their satisfaction with the services they received there. A patient in Ohio stated, "*I come here, it takes me 45 minutes to get here, I like this clinic, I like all the nurses and I like the doctors...I wouldn't give this clinic up for nothing.*"

Patients we spoke with in many of our study sites reported that they often experienced difficulty with obtaining timely appointments for themselves but not for their children. Patients who reported difficulties with getting appointments for their children experienced this problem with dental appointments only. This problem was paramount in Colorado where the SCHIP program did not cover dental services.³³ During our site visit we found that safety-net providers bore the responsibility for delivering dental services for the uninsured and underinsured. One of our study sites was the primary source of dental care for the uninsured in the area and had few

³³ Colorado now provides dental services in its SCHIP benefits package.

openings. Lack of coverage and scarcity of dental providers resulted in both access and affordability issues for low-income residents in need of dental care. In general, we found that patients who had difficulties with obtaining appointments (both dental and medical) were able to get assistance from CHC administrative staff.

Overall, we found that most patients were pleased with the care they received at the CHC. However, in several study sites we found that some patients questioned the quality of care that they received at the CHC and wondered if CHC providers were as good as private practitioners. One focus group participant stated, *“For me, I was actually sitting in that office, sitting in the community health center dental clinic and realizing that... if I didn’t know [the dentist] I would be thinking that I was substituting care for my child, you know what I mean, I have to take him here because I can’t take him to a good dentist.”* These same patients expressed frustration over their lack of provider choice. *“We don’t have any choice in the matter, we do with doctors but not with dentists, you don’t have a choice of who you’re going to see, so you sit there and everybody else who’s there realize that we don’t have a choice in our care...”*

Although some patients were skeptical of CHC quality of care, a majority of focus group patients were pleased with the care they received from CHC physician staff. Patients at one study site were extremely appreciative of the character of their providers. One patient stated, *“...[T]hose are really good people there willing to sacrifice for me. I’ll go to them and so I used to think the way you do right now until I found out that those doctors aren’t really getting paid very much at all.”* Another patient stated, *“There are people, doctors, caretakers, whatever you want to call them that care about us, us that are stuck down here at the bottom. And care about providing quality care and that’s what counts.”*

Some patients expressed displeasure with the frequent turnover of physicians and the fact that their children could not always receive services from the same doctor. This was especially true in one site that had instituted a policy stipulating that all walk-in patients see a physician assistant rather than a physician. In general, patients expressed an overwhelming satisfaction with their particular CHC site. A patient from Colorado stated, *“Not one of these times has anybody here, physicians, doctors or even anybody at the front desk ever made me feel like I wasn’t...you know, anything but a person, they never once. I can call them at night after hours, they put me through to a nurse right away....and I think it’s great, it’s wonderful.”* A patient from Arizona reported, *“Every time I bring [my kids] here they attend to them quickly. I don’t have any problems here. Everything is together here: vision, teeth, pharmacy, everything. And when I can’t get [my children] seen, I call [a CHC staff member], she will help me and they will get seen.”*

Importance of Facility Appearances

We found that the physical appearance of the facility impacted patients’ perceptions of the site as well as their tolerance of problems found at the CHC (e.g. long wait times, frequent staff and physician turnover, etc.). Patients at one Arizona site were more tolerant of the center’s long wait times once the CHC relocated to a larger, more comfortable facility. Likewise, focus group patients at one Ohio site commented on the modern facility in which the center was located, *“It’s heaven here, where I used to go-I was uninsured, stuck there-that was the clinic,*

this is the doctor's office." Patients at another Ohio site also expressed their appreciation for the center's new facility.

We found that CHC staff in several states were concerned about patients' perceptions of the CHC. Center staff reported that it is important for them to improve patients' perceptions of the CHC (i.e., that the CHC is only for low-income people who are under or uninsured) in hopes that patients will seek services there both when insured and uninsured. Senior staff at one Ohio site were concerned that residents in the immediate area viewed the CHC as a "clinic" because the facility is over 30 years old and has not been renovated. We found that center staff at all sites realized the important connection between patients' perceptions of the CHC and its viability. This was especially true for CHCs located in areas where there is significant competition for Medicaid/SCHIP patients.

Former Users

Aggregated responses from former CHC users interviewed via telephone survey revealed that most had sought services from the CHC site less than three years prior to the study (61 percent). Unlike current health center users, over half (56 percent) of former users reported that they had used the CHC for a short period of time (less than two years). (Exhibit 6)

EXHIBIT 6 FORMER USERS SURVEY AGGREGATED DATA FROM FORMER PATIENTS OF ALL SITES

Q2a. When did you seek services from the CHC?			Q2a. For how long did you seek services from the CHC?			Q2a. How long has it been since your last visit?		
Time	#	%	Time	#	%	Time	#	%
<1	13	14%	<1	30	32%	<1	24	26%
1-2 yrs	30	32%	1-2 yrs	23	24%	1-2 yrs	33	35%
2-3 yrs	14	15%	2-3 yrs	14	15%	2-3 yrs	17	18%
3-4 yrs	10	11%	3-4 yrs	7	7%	3-4 yrs	9	9%
4-5 yrs	3	3%	4-5 yrs	3	3%	4-5 yrs	1	1%
>5 yrs	11	12%	>5 yrs	12	13%	>5 yrs	10	11%
No Answer	14	15%	No Answer	6	6%	No Answer	1	1%
Total	95	102%	Total	95	100%	Total	95	101%

Note: Due to rounding, figures don't add up to 100

Most former users cited displeasure with the CHC as the reason they stopped seeking care from the site. Many reported that they left because they either didn't like the facility, physician or care they received; an almost equal percentage reported that they experienced long wait times or difficulty with obtaining an appointment. (Exhibit 7)

EXHIBIT 7
REASONS FORMER USERS STOPPED SEEKING CARE FROM CHC STUDY SITES AGGREGATED
DATA FROM FORMER PATIENTS OF ALL SITES

Q7. Why did you stop seeking health care at the CHC site?			
Reason	#	%	
Didn't like facility	94	21.3%	
Didn't like physician/care	93	21.0%	
Long waiting time	86	19.5%	How long was the wait? 3 hours (25%) 1-2 month (20%)
Difficult to obtain appointment	85	19.2%	
Obtained insurance	24	5.4%	
Couldn't get needed services	10	2.3%	
Hard to get to	10	2.3%	
Didn't choose site; was auto-assigned	8	1.8%	
Wanted to see a private doctor	7	1.6%	
Wanted to see better doctor	6	1.4%	
Not a regular user of the CHC	6	1.4%	
Followed CHC physician to private practice	5	1.1%	
Denied services at CHC	2	0.4%	
No longer qualified; increased income	2	0.4%	
Moved	2	0.4%	
Only go to CHC for immunizations	1	0.2%	
Erroneously billed for services	1	0.2%	

Note: Respondents could give more than one answer.

Most former users knew that they could go to the CHC after obtaining SCHIP/Medicaid (45 percent); however, most expressed no desire to return to the CHC for care (57 percent). (Exhibit 8)

EXHIBIT 8
FORMER USERS KNOWLEDGE ABOUT USING CHC WHEN INSURED AGGREGATED DATA FROM
FORMER PATIENTS OF ALL SITES

Q8. Did you know your family could still obtain services from the CHC site since obtaining SCHIP/Medicaid?		
Answer	Number of Responses	Percent %
Yes	43	45%
No	28	29%
Did not respond	24	25%
Total	95	99%

Note: Due to rounding, figures do not add to 100%

Finally, a majority of former users reported that they would return to the CHC for care if they lost health insurance coverage (55 percent); however, nearly a fifth reported that they would seek care at a hospital emergency room (18 percent). The majority said that they were happy with their current provider (41 percent). In addition, 20 percent reported they would not return to the CHC because they had obtained insurance. This suggests that former users view CHCs as safety-net providers and only seek services when uninsured. (Exhibit 9)

EXHIBIT 9
POSSIBILITY OF FORMER USERS RETURNING TO CHC SITE FOR CARE AGGREGATED DATA
FROM FORMER PATIENTS OF ALL SITES

Q9. Would you ever consider returning to the CHC site for health services in the future?			Q9a. Why or why not?			Q10. What changes could the CHC make to encourage you to return there for health services?		
Response	#	%	Response	#	%	Response	#	%
No	53	57%	Happy with new doctor	17	41%	Don't know/no response	45	59%
			Obtained insurance	8	20%	Shorten waiting time	13	17%
			Denied Service	4	10%	Improve facilities/ service/ providers	11	14%
Yes	40	43%	Didn't like care /service	3	7%			
			Doctor left CHC	3	7%			
			CHC not convenient	2	5%			
Did not respond	2	2%	Long wait	2	5%	Accept insurance	2	3%
			Didn't like staff	1	2%	See same doctor	2	3%
			Not interested	1	2%	Stay open more hours	1	1%
Total	95	100%						

Note: Permitted more than one response.

SCHIP's Impact on CHC Sites

Summary of Findings

- SCHIP has had little impact on most sites, primarily because of low SCHIP enrollment, and little residual effect on Medicaid or uninsured rolls.
- Some sites reported potential or current financial impact (post 1999) and change in modus operandi as a result of SCHIP's implementation.
- Other state insurance programs may mitigate the impact of SCHIP on some sites.
- SCHIP's implementation has had little impact on MCH sites.
- Some states do not mandate that SCHIP plans contract with CHCs.
- In states with separately administered SCHIP programs, most services are delivered to SCHIP enrollees under pre-existing Medicaid managed care contracts. CHCs in states with separately administered programs face the challenge of providing care when capitation rates negotiated in preexisting contracts do not adequately cover the cost of care. Although services for Medicaid beneficiaries are paid under the Federally Qualified Health Center payment rates, SCHIP patients' care is not.
- CHCs in states with separately administered programs need to be able to distinguish between Medicaid enrollees and SCHIP children to adequately forecast the financial implications of enrollment.
- When weighing capitation rates against Section 330 grants CHCs in states with separately administered SCHIP programs may perceive a potential disincentive to enrolling children into insurance programs.

Few SCHIP Enrollees and Little Impact thus Far

In general, we found that SCHIP has had little impact on most sites, primarily because of low SCHIP enrollment. As we stated earlier, all 13 study sites had very few patients enrolled during the study period; SCHIP enrollment ranged from 1 to 9 percent. Although our electronic data revealed that SCHIP enrollment was low, it also showed that enrollment at the sites rose during the study period. By the end of the study period all sites had increased enrollment by at least one percent (Table 4).

Sites that served as enrollment centers or satellite eligibility determination (SED) sites did not fare better in terms of increased enrollment. For example, sites in Indiana function as SCHIP/Medicaid enrollment centers and conduct outreach, application assistance and follow-up on submitted applications. Likewise, the Colorado study participants are SED sites and provide application assistance. While these sites can provide application assistance, they cannot actually enroll children into SCHIP. This function can only be conducted by state Medicaid eligibility workers or SCHIP contractors. Several study sites expressed frustration over their inability to make eligibility determinations on site. They reported that if they were able to determine

SCHIP/Medicaid eligibility they would increase the timeliness of patients' enrollment into the programs, and immediately identify a source of reimbursement for rendered services.

Residual Effect on the Uninsured

Because SCHIP enrollment at our study sites was low, most sites could not report any significant impact resulting from SCHIP's implementation. It is important to clarify that we are referring only to the quantitative impact (i.e. reduction of uninsured, increased enrollment in Medicaid/SCHIP) of the program rather than any qualitative changes resulting from SCHIP's implementation. As we discussed earlier, SCHIP had a minor impact on reducing the number of uninsured child patients over the study period. A negligible percentage of the currently insured child population at the sites who were previously uninsured are currently insured by SCHIP (Table 11). In fact, no site experienced more than a two percent conversion among both single and multiple switchers. However, in spite of the small number of children now insured by SCHIP, the percent of uninsured child patients has decreased among most sites. With the exception of Pennsylvania study sites, all sites either maintained or decreased their percentage of uninsured users (all sites experienced a 0 to 14 percent decrease). In contrast, both Pennsylvania sites experienced an increase of 4 and 7 percent during the study period.

Most changes in a site's uninsured and SCHIP/Medicaid patient populations are influenced by several factors including the SCHIP/Medicaid outreach and enrollment activities employed by the site. However, some factors affecting the center's patient population insurance mix are out of the centers' control. One such factor is the influx of uninsurable patients to the site. Two study states (i.e., Indiana and South Carolina) have experienced exponential growth in their Hispanic populations. We found that although many Hispanic children are born in the U.S. and qualify for Medicaid/SCHIP, many parents are undocumented and afraid to apply or do not realize that their children are eligible (See the earlier discussion of public charge issue under parents' willingness to apply for SCHIP for their children). The influx of patients who either don't qualify for insurance programs or are unable to apply (i.e., lack of income documentation) increases the number of uninsured patients at the site, thus mitigating the impact of increased Medicaid or SCHIP enrollment. This was the case at several of the Indiana and South Carolina study sites. Arizona sites also serve a large Hispanic population; however, they have always had a large Hispanic population and did not report any financial effects from sudden influxes of uninsurable patients.

Residual Effect on Medicaid Enrollment

Many states have found that SCHIP outreach and education results in a related increase in Medicaid applications and enrollment.³⁴ In our study states, the number of unduplicated children enrolled in Medicaid, as a result of SCHIP outreach, was greater than the number enrolled in the states' SCHIP programs. However, this statewide increase did not always translate into an increase in Medicaid enrollment at the individual study site. As we described above in the

³⁴ Medicaid-only enrollment increased by 10.6 percent from June 1997 to December 1999, and SSI enrollment increased by 4.7 percent; however, TANF-related Medicaid enrollment decreased by 39.1 percent. Ellis, E. Smith, V. and Rousseau, D. Kaiser Commission on Medicaid and the Uninsured. Medicaid Enrollment in 50 states: July 1997-December 1999. October 2000.

section on children's health insurance volatility, we found that SCHIP outreach has had little residual impact on Medicaid enrollment at CHCs. While eight sites experienced increases in Medicaid enrollment (between 3 and 10 percent)³⁵, five sites experienced decreases in Medicaid enrollment of between one and 16 percent (Table 4).

It is important to note that changes in a site's overall patient population may cause distortions in the patient insurance mix percentages. In other words, seemingly significant increases or decreases may not be as significant when taking into account large shifts in the site's patient population caused by downsizing or expansions implemented by the site's parent organization/network. Two of our study sites (one each in Ohio and South Carolina) closed satellite sites during the study period. These closures caused a significant shrinkage in their patient populations that may have distorted their Medicaid/SCHIP enrollment percentages. Although some sites in South Carolina, Ohio, Indiana, Arizona and Colorado also experienced decreases in their patient populations over the study period, these decreases were not as dramatic as the two sites described above.

SCHIP's Financial Impact

Low SCHIP enrollment among the study sites caused most CHC senior administrative staff to report that SCHIP has not had a significant financial impact on the site. Nevertheless, they admitted that converting uninsured children onto insurance and gaining a payor source for previously uninsured children is of obvious benefit to the site. Many staff persons reported that these conversions free resources to expand their services and provide care to uninsurable patients. More importantly, several administrators saw beyond the current nominal financial impact of SCHIP to the program's potential impact. These administrators reported that increased SCHIP/Medicaid enrollment is integral to the site's financial health; one administrator noted that enrolling children into insurance programs is of ultimate benefit to both the child and provider.

SCHIP's Non-Quantitative Impact

As noted earlier, our study quantitatively examines the impact of SCHIP on the sites; therefore, our findings support the statement that SCHIP had a modest impact on our study sites. However, several study sites reported that SCHIP has had a tremendous impact on their site, which necessitates an evaluation of SCHIP's impact in terms of modus operandi. In some sites, SCHIP has significantly changed the way the center functions. We noted such an impact at selected sites in Arizona and South Carolina; two sites in these states took an active role in SCHIP outreach and enrollment from the inception of the SCHIP program. One of the centers funded its own outreach activities; sought input and additional funding from community members; developed coalitions to determine barriers to enrollment; developed goals for enrollment; and essentially became a SCHIP enrollment center for the whole community. The other center employed many of the same strategies and incorporated home visits conducted by an outreach worker.

³⁵ Sites in states with Medicaid expansion SCHIP programs could not distinguish between Medicaid and SCHIP enrollees using site level data; therefore, the reported increase in Medicaid enrollment (i.e. 10 percent at Beaufort-Jasper) may not be a true indication of residual Medicaid enrollment.

Both centers invested significant resources (i.e., both time and money) into increasing SCHIP enrollment in both their patient populations and communities. Although these centers strove to increase enrollment, they have yet to see a significant financial impact on their sites. This may be due to the fact that they are not retaining new enrollees who may only come to the health center to obtain application assistance and then return to their usual provider for care. Regardless, of the lack of significant quantifiable results from outreach and enrollment activities, these centers view SCHIP as a valuable program that will ultimately benefit children in their communities. This view is evidenced in how some centers have augmented their activities to ensure all uninsured patients are exposed to some type of insurance product during their visit. We found that sites that recognized SCHIP's potential impact and understood the ultimate benefit of the program, were willing to implement significant operational changes to increase SCHIP/Medicaid enrollment (e.g., involve all staff in outreach/education, assess all uninsured patients for SCHIP/Medicaid before placing on sliding fee).

Competition from Other Insurance Programs

In two states, Arizona and Colorado, we found that other insurance programs serving the uninsured competed with SCHIP and may be a factor in sites' low SCHIP enrollment. In some cases, this other insurance program was easier to apply for and patients were more willing to apply for it because it was not perceived as a public benefit product.

The Colorado Indigent Care Program (CICP) is a state-sponsored health insurance product for low-income residents of the state who do not qualify for Medicaid. Unlike SCHIP, CHCs can determine eligibility for CICP and immediately enroll patients into the program; in addition, cost-sharing requirements for CICP include small co-pays rather than the premiums and copays required by SCHIP.³⁶ Although seemingly more convenient, CICP has several drawbacks including non-coverage for specialty care, limited hospital coverage and nominal reimbursement for services. During our site visit we found that front-line CHC staff were accustomed to offering CICP to uninsured, low-income patients who could potentially be eligible for SCHIP. The state realizes the competition from CICP and is considering phasing-out the program for children.

Arizona has a similar insurance product for low-income residents of selected counties. A state-sponsored pilot program (Premium Share Program) operates in the counties served by our study sites (Pinal and Pima counties).³⁷ PSP provides health care benefits to uninsured individuals who are U.S. citizens or qualified aliens and have gross household incomes at or below 200 percent FPL.³⁸ Similar to SCHIP, applicants may not be eligible for Medicaid, must not have or had any health insurance for the past six months; and premiums are based on income and household size. In addition, resources are not considered in the eligibility determination. Although the program seeks to coordinate with SCHIP, it serves the same population as SCHIP and some SCHIP-eligible children may be enrolled in the PSP program. One informant estimated that 15 percent of PSP enrollees are eligible for KidsCare. As of March 2000, 5,960

³⁶ Both premiums and copays were required for SCHIP at the time of our site visit; however, the program has since been augmented to require only an annual premium of \$25.

³⁷ Thirty-two percent of PSP enrollees are residents of Pima County and 7 percent are residents of Pinal County.

³⁸ www.ahcccs.state.az.us/services/overview/typesofpgms.asp

people were enrolled in the PSP program; 18 percent are under age 18; 42 percent are under 100 percent FPL; and 36 percent are under 150 percent FPL. Furthermore, our electronic analysis of the study sites in these counties revealed that there has been a notable increase in patients covered by “other public insurance”, which we suspect to be the PSP program. If so, it is plausible to conclude that the availability of the PSP program compromises the impact that SCHIP has on CHCs in the counties where PSP is available.

SCHIP’s Impact on MCH Programs

We found that similar to CHCs, SCHIP’s implementation has had little to no impact on MCH programs included in our study; however, the reasons for the lack of impact are very different. We found that most MCH programs provide very little direct care and thus had little incentive to enroll children into SCHIP. MCH programs in Indiana were under the misconception that they could not be recognized as SCHIP providers since many MCH programs utilize nurse practitioners rather than physicians as primary care providers. Therefore, many newly insured children went to other providers for care, causing significant shifts in the MCH programs’ insured/uninsured patient population. We found that MCH programs in Ohio actually face a disincentive to enrolling children into SCHIP. MCH programs in the state provide a select range of services and are not viewed as primary care providers; consequently, since SCHIP enrollees must choose a PCP, MCH programs experience significant migration. Many MCH program directors reported that the only incentive MCH programs have to enroll children into SCHIP is altruism. MCHs are encouraged to assist families to enroll children into SCHIP because it will provide them access to comprehensive health insurance coverage.

SCHIP Contracting

Several states in our study modeled their SCHIP programs after a private insurance model, and as such, the state does not impose any requirements on participating health plans. Specifically, the state does not require plans to contract with safety-net providers; rather it expects such providers to compete with other health care organizations to provide services to enrollees. We found this to be the case in Arizona, Colorado, Indiana, and Pennsylvania. Although state legislation in these states requires that Medicaid MCOs also contract with the SCHIP program, there is no stipulation that services be provided through traditional Medicaid providers (i.e., the safety-net). We found little managed care penetration in our other study states (Ohio and South Carolina) as both states currently operate under voluntary managed care arrangements. Although we found that CHCs in these states contract with MCOs, it is not a widespread practice and was done in accordance with MCO penetration in select areas of the state.

Where Medicaid/SCHIP managed care plans are not required to contract with safety-net providers, CHCs and MCH programs are often challenged to compete in an open healthcare marketplace. In fact, not mandating contracts between MCOs and safety net providers may have a detrimental effect on CHC and MCH programs that could be construed as more costly providers (due to their provision of enabling services). Using this reasoning, health plans that pay low capitation rates may force safety-net providers to limit enabling services to be cost-competitive.

Managed Care Contracting

Federally qualified health centers (FQHCs) are entitled to receive (from the state) the difference between a managed care organization's (MCO's) reimbursement rate and their prospectively set payment rate for providing care to a Medicaid patient. This enhanced payment is referred to as a "wrap-around" and is based on managed care member months at the FQHC. Wrap-around payments are a significant factor in the financial stability and viability of FQHCs that typically provide services to a sicker and therefore, costlier population. However, unlike with Medicaid, states with separately administered SCHIP programs are not mandated to provide a wrap-around payment to supplement the cost of care. Although it behooves the FQHC to negotiate good contracts (e.g., high capitation rates) with MCOs, it is difficult to secure a capitation rate that will sufficiently cover the costs of services (in particular enabling services) provided by the health center. Negotiating good MCO contracts and receiving the wrap-around payment for Medicaid patients enables the center to achieve financial viability in a managed care arena. We found that the absence of these two factors threatens the viability of CHCs in states with separately administered SCHIP programs. We found that no site was able to renegotiate its existing managed care contracts after SCHIP's implementation; rather SCHIP enrollees were rolled into the sites' existing Medicaid or privately insured managed care contracts.

The significance of the FQHC wrap-around payment to CHCs cannot be emphasized enough. It is essential for centers in states with separately administered SCHIP programs to have the ability to distinguish between Medicaid and SCHIP children in their patient population. Knowing which children will carry a wrap-around and which will not is integral to forecasting the financial implications of increased SCHIP enrollment. We found that most sites had not seriously considered how increased SCHIP enrollment will affect them financially. These centers had not considered the impact of receiving only the negotiated low-capitation rate, with no wrap-around payment to fall back on. Most had simply concluded that increased enrollment into SCHIP meant gaining a payor source for previously uninsured children. However, several reported that enrolling uninsured children into SCHIP did not mean they would gain a financial windfall for the center. According to these CHCs, although SCHIP provides payment for services delivered to an otherwise uninsured child, that funding would not cover the cost of providing their care. In essence CHCs lose less on a SCHIP child than on a uninsured child, but they none-the-less still lose money.

Some sites expressed concern over the delicate balance between enrolling uninsured children into SCHIP and maintaining their grant funding under Section 330. This funding source assists CHCs to provide care to the uninsured by subsidizing those costs that are not covered by sliding-fee payments. A few senior CHC administrators reported that converting uninsured patients into programs like SCHIP would allow them to expand their services to more uninsured patients (assuming their Section 330 funding remains stable). However, others reported their concern that converting uninsured children to SCHIP/Medicaid could threaten their Section 330 grant funding levels, thereby creating budget shortfalls. We found that some study sites in states with separately administered SCHIP programs were under the mistaken belief in a disincentive to enrolling children into SCHIP/Medicaid. These administrators fear that if they enroll too many uninsured children into SCHIP, their Section 330 grants will be reduced.

In reality, there are neither incentives nor disincentives regarding a CHC's 330 grant with respect to enrolling uninsured children into SCHIP/Medicaid. Over the past three years, as the Bureau of Primary Health Care (BPHC) has distributed funds to many health centers as "uncompensated care adjustments," or increases in a health center's base Section 330 operating grant, the agency has used a formula for determining whether or not a health center qualifies for the adjustment. The formula assesses the CHC's: sliding fee discounts for uninsured patients; Medicaid disallowances (i.e., payments below the center's full charges); Medicare disallowances; and private insurance disallowances. In order to qualify for an uncompensated care adjustment, a rural center had to have total discounts and disallowances (sum of all four above) equal to or greater than 40 percent of its federal grant (60 percent for urban centers). Thus, a center could easily qualify whether or not its patients are uninsured (and receive sliding fee discounts) or insured (and the center receives disallowances). Therefore, the BPHC's system for allocating Section 330 grant funding is neutral on the matter of providing incentives/disincentives to enrolling uninsured children onto SCHIP/Medicaid.³⁹

Parent's Ability/Willingness to Seek Health Services for their Children from Other Providers

Summary of Findings

- **Most sites reported that they have not experienced patient migration attributable to SCHIP.**
- **Several sites reported increased competition for SCHIP/Medicaid beneficiaries.**
- **Very few focus group patients reported taking their children to see other non-health center providers for care; however, several reported that they had attempted to schedule appointments with such providers.**
- **Most former users learned about their current providers through their health insurance plan or from a friend, neighbor or family member.**
- **Most former users have been with their current provider for more than 12 months and have sought services between one and six times in the previous months.**
- **Over one half (55 percent) of former CHC users reported that they would return to the CHC for care if uninsured; however, nearly one fifth (18 percent) reported that they would go to a hospital emergency department.**

Patient Migration

Most sites reported that there has been no appreciable change in their patient population attributable to the migration of newly insured SCHIP children. As previously discussed, many of the increases or decreases in sites' patient populations are due to other factors such as downsizing or the closure of satellite primary care sites. We also previously discussed mandatory Medicaid managed care as a factor in the migration of newly insured SCHIP enrollees. Although we found few cases of voluntary migration caused by new SCHIP coverage, sites in Indiana did discuss the adverse effect that auto-assignment has had on patients and their

³⁹ Personal communication with Daniel Hawkins, Vice President, Division of Federal, State and Public Affairs, National Association of Community Health Centers (NACHC) October 18, 2001.

care-seeking behavior. In general, we found that sites minimized patient migration due to managed care enrollment by endeavoring to contract with all MCOs in their area.

CHC staff reported that some patients left the site as a result of obtaining new coverage and their desire to see “real” doctors and pediatricians instead of CHC physicians. However, these same patients soon returned because the CHC provided many enabling services rarely offered by private physicians. Although one site reported that some parents left the center because they wanted their child to see a pediatrician rather than the CHC’s family practitioner, this is more a site staffing issue rather than an insurance issue. As we stated earlier, one site reported patient migration resulting from their policy to issue bills to potentially eligible patients who refuse to apply for SCHIP/Medicaid. One site in Ohio and two sites in South Carolina reported increased competition for Medicaid/SCHIP patients, which has resulted in a decrease in their patient population. However, staff also reported that although many private physicians in these areas are more willing to accept Medicaid reimbursement, many already have an established Medicaid population and lack the capacity to take on new patients.

In general, the ability to retain newly insured patients lies in the sites’ ability to provide appropriate, culturally competent, timely services in a manner that conveys credibility and professionalism to the patient. Such treatment encourages patients to see the CHC as regular sources of care, rather than a place to go only when uninsured. For example, staff at one site in Arizona reported that although newly insured patients are able and willing to seek health services from other providers, patients continue to seek services at the site because the center is a well-recognized provider of quality care.

Focus Group Participants

Very few focus group participants reported taking their children to see other non-health center providers for care. Overall, only one patient expressed total displeasure for the health center and reported that she only sought services there because she was uninsured. She reported that her child had recently lost SCHIP coverage and would be returning to a non-health center provider once that coverage was reinstated. As previously discussed, many patients expressed frustration with the long wait times and the frequent turnover of physicians at the CHC but few chose to seek services elsewhere as a result. The few patients who did report taking their children elsewhere for care did so for various reasons including following the CHC physician to private practice, finding cheaper services in Mexico, and distrust of the CHC to care for acute illnesses. Patients who attempted to seek services from the private sector were unable to find providers who were accepting new Medicaid patients in a timely manner. Overall, most focus group patients reported that they were comfortable with the physicians at the CHC and satisfied with the care their children received.

Former Users

When asked how former CHC users heard about their current provider, almost 40 percent reported that they selected the provider based on the provider panels of their new health plans (37 percent). In addition, a large portion heard about their provider through a friend, neighbor or family member (29 percent). An equal portion either found the provider themselves (12 percent) or were attracted to the provider from their marketing materials (12 percent). (Exhibit 10)

When asked why they chose their current health care provider, most former CHC users reported that the new provider was closer to their home (40 percent). Many also reported that they had to select a provider who was affiliated with their insurance plan (12 percent) or that they chose the new provider because of the ease and timeliness of scheduling an appointment (11 percent). Other reasons included provider reputation (8 percent), nicer facility (6 percent), shorter waiting time (4 percent), and a greater range of services (4 percent). Only three percent reported that they chose their new provider because they were treated better, were long-time patients of the new provider, or wanted continuity of care from the same provider. (Exhibit 10)

EXHIBIT 10
FORMER USERS ABILITY/WILLINGNESS TO
SEEK HEALTH SERVICES FROM OTHER PROVIDERS
AGGREGATED DATA OF FORMER USERS OF ALL SITES

Q11. How did you hear about your current provider?			Q 12. Why did you choose your current provider?		
Response	#	%	Response	#	%
Health insurance provider	31	37%	Closer to home	40	40%
			Auto assigned/new insurance	12	12%
Friend/neighbor/family member	24	29%	Faster/easier to get appointment	11	11%
			Provider has better reputation	8	8%
Found themselves	10	12%	Nicer facility	6	6%
			Don't have a provider	4	4%
CHC marketing materials	10	12%	Different services	4	4%
			Shorter wait time	4	4%
Long time patient	3	4%	Long time patient	3	3%
			Treated better	3	3%
Provider closer to home	2	2%	Wanted same doctor all the time	3	3%
Followed doctor from CHC	2	2%	Didn't qualify for Medicaid or SCHIP	1	1%
Hospital staff	1	1%	Easier to pay	1	1%

Note: Respondents permitted more than one response

Over three-fourths (80 percent) of former users reported that they had been with their current provider more than a year. Only 8 percent reported not seeing their current provider at all in the past 12 months for routine care, while 66 percent reported seeing their provider between one and six times. A majority (61 percent) of former CHC users reported that they had not utilized an emergency room department in the past year; however, almost 30 percent reported that they had sought care once or twice from the emergency department in the past 12 months. (Exhibit 11)

**EXHIBIT 11
FORMER USERS SURVEY
AGGREGATED DATA FROM FORMER PATIENTS OF ALL SITES**

Q13a. How long have you been going to your current provider?			Q13. How many times did you seek routine care in the past 12 months?			Q13. How many times did you seek care from an emergency department in the past 12 months?		
Time	#	%	Visits	#	%	Visits	#	%
<1 month	3	4%	0	7	8%	0	54	61%
1-3 months	2	3%	1-3	31	33%	1	12	14%
3-6 months	1	1%	4-6	31	33%	2	12	14%
6-12 months	10	13%	7-9	12	13%	3	8	9%
>12 months	63	80%	10-13	11	12%	4	2	2%
			>14	1	1%			
Total	79	101%	Total	93	100%	Total	88	100

Note: Due to rounding, figures do not add up to 100%

Most former CHC users who receive SCHIP or Medicaid did not report a change in their utilization patterns as a result of obtaining insurance (63 percent). One-third of former users reported that they sought services more frequently since obtaining insurance and only four percent reported seeking services less frequently. Likewise, less than one-fourth of former users reported delaying seeking either routine or emergency care for lack of health insurance and almost all (98 percent) denied delaying care when insured by SCHIP or Medicaid. (Exhibit 12)

**EXHIBIT 12
FORMER USERS SURVEY
AGGREGATED DATA FROM FORMER PATIENTS OF ALL SITES**

Q14. Have you sought services more or less frequently since obtaining insurance?			Q16. Have you ever delayed care for lack of health insurance?			Q17. Have you ever delayed care since obtaining SCHIP or Medicaid?		
Response	#	%	Response	#	%	Response	#	%
Same	29	63%	No	72	80%	No	46	98%
More frequently	15	33%						
Less Frequently	2	4%	Yes	18	20%	Yes	1	2%
Total	46	100%	Total	90	100%	Total	47	100%

Note: Due to rounding, figures do not add up to 100%

When asked where they would seek care if they became uninsured, slightly more than half of former CHC users reported that they would return to the CHC site for care (55 percent). However, nearly one fifth reported that they would go to the hospital emergency room (18 percent). Some former users reported that they would seek care from another CHC (14 percent) and a small minority (3 percent) reported that they would go to a private physician. (Exhibit 13)

EXHIBIT 13
FORMER USERS SURVEY
AGGREGATED DATA FROM FORMER PATIENTS OF ALL SITES

Q18. Where would you go for care if you became uninsured?			Q19. How would you obtain care (cost?)			Q20. Have you ever been unable to pay for care in the last year?		
Response	#	%	Response	#	%	Response	#	%
Back to CHC	40	55%	Free care	27	48%	Yes	6	9%
Hospital ER	13	18%	Reduced fee	24	43%	No	6	9%
Different CHC	10	14%	Full fee	5	9%	Not applicable	61	84%
Private doctor	2	3%						
Don't know	7	10%						
Nowhere	1	1%						
Total	73	100%	Total	56	100%	Total	73	102%

Note: Due to rounding, figures do not add up to 100%

Overall, almost 70 percent of former users reported that they would seek care from a CHC if they became uninsured; however, the fact that almost 20 percent reported that they would go to a hospital emergency department raises interesting questions about former users' perceptions of the CHC. Unlike focus group participants, many former users indicated that they were not long-time patients of the CHC, but rather had only sought services from the health center a few times. It is likely that former CHC users had previous relationships with other providers and may have only sought services from the health center during episodes of uninsurance.

Our electronic analysis of single visit users corroborates this assumption. Single-visit users in four of our six study states were increasingly likely to be uninsured; in fact only 5 of 16 study sites experienced any decrease in uninsured single visit users during the study period (Table 16). These results indicate that former users do not discriminate in their choice of provider when uninsured. Unlike current CHC patients, former users' utilization of the CHC (i.e., few visits and only when uninsured) indicates that they do not consider the CHC as their medical home.

CONCLUSIONS AND IMPLICATIONS

This section summarizes our findings, describes our conclusions, and discusses the implications of our findings. As do other sections, this discussion follows the major research questions addressed by our study.

Parents' Ability/Willingness to Obtain SCHIP for their Children

SCHIP had very little impact on CHC sites during the study period. This was true in states that had simplified outreach and enrollment procedures for the SCHIP/Medicaid programs, and where centers had implemented processes to increase their enrollment numbers. Focus group participants reported that they were generally able and willing to apply for SCHIP/Medicaid, especially when they were assisted by CHC staff. Simultaneously

SCHIP/Medicaid enrollment activity was robust in our study states, often with higher-than-expected enrollment. These factors raise the question of why the study CHCs experienced such low SCHIP/Medicaid enrollment, particularly since, as safety-net providers, the bulk of their uninsured child population is likely to be eligible for SCHIP/Medicaid. Senior CHC staff could not easily explain the slow enrollment figures.

While our findings point to several contributing factors, they by no means provide a complete explanation for the slow SCHIP/Medicaid growth. Analysis of UDS data from 2000 indicates that SCHIP/Medicaid enrollment has begun to increase at our study sites, and the number of uninsured children has begun to decline; however the change has been modest (Exhibit 5). Throughout this report we have identified and discussed several strategies that seem to provide success in enrolling children into SCHIP, such as: involving all staff, especially clinicians, in encouraging SCHIP/Medicaid applications; establishing a protocol for uninsured patients; cultivating good relationship with community/local SCHIP administrative staff; and following-up on submitted applications. CHCs with the most success in increasing their SCHIP/Medicaid enrollees have utilized these strategies.

Children's Health Insurance Volatility

Although there were few SCHIP enrollees to analyze in our data-base of electronic encounters, we found that once children obtain SCHIP, few, if any lose their coverage during a 12 month period. This is due to the way in which programs have structured their SCHIP programs. Several study states provide enrolled children with a 12-month eligibility period. They are only likely to lose coverage if their circumstances change and make them ineligible for the program. For simplification's sake, states do not require that SCHIP enrollees periodically provide information on their status during the enrollment period. Rather, states inquire about changes during the annual enrollment period. Therefore, SCHIP has the potential to decrease health insurance volatility among children. For the most part, once children have obtained SCHIP, they can be confident that they will be covered for at least one year (or until their circumstances change).

However, our findings do indicate that at the one-year expiration period some SCHIP enrollees lose their coverage and must be re-enrolled. CHC staff reported that providing former SCHIP enrollees with assistance in re-enrolling can be very time-consuming. It is likely that most patients lose their SCHIP coverage because they neglected to complete and submit their re-enrollment documentation. According to CHC staff, patients often do not know that they have lost their SCHIP coverage until they present for care and are denied health insurance coverage. CHC staff reported that they devote nearly equal effort to assisting a patient to re-enroll into SCHIP as they spent on initial enrollment.

Parent's Ability/Willingness to Seek Health Services for their Children at a CHC/MCH Site

Current users reported being long-time users of the study sites, regardless of insurance coverage. In contrast, former users reported that they were not long-time users of the center but had used the site for less than two years. Our electronic analysis revealed that the number of child users fluctuated among the study sites during the study period. The child user population in all sites in South Carolina, Ohio and one site in Arizona either stayed the same or increased over the study period; however one site in Arizona experienced a decrease in their child population. In addition, child users at all sites in Colorado, Indiana and Pennsylvania declined slightly over the study period. These decreases in child patient population lead one to question the migration patterns of child users. As previously discussed, some of these decreases may be the result of managed care penetration and auto-assignment (specifically sites in Indiana), increased competition for Medicaid/SCHIP patients, and patients' perceptions of the CHC. It is important to note that, although we noted decreases in patient populations, these decreases were small (between one and six percent).

Nearly all focus group patients reported that obtaining health insurance coverage changed their health care-seeking behaviors. With health insurance coverage, parents reported that they were less apt to delay acute care and more apt to seek preventive care for their children. Our electronic analysis confirmed these reports as it revealed that patients who were sometimes insured sought care more frequently during episodes of insurance (Table 18). In sum, we found that regardless of insurance coverage, patients believed that they could obtain services from the health center site.

SCHIP's Impact on CHC/MCH Sites

Thus far, SCHIP has not had a significant quantitative impact on the study sites. We found low SCHIP enrollment at all study sites (one to nine percent) and little residual effect on the sites' uninsured and Medicaid enrollment rates. However, our electronic encounter data revealed that although SCHIP enrollment among sites was low, it had increased during the study period. We anticipate that this growth will continue in sites that focus more attention on SCHIP enrollment and invest resources into enrollment efforts. As discussed above, we found four common practices in sites' that experienced high rates of success in SCHIP enrollment: involving all staff in educating patients about insurance options; establishing a protocol for uninsured patients; establishing good relationships with community/local SCHIP administrative staff; and following-up on submitted applications.

We found that several factors either affected or had the potential to affect SCHIP enrollment and its financial impact on our study sites. Competing insurance programs for indigent patients; the ability of the site to negotiate good contracts and compete in the managed care arena; the perceived disincentive to enrolling uninsured children into SCHIP (i.e., for fear of losing or reducing a CHC's Section 330 grant); and the mitigating effect of an influx of uninsurable patients all play a role in the impact of SCHIP on study sites. In addition, we found that it is essential for CHCs in states with separately administered programs to understand the financial ramifications of providing capitated services without the cushion of wrap-around payments available under the Medicaid program. In general, we found that sites that understand how to navigate these factors and see the ultimate benefit of increased SCHIP/Medicaid enrollment will invest resources into increasing enrollment numbers.

Parent's Ability/Willingness to Seek Health Services for their Children from Other Providers

Very few current users reported taking their children to other non-health center providers for care. A majority of the focus group participants were pleased with the care they and their children received from the site. We found very few cases of voluntary patient migration. In contrast, most former users reported various reasons for seeking care from other providers. Many reported that they chose their current provider through their health plan, and most reported that they chose this provider because of proximity. Our analysis revealed that a majority of these same patients would seek care from a CHC if they became uninsured.

When considering the reasons why users left the CHC, we found that most former users reported problems with the CHC (e.g. long wait times, difficulty with obtaining an appointment) or dislike for the facility or care they received there as the reason why they stop seeking care from the site. However, we also noted that, unlike current users, former users were not long-time users of the site and we suspect that these users may have only sought services from the site during episodes of uninsurance.

RECOMMENDATIONS

The following recommendations are based on the successful strategies used by our study sites and states to increase SCHIP/Medicaid enrollment. We present two sets of recommendations: one for CHCs, the second for states.

CHC-Based Recommendations:

- **Sites should dedicate staff to outreach/enrollment activities.** Sites with a formal outreach and education program and dedicated staff saw higher SCHIP/Medicaid enrollment than did sites that left those tasks to already overburdened front-line staff.
- **Sites should implement a formal process of referring uninsured patients to outreach and/or enrollment staff.** Sites with a formal protocol that coordinated front-line staff's management of uninsured patients with that of the site's dedicated outreach staff and/or outstationed eligibility worker saw higher enrollment in SCHIP/ Medicaid than did sites that used a more haphazard approach. Clearly defining pathways for uninsured patients was essential. In addition, sites found that treating outstationed eligibility worker and/or outreach worker activities as part of the site's operations (rather than as a separate function) maximizes the abilities of both front-line and outreach staff to enroll patients in SCHIP/Medicaid.
- **CHCs should follow-up on SCHIP/Medicaid applications.** Patients overwhelmingly reported that the easiest method of applying was through the CHC. However, in some cases, once the application was made, the CHC was unable to keep the patient abreast of their

application status. In some instances, it is possible for the patient to have coverage but remain on sliding fee because the CHC is unaware of the patient's new insurance status. Although one of our study sites used an electronic system, most CHCs relied on relationships with the county DSS office to stay abreast of application status. If CHCs had the ability to follow up on applications, it is likely that they would be better equipped to assist patients with qualifying for coverage (e.g. find out why an application was denied and help the patient resubmit).

- **CHCs should be assertive when encouraging parents to apply for SCHIP/Medicaid for their uninsured children, but they should tread lightly.** Sites that aggressively pursued SCHIP/Medicaid applications from unwilling patients were successful in motivating them to apply. Some CHCs mandated that patients complete a SCHIP application (or obtain a denial letter from SCHIP/Medicaid) in order to receive services on the sliding fee. When faced with steadfastly unwilling patients, some CHCs issued bills for the full cost of care. Another reported that while initial care was not denied, follow-up appointments were not issued until an application was completed. Another center requires that all uninsured patients "apply" to receive services from the center, the application process provides all the information necessary to complete a SCHIP/Medicaid application. Such centers have concluded that the sliding fee should be reserved for patients who are uninsurable, not merely uninsured. All these strategies seemed to increase SCHIP/Medicaid applications and enrollees. However, sites should be careful when applying aggressive tactics to patients who are unwilling to apply. One rural study site reported that half of all patients who were issued a full bill did not return for services which raises the fears that they are foregoing care.

State-Based Recommendations

- **States should invest in CHC-based outreach and education activities.** Individual CHCs and MCH programs have limited resources and cannot devote staff to outreach and education activities. Additional funding would assist CHCs/MCH programs to conduct outreach, and potentially increase the numbers of children enrolled in SCHIP/Medicaid. The federal government allocated funds for outreach and education to states; these funds should be better utilized.
- **States should consider implementing assumptive eligibility to allow likely eligible patients to automatically enroll into SCHIP.** In some states, processing time for eligibility determination can be lengthy. Assumptively enrolling applicants into SCHIP would speed the enrollment procedures, and ease applicants' ability to enroll into SCHIP.
- **States should allow for passive redetermination.** A major reason for loss of SCHIP after 12 months is parents' failure to complete the re-enrollment paperwork/process. South Carolina has sought to combat this problem by considering using a passive redetermination system, which would allow children to remain enrolled even if parents were non-responsive to reenrollment notices (as long as there were no changes in eligibility status). The state allows children to be certified eligible for its SCHIP program for up to three years at a time, which is likely to decrease its high disenrollment rates.

- **States should require SCHIP health plans to contract with safety-net providers.** Such a requirement would help ensure that CHCs are included in health plan provider panels, and thus give them access to the entire SCHIP market. In addition, it will help ease enrollees' transition from Medicaid to SCHIP (and vice versa) by allowing them to keep their regular primary care provider.

TABLES

SOURCE: SITE ELECTRONIC ENCOUNTER DATA

**TABLE 1
ALL USERS BY GENDER**

Site	Female	Male
ARIZONA		
El Rio ¹	14,009 (60%)	9,317 (40%)
Sun Life	16,276 (57%)	12,480 (43%)
COLORADO		
People's Clinic ²	9,332 (58%)	6,633 (42%)
Plan de Salud ³	27,940 (56%)	21,533 (44%)
Valley Wide ⁴	19,041 (55%)	15,891 (45%)
OHIO		
Cincinnati	13,093 (62%)	7,956 (38%)
Southern Ohio	39,586 (62%)	24,451 (38%)
INDIANA		
Indiana Health Ctrs	15,300 (58%)	11,202 (42%)
PENNSYLVANIA		
Spectrum	6,479 (62%)	3,909 (38%)
York ⁵	4,790 (55%)	3,885 (45%)
SOUTH CAROLINA		
Beaufort-Jasper	12,017 (70%)	5,180 (30%)
Franklin Fetter ⁵	8,995 (64%)	5,107 (36%)
Orangeburg	17,265 (61%)	11,268 (39%)

¹ 26,216 persons missing gender

² 16 persons missing gender

³ 24 persons missing gender

⁴ 4 persons missing gender

⁵ 1 person missing gender

Source: Site encounter date. Excludes dental and prenatal visits and users age 65 or over.

**TABLE 2
ALL USERS BY GENDER AND YEAR**

Site	Year	Female	Male	Total
ARIZONA				
El Rio	1998 ¹	13,700 (60%)	9,243 (40%)	22,943 (100%)
	1999	9,144 (61%)	5,819 (39%)	14,963 (100%)
	2000	7,223 (61%)	4,576 (39%)	11,799 (100%)
Sun Life	1998	7,974 (60%)	5,397 (40%)	36,081 (100%)
	1999	8,390 (59%)	5,793 (41%)	35,666 (100%)
	2000	9,854 (58%)	7,220 (42%)	37,209 (100%)
COLORADO				
People's Clinic	1997	4,612 (58%)	3,366 (42%)	7,978 (100%)
	1998	5,021 (60%)	3,313 (40%)	8,334 (100%)
	1999	5,181 (62%)	3,150 (38%)	8,331 (100%)
Plan de Salud	1997	15,199 (58%)	10,881 (42%)	26,080 (100%)
	1998	14,124 (60%)	9,304 (40%)	23,428 (100%)
	1999	14,900 (60%)	10,119 (40%)	25,019 (100%)
Valley Wide	1997	--	--	--
	1998 ²	14,251 (57%)	10,949 (43%)	25,200 (100%)
	1999 ³	13,967 (56%)	10,959 (44%)	24,926 (100%)
INDIANA				
Indiana Health Centers	1997	4,957 (63%)	2,912 (37%)	7,869 (100%)
	1998	7,599 (62%)	4,600 (38%)	12,199 (100%)
	1999	13,229 (58%)	9,662 (42%)	22,891 (100%)
OHIO				
Cincinnati	1997	7,376 (64%)	4,078 (36%)	11,454 (100%)
	1998	6,472 (64%)	3,617 (36%)	10,089 (100%)
	1999	6,505 (64%)	3,660 (36%)	10,165 (100%)
Southern Ohio	1997	22,833 (63%)	13,248 (37%)	36,081 (100%)
	1998	22,197 (62%)	13,469 (38%)	35,666 (100%)
	1999	22,910 (62%)	14,299 (38%)	37,209 (100%)

¹ May 1, 1998-December 31, 1998; ² April 1, 1998 – March 31, 1999; ³ April 1, 1999 – March 31, 2000

Source: Site encounter date. Excludes dental and prenatal visits and users age 65 or over.

TABLE 2 (continued)
ALL USERS BY GENDER AND YEAR

Site	Year	Female	Male	Total
PENNSYLVANIA				
Spectrum Health Services	1997	3,427 (62%)	2,076 (38%)	5,503 (100%)
	1998	3,745 (62%)	2,273 (38%)	6,018 (100%)
	1999	3,641 (62%)	2,216 (38%)	5,857 (100%)
York Health Corporation	1997 ⁴	1,322 (58%)	964 (42%)	2,286 (100%)
	1998	2,421 (56%)	1,876 (44%)	4,297 (100%)
	1999	3,404 (57%)	2,570 (43%)	5,974 (100%)
SOUTH CAROLINA				
Beaufort-Jasper-Hampton	1997	6,159 (73%)	2,319 (27%)	8,478 (100%)
	1998	6,747 (74%)	2,377 (26%)	9,124 (100%)
	1999	6,763 (72%)	2,612 (28%)	9,375 (100%)
Franklin Fetter	1997	4,607 (65%)	2,443 (35%)	7,050 (100%)
	1998	4,592 (64%)	2,540 (36%)	7,132 (100%)
	1999	4,167 (65%)	2,239 (35%)	6,406 (100%)
Orangeburg	1997	12,182 (62%)	7,567 (38%)	19,749 (100%)
	1998	10,157 (63%)	6,090 (37%)	16,247 (100%)
	1999	9,432 (62%)	5,697 (38%)	15,129 (100%)

⁴August 1, 1997 – December 31, 1997

Source: Site encounter date. Excludes dental and prenatal visits and users age 65 or over.

**TABLE 3
USER RACE/ETHNICITY BY YEAR**

Site	Year	White		African-American		Hispanic		Asian		Native American		Total		
		0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	All
ARIZONA														
El Rio	1998 ¹	1,076 (6%)	2,441 (14%)	283 (2%)	393 (2%)	7,500 (42%)	5,932 (33%)	40 (0.2%)	56 (0.3%)	12 (0.1%)	31 (0.2%)	8,911 (50%)	8,853 (50%)	17,764 (100%)
	1999	1,315 (6%)	3,186 (14%)	360 (2%)	458 (2%)	9,528 (42%)	7,384 (33%)	61 (0.3%)	67 (0.3%)	37 (0.2%)	40 (0.2%)	11,301 (50%)	11,135 (50%)	22,436 (100%)
	2000	1,294 (5%)	3,537 (14%)	350 (1%)	520 (2%)	10,541 (42%)	8,486 (34%)	50 (0.2%)	81 (0.3%)	36 (0.1%)	62 (0.3%)	12,271 (49%)	12,686 (51%)	24,957 (100%)
Sun Life	1998	1,615 (12%)	3,278 (25%)	273 (2%)	345 (3%)	3,442 (27%)	3,846 (30%)	3 (.02%)	9 (0.1%)	83 (1%)	92 (1%)	5,416 (42%)	7,570 (58%)	12,986 (100%)
	1999	1,612 (12%)	3,321 (25%)	270 (2%)	307 (2%)	3,551 (27%)	4,098 (31%)	3 (.02%)	8 (0.1%)	64 (0.5%)	80 (1%)	5,500 (41%)	7,814 (59%)	13,314 (100%)
	2000	1,775 (12%)	3,554 (24%)	221 (2%)	310 (2%)	3,915 (27%)	4,678 (32%)	1 (.01%)	8 (0.1%)	59 (0.4%)	69 (0.5%)	5,971 (41%)	8,619 (59%)	14,590 (100%)
COLORADO														
People's Clinic	1997	984 (13%)	3,359 (44%)	47 (1%)	93 (1%)	1,300 (17%)	1,380 (18%)	121 (2%)	183 (2%)	26 (.3%)	60 (1%)	2,478 (33%)	5,075 (67%)	7,553 (100%)
	1998	847 (11%)	3,355 (43%)	49 (1%)	75 (1%)	1,486 (19%)	1,724 (22%)	99 (1%)	165 (2%)	19 (.2%)	58 (1%)	2,500 (32%)	5,377 (68%)	7,877 (100%)
	1999	719 (9%)	3,148 (40%)	40 (1%)	94 (1%)	1,603 (20%)	1,949 (25%)	70 (1%)	156 (2%)	19 (.2%)	53 (1%)	2,451 (31%)	5,400 (69%)	7,851 (100%)
Plan de Salud	1997	3,423 (14%)	4,896 (19%)	65 (.3%)	96 (.4%)	7,893 (31%)	8,777 (35%)	15 (.1%)	43 (.2%)	27 (.1%)	40 (.2%)	11,42 (345)	13,852 (55%)	25,275 (100%)
	1998	2,874 (13%)	4,371 (19%)	74 (.3%)	79 (.4%)	7,325 (32%)	7,825 (35%)	20 (.1%)	39 (.2%)	28 (.1%)	35 (.2%)	10,32 (146)	12,349 (54%)	22,670 (100%)
	1999	2,829 (12%)	4,598 (19%)	73 (.3%)	83 (.3%)	7,729 (32%)	8,652 (36%)	21 (.1%)	45 (.2%)	24 (.1%)	32 (.1%)	10,67 (644)	13,410 (56%)	24,086 (100%)
Valley Wide	1997	--	--	--	--	--	--	--	--	--	--	--	--	--
	1998 ²	2,357 (13%)	5,011 (28%)	36 (.2%)	40 (.2%)	4,191 (23%)	6,000 (33%)	34 (.2%)	59 (.3%)	98 (1%)	159 (1%)	6,716 (37%)	11,269 (63%)	17,985 (100%)
	1999 ³	2,326 (13%)	5,356 (29%)	26 (.1%)	54 (.3%)	4,199 (23%)	6,226 (34%)	30 (.2%)	68 (.4%)	97 (1%)	175 (1%)	6,678 (36%)	11,879 (64%)	18,557 (100%)

Age calculated at each year end; Race data missing on 5,983 patients for El Rio; 2,484 for Sun Life; 480 for People's Clinic; 938 for Plan de Salud; 7,219 for Valley Wide --individuals may be duplicated over subsequent years .

¹ May 1, 1998-December 31, 1998; ² April 1, 1998 – March 31, 1999; ³ April 1, 1999 – March 31, 2000

Source: Site encounter date. Excludes dental and prenatal visits and users age 65 or over.

TABLE 3 (continued)
USER RACE/ETHNICITY BY YEAR

Site	Year	White		African-American		Hispanic		Asian		Native American		Total		
		0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	All
INDIANA														
Indiana Health Centers	1997	1,570 (20%)	1,779 (23%)	674 (9%)	806 (10%)	1,388 (18%)	1,630 (21%)	4 (.1%)	15 (.2%)	1 (.01%)	1 (.01%)	3,637 (46%)	4,231 (54%)	7,868 (100%)
	1998	2,568 (21%)	2,855 (23%)	1,012 (8%)	1,184 (10%)	2,051 (17%)	2,494 (20%)	5 (.04%)	18 (.2%)	3 (.02%)	5 (.04%)	5,639 (46%)	6,556 (54%)	12,195 (100%)
	1999	3,675 (16%)	5,669 (25%)	1,750 (8%)	2,445 (11%)	3,673 (16%)	5,593 (24%)	22 (.1%)	42 (.2%)	5 (.02%)	11 (.1%)	9,125 (40%)	13,760 (60%)	22,885 (100%)
OHIO														
Cincinnati	1997	758 (7%)	1,195 (11%)	4,623 (42%)	4,434 (40%)	23 (.2%)	24 (.2%)	14 (.1%)	15 (.1%)	0 (0%)	0 (0%)	5,418 (49%)	5,668 (51%)	11,086 (100%)
	1998	798 (8%)	1,195 (12%)	4,002 (40%)	3,839 (39%)	17 (.2%)	26 (.3%)	17 (.2%)	10 (.1%)	0 (0%)	0 (0%)	4,834 (49%)	5,070 (51%)	9,904 (100%)
	1999	786 (8%)	1,244 (12%)	4,106 (41%)	3,799 (38%)	28 (.3%)	29 (.3%)	12 (.1%)	6 (.1%)	0 (0%)	0 (0%)	4,932 (49%)	5,078 (51%)	10,010 (100%)
Southern Ohio ⁴	1997													
	1998													
	1999													
PENNSYLVANIA														
Spectrum	1997	4 (.01%)	24 (.4%)	3,156 (57%)	2,283 (42%)	7 (.1%)	16 (.3%)	0 (0%)	5 (.1%)	1 (.02%)	4 (.1%)	3,168 (58%)	2,332 (42%)	5,500 (100%)
	1998	5 (.1%)	52 (1%)	3,230 (54%)	2,664 (44%)	16 (.3%)	32 (1%)	0 (0%)	5 (.1%)	3 (.1%)	9 (.1%)	3,254 (54%)	2,762 (46%)	6,016 (100%)
	1999	7 (.1%)	44 (1%)	3,144 (54%)	2,568 (44%)	26 (.4%)	41 (1%)	2 (.03%)	4 (.1%)	8 (.1%)	10 (.2%)	3,187 (54%)	2,667 (46%)	5,854 (100%)
York	1997 ⁵	291 (13%)	528 (23%)	359 (16%)	485 (21%)	281 (12%)	306 (13%)	3 (.1%)	16 (1%)	1 (.04%)	4 (.2%)	935 (41%)	1,339 (59%)	2,274 (100%)
	1998	557 (13%)	961 (22%)	687 (16%)	833 (20%)	556 (13%)	604 (14%)	16 (.4%)	30 (1%)	2 (.1%)	8 (.2%)	1,818 (43%)	2,436 (57%)	4,254 (100%)
	1999	998 (17%)	1,894 (32%)	751 (13%)	908 (15%)	604 (10%)	705 (12%)	16 (.3%)	37 (1%)	1 (.02%)	8 (.1%)	2,370 (40%)	3,552 (60%)	5,922 (100%)

Age calculated at each year end; Race data missing on 6 patients for Indiana Health Centers; 368 for Cincinnati; 8 for Spectrum; 105 for York;

⁴ Race information not available with transaction data; ⁵ August 1, 1997– December 31, 1997;

Source: Site encounter date. Excludes dental and prenatal visits and users age 65 or over.

TABLE 3 (continued)
USER RACE/ETHNICITY BY YEAR

Site	Year	White		African-American		Hispanic		Asian		Native American		Total		
		0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	All
SOUTH CAROLINA														
Beaufort-Jasper-Hampton	1997	485 (6%)	1,068 (13%)	2,125 (25%)	3,805 (45%)	341 (4%)	491 (6%)	19 (0.2%)	33 (0.4%)	10 (0.1%)	39 (0.5%)	2,980 (35%)	5,436 (65%)	8,416 (100%)
	1998	492 (5%)	1,124 (12%)	2,049 (23%)	4,340 (48%)	413 (5%)	597 (7%)	11 (0.1%)	35 (0.4%)	9 (0.1%)	15 (0.2%)	2,974 (33%)	6,111 (67%)	9,085 (100%)
	1999	589 (6%)	996 (11%)	2,155 (23%)	4,263 (46%)	491 (5%)	773 (8%)	8 (0.1%)	39 (0.4%)	11 (0.1%)	13 (0.1%)	3,254 (35%)	6,084 (65%)	9,338 (100%)
Franklin Fetter	1997	236 (3%)	609 (9%)	2,680 (39%)	3,159 (46%)	41 (1%)	67 (1%)	9 (0.1%)	27 (0.4%)	0 (0%)	0 (0%)	2,966 (43%)	3,862 (57%)	6,828 (100%)
	1998	225 (3%)	630 (9%)	2,862 (40%)	3,213 (45%)	59 (1%)	101 (1%)	10 (0.1%)	25 (0.4%)	0 (0%)	0 (0%)	3,156 (44%)	3,969 (56%)	7,125 (100%)
	1999	211 (3%)	556 (9%)	2,454 (38%)	2,977 (46%)	76 (1%)	109 (2%)	7 (0.1%)	13 (0.2%)	0 (0%)	0 (0%)	2,748 (43%)	3,655 (57%)	6,403 (100%)
Orangeburg	1997	1,151 (6%)	1,677 (9%)	7,524 (42%)	7,418 (41%)	37 (0.2%)	45 (0.3%)	11 (0.1%)	26 (0.2%)	6 (0.03%)	4 (0.02%)	8,729 (49%)	9,170 (51%)	17,899 (100%)
	1998	824 (5%)	1,022 (7%)	6,846 (45%)	6,356 (42%)	30 (0.2%)	30 (0.2%)	10 (0.1%)	15 (0.1%)	7 (0.1%)	6 (0.04%)	7,717 (51%)	7,429 (49%)	15,146 (100%)
	1999	723 (5%)	855 (6%)	6,459 (46%)	5,988 (42%)	20 (0.1%)	26 (0.2%)	7 (0.1%)	15 (0.1%)	4 (0.03%)	5 (0.04%)	7,213 (51%)	6,889 (49%)	14,102 (100%)

Age calculated at each year end

Race data missing on 168 patients for Beaufort-Jasper-Hampton; 223 for Franklin Fetter, 1850 for Orangeburg-- individuals may be duplicated over subsequent years .

Source: Site encounter date. Excludes dental and prenatal visits and users age 65 or over.

TABLE 4
USERS WHO EVER HAD SCHIP/MEDICAID BY AGE GROUP AND YEAR
PERCENT OF TOTAL AGE GROUP POPULATION

Site	Age Group	SCHIP ^a					Medicaid				
		1997♦	1998♦ ¹	1999♦ ²	2000♦	Unduplicated Total*	1997♦	1998♦ ¹	1999♦ ²	2000♦	Unduplicated Total*
ARIZONA											
El Rio	0-18		22 (0.2%)	811 (6%)	1,339 (9%)	1,713		5,525 (50%)	7,349 (54%)	8,211 (56%)	12,763
	19-64		--	--	--	--		2,938 (25%)	3,773 (25%)	4,290 (26%)	6,885
	Total		22 (0.1%)	811 (3%)	1,339 (4%)	1,713		8,463 (37%)	11,122 (39%)	12,501 (40%)	19,648
Sun Life	0-18		11 (0.2%)	111 (2%)	319 (5%)	371		2,327 (42%)	2,683 (46%)	3,136 (46%)	5,248
	19-64		--	--	--	--		1,882 (24%)	1,872 (22%)	2,264 (22%)	3,962
	Total		11 (0.1%)	111 (1%)	319 (2%)	371		4,209 (31%)	4,555 (32%)	5,400 (32%)	9,210
COLORADO											
People's Clinic	0-18	73 (3%)	226 (8%)	161 (6%)		350	1,431 (54%)	1,258 (47%)	1,256 (48%)		2,384
	19-64	--	--	--		--	920 (17%)	818 (14%)	871 (15%)		1,773
	Total	73 (3%)	226 (8%)	161 (6%)		350	2,351 (29%)	2,076 (25%)	2,127 (26%)		4,157
Plan de Salud	0-18	101 (1%)	283 (3%)	402 (4%)		613	4,390 (37%)	4,081 (38%)	4,483 (40%)		9,028
	19-64	--	--	--		--	1,843 (13%)	1,756 (14%)	2,020 (15%)		4,063
	Total	101 (1%)	283 (3%)	402 (4%)		613	6,233 (24%)	5,837 (25%)	6,503 (26%)		13,091
Valley Wide	0-18	--	531 (5%)	519 (5%)		1,050	--	4,028 (41%)	4,148 (44%)		5,522
	19-64	--	--	--		--	--	2,243 (15%)	2,125 (14%)		3,194
	Total	--	531 (5%)	519 (5%)		1,050	--	6,271 (25%)	6,273 (25%)		8,716
INDIANA											
Indiana Health Centers	0-18	--	--	--	--	--	2,014 (55%)	3,081 (55%)	4,731 (52%)		6,425
	19-64	--	--	--	--	--	797 (19%)	1,235 (19%)	1,950 (14%)		2,879
	Total	--	--	--	--	--	2,811 (36%)	4,316 (35%)	6,681 (29%)		9,304
OHIO											
Cincinnati	0-18	--	--	--	--	--	3,622 (65%)	3,143 (64%)	3,382 (68%)		6,523
	19-64	--	--	--	--	--	2,464 (42%)	1,996 (39%)	1,927 (37%)		4,206
	Total	--	--	--	--	--	6,086 (53%)	5,139 (51%)	5,309 (52%)		10,729
Southern Ohio	0-18	--	--	--	--	--	6,462 (42%)	6,400 (41%)	6,667 (41%)		12,993
	19-64	--	--	--	--	--	4,519 (22%)	3,713 (19%)	3,552 (17%)		8,089
	Total	--	--	--	--	--	10,981 (30%)	10,113 (28%)	10,219 (27%)		21,082

♦ Age calculated at each year end. *Age calculated as of date of last visit. ¹ El Rio, May 1, 1998-December 31, 1998; Valley Wide, April 1, 1998 – March 31, 1999; ² Valley Wide, April 1, 1999 – March 31, 2000; Source: Site encounter date. Excludes dental and prenatal visits and users age 65 or over. ^aBecause Indiana, Ohio and South Carolina have SCHIP Medicaid expansions programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 4 (continued)
USERS WHO EVER HAD SCHIP/MEDICAID BY AGE GROUP AND YEAR
PERCENT OF TOTAL AGE GROUP POPULATION

Site	Age Group	SCHIP					Medicaid				
		1997 ³	1998 ⁴	1999 ⁴	2000 ⁴	Unduplicated Total*	1997 ³	1998 ⁴	1999 ⁴	2000 ⁴	Unduplicated Total*
PENNSYLVANIA											
Spectrum	0-18	0 (0%)	1 (.03%)	31 (1%)		31	2,730 (86%)	2,704 (83%)	2,555 (80%)		4,418
	19-64	--	--	--		--	1,318 (65%)	1,603 (58%)	1,481 (56%)		2,722
	Total	0 (0%)	1 (.03%)	31 (1%)		31	4,048 (74%)	4,307 (72%)	4,036 (69%)		7,140
York	0-18	0 (0%)	0 (%)	10 (.4%)		10	607 (64%)	1,068 (58%)	1,160 (48%)		2,835
	19-64	--	--	--		--	467 (35%)	732 (30%)	896 (25%)		2,095
	Total	0 (0%)	0 (0%)	10 (.4%)		10	1,074 (47%)	1,800 (42%)	2,056 (34%)		4,930
SOUTH CAROLINA											
Beaufort-Jasper	0-18	--	--	--	--	--	1,316 (44%)	1,550 (52%)	1,813 (55%)		3,236
	19-64	--	--	--	--	--	1,135 (21%)	1,405 (23%)	1,418 (23%)		2,516
	Total	--	--	--	--	--	2,451 (29%)	2,995 (33%)	3,231 (34%)		5,752
Orange-burg	0-18	--	--	--	--	--	2,098 (69%)	2,291 (73%)	2,032 (74%)		4,328
	19-64	--	--	--	--	--	860 (22%)	743 (19%)	698 (19%)		1,602
	Total	--	--	--	--	--	2,958 (42%)	3,034 (43%)	2,730 (43%)		5,930
Franklin Fetter	0-18	--	--	--	--	--	5,962 (62%)	5,351 (64%)	5,029 (64%)		9,349
	19-64	--	--	--	--	--	2,050 (20%)	1,765 (22%)	1,531 (21%)		3,117
	Total	--	--	--	--	--	8,012 (41%)	7,116 (44%)	6,560 (43%)		12,466

◆ Age calculated at each year end.

*Age calculated as of date of last visit.

³York, August 1, 1997-December 31, 1997

Source: Site encounter date. Excludes dental and prenatal visits and users age 65 or over. ^aBecause Indiana, Ohio and South Carolina have SCHIP Medicaid expansions programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

**TABLE 5
USER INSURANCE STATUS FOR ALL VISITS**

Site	Year	Medicaid		SCHIP ^a		Private		Self		Other Public		Total		
		0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	All ages
ARIZONA														
El Rio	1998 ¹	18,256 (24%) (57%) --	12,963 (17%) -- (29%)	37 (0.1%) (2%) --	--	5,927 (8%) (19%) --	12,313 (16%) -- (28%)	7,170 (9%) (22%) --	13,407 (17%) -- (30%)	616 (1%) (2%) --	6,003 (8%) -- (13%)	32,006 (42%) (100%) --	44,686 (58%) -- (100%)	76,692 (100%)
	1999	30,025 (25%) (59%) --	20,650 (18%) -- (31%)	2,107 (2%) (4%) --	--	9,671 (8%) (19%) --	19,915 (17%) -- (30%)	8,024 (7%) (16%) --	18,369 (16%) -- (27%)	762 (1%) (0.01%) --	8,439(7%) -- (12%)	50,589(43%) (100%) --	67,373 (57%) -- (100%)	117,962 (100%)
	2000	32,210 (26%) (60%) --	22,776 (18%) -- (31%)	3,583 (3%) (7%) --	--	10,025 (8%) (19%) --	21,310 (17%) -- (29%)	6,728 (5%) (13%) --	19,928 (16%) -- (27%)	958 (1%) (0.2%) --	8,541 (7%) -- (12%)	53,504 (42%) (100%) --	72,555 (58%) -- (100%)	126,059 (100%)
Sun Life	1998	7,316 (17%) (47%) --	7,875 (18%) -- (29%)	12 (0.03%) (0.1%) --	--	2,772 (6%) (18%) --	9,529 (22%) -- (35%)	5,050 (12%) (32%) --	8,679 (20%) -- (32%)	412 (1%) (3%) --	1,044 (2%) -- (3.8%)	15,562 (36%) (100%) --	27,127 (64%) -- (100%)	42,689 (100%)
	1999	8,148 (19%) (50%) --	7,751 (18%) -- (28%)	275 (1%) (2%) --	--	2,803 (6%) (17%) --	10,539 (24%) -- (38%)	5,039 (11%) (31%) --	9,333 (21%) -- (34%)	3 (0.01%) (0.02%) --	11 (0.03%) -- (0.04%)	16,268 (37%) (100%) --	27,634 (63%) -- (100%)	43,902 (100%)
	2000	8,948 (17%) (49%) --	9,056 (18%) -- (27%)	809 (2%) (4%) --	--	3,503 (7%) (19%) --	14,214 (28%) -- (43%)	4,482 (9%) (25%) --	8,079 (16%) -- (24%)	517 (1%) (3%) --	1,917 (4%) -- (6%)	18,259 (35%) (100%) --	33,266 (65%) -- (100%)	51,525 (100%)
COLORADO														
People's Clinic	1997	6,132(22%) (64%) --	6,454(23%) -- (35%)	115(.4%) (1%) --	N/A	72(0.3%) (1%) --	249(1%) -- (1%)	3,280(12%) (34%) --	11,852(42%) -- (64%)	41(0.1%) (.4%) --	68(0.2%) -- (.4%)	9,640(34%) (100%) --	18,623(66%) -- (100%)	28,263(100%)
	1998	5,353(17%) (56%) --	5,765(19%) -- (27%)	523(2%) (5%) --	N/A	259(1%) (3%) --	295(1%) -- (1%)	3,472(11%) (36%) --	15,453(50%) -- (72%)	8(.03%) (.1%) --	27(0.1%) -- (.1%)	9,615(31%) (100%) --	21,540(69%) -- (100%)	31,155(100%)
	1999	5,198(16%) (55%) --	5,436(17%) -- (24%)	546(2%) (6%) --	N/A	63(0.2%) (1%) --	258(1%) -- (1%)	3,531(11%) (38%) --	16,597(52%) -- (74%)	38(0.1%) (.4%) --	54(0.2%) -- (.2%)	9,376(30%) (100%) --	22,345(70%) -- (100%)	31,721(100%)

Age calculated at each year end.; ¹ May 1, 1998-December 31, 1998

Source: Site encounter date. Excludes dental and prenatal visits and users age 65 or over. ^aBecause Indiana, Ohio and South Carolina have SCHIP Medicaid expansions programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 5 (Continued)
USER INSURANCE STATUS FOR ALL VISITS

Site	Year	Medicaid		SCHIP ^a		Private		Self		Other Public		Total		
		0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	All ages
COLORADO (Continued)														
Plan de Salud	1997	15,527(20%) (45%)	6,704(9%) -- (16%)	169(.2%) (.5%)	N/A	4,318(6%) (12%)	5,562(7%) -- (14%)	14,788(19%) (42%)	28,824(38%) -- (70%)	--	--	34,802(46%) (100%)	41,090(54%) -- (100%)	75,892(100%)
	1998	14,630(21%) (47%)	7,016(10%) -- (18%)	731(1%) (2%)	N/A	3,615(5%) (12%)	5,550(8%) -- (14%)	12,124(17%) (39%)	26,155(37%) -- (68%)	--	--	31,100(45%) (100%)	38,721(55%) -- (100%)	69,821(100%)
	1999	17,328(21%) (50%)	8,693(11%) -- (19%)	1,008(1%) (3%)	N/A	4,493(6%) (13%)	6,813(8%) -- (15%)	11,916(15%) (34%)	30,419(38%) -- (66%)	--	--	34,745(43%) (100%)	45,925(57%) -- (100%)	80,670(100%)
Valley Wide	1997	--	--	--	--	--	--	--	--	--	--	--	--	--
	1998 ²	16,381(17%) (48%)	11,851(12%) -- (19%)	1,735(2%) (5%)	N/A	7,974(8%) (24%)	23,875(25%) -- (39%)	7,819(8%) (23%)	26,164(27%) -- (42%)	--	--	33,909(35%) (100%)	61,890(65%) -- (100%)	95,799(100%)
	1999 ³	26,278(25%) (62%)	16,048(15%) -- (25%)	1,687(2%) (4%)	N/A	7,796(7%) (18%)	23,304(22%) -- (36%)	6,483(6%) (15%)	25,023(23%) -- (39%)	--	--	42,244(40%) (100%)	64,375(60%) -- (100%)	106,619(100%)
INDIANA														
Indiana Health Ctr	1997	7,530(24%) (56%)	3,071(10%) -- (17%)	--	--	1,071(3%) (8%)	1,145(4%) -- (6%)	4,842(15%) (36%)	13,973(44%) -- (77%)	--	--	13,443(42%) (100%)	18,189(58%) -- (100%)	31,632 (100%)
	1998	9,702(21%) (50%)	4,188(9%) -- (16%)	--	--	1,153(3%) (6%)	1,823(4%) -- (7%)	8,574(19%) (44%)	20,611(45%) -- (77%)	--	--	19,429(42%) (100%)	26,622(58%) -- (100%)	46,051 (100%)
	1999	12,462(18%) (52%)	6,741(10%) -- (15%)	--	--	2,182(3%) (9%)	3,746(5%) -- (8%)	9,354(13%) (39%)	35,484(51%) -- (77%)	--	--	23,998(34%) (100%)	45,971(66%) -- (100%)	69,969 (100%)

Age calculated at each year end. ²April 1, 1998 – March 31, 1999; ³April 1, 1999 – March 31, 2000

Source: Site encounter date. Excludes dental and prenatal visits and users age 65 or over. ^aBecause Indiana, Ohio and South Carolina have SCHIP Medicaid expansions programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 5 (Continued)
USER INSURANCE STATUS FOR ALL VISITS

Site	Year	Medicaid		SCHIP ^a		Private		Self		Other Public		Total		
		0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	All ages
OHIO														
Cincinnati	1997	9,355(30%) (69%)	8,544(27%) -- (49%)	--	--	378(1%) (3%)	983(3%) -- (6%)	3,813(12%) (28%)	8,023(26%) -- (46%)	--	--	13,546(44%) (100%)	17,550(56%) -- (100%)	31,096(100%)
	1998	8,193(31%) (70%)	6,890(26%) -- (47%)	--	--	204(1%) (2%)	598(2%) -- (4%)	3,373(13%) (29%)	7,147(27%) -- (49%)	--	--	11,770(45%) (100%)	14,635(55%) -- (100%)	26,405(100%)
	1999	8,504(33%) (72%)	6,317(24%) -- (44%)	--	--	161(1%) (1%)	608(2%) -- (4%)	3,157(12%) (27%)	7,272(28%) -- (51%)	--	--	11,822(45%) (100%)	14,197(55%) -- (100%)	26,019(100%)
Southern Ohio	1997	23,522(20%) (45%)	17,112(14%) -- (26%)	--	--	17,072(14%) (33%)	29,641(25%) -- (44%)	11,849(10%) (23%)	20,261(17%) -- (30%)	44(. 04%) (0.1%)	76(.1%) -- (.1%)	52,487(44%) (100%)	67,090(56%) -- (100%)	119,577(100%)
	1998	24,687(20%) (45%)	14,856(12%) -- (23%)	--	--	21,502(18%) (39%)	33,565(28%) -- (51%)	9,119(8%) (16%)	16,952(14%) -- (26%)	42(.03%) (0.1%)	84(.1%) -- (0.1%)	55,350(46%) (100%)	65,457(54%) -- (100%)	120,807(100%)
	1999	24,401(20%) (43%)	13,945(11%) -- (21%)	--	--	25,273(20%) (44%)	39,457(32%) -- (58%)	7,142(6%) (13%)	14,486(12%) -- (21%)	23(.02%) (0.04%)	17(.01%) -- (0.03%)	56,839(46%) (100%)	67,905(54%) -- (100%)	124,744(100%)
PENNSYLVANIA														
Spectrum	1997	6,522(48%) (88%)	3,686 (27%) -- (61%)	0 (0%)	N/A	444 (3%) (6%)	631 (5%) -- (10%)	469 (3%) (6%)	1,700 (13%) -- (28%)	--	--	7,435 (55%) (100%)	6,017 (45%) -- (100%)	13,452 (100%)
	1998	6,129(42%) (84%)	4,588 (31%) -- (63%)	1(.01%) (0%)	N/A	605 (4%) (8%)	615 (4%) -- (8%)	533 (4%) (7%)	2,121 (15%) -- (29%)	--	--	7,268 (50%) (100%)	7,324 (50%) -- (100%)	14,592 (100%)
	1999	5,944(40%) (82%)	4,733 (32%) -- (62%)	60(.4%) (1%)	N/A	568 (4%) (8%)	740 (5%) -- (10%)	681 (5%) (9%)	2,161 (15%) -- (28%)	--	--	7,253 (49%) (100%)	7,640 (51%) -- (100%)	14,887 (100%)

Age calculated at each year end.

Source: Site encounter date. Excludes dental and prenatal visits and users age 65 or over. ^aBecause Indiana, Ohio and South Carolina have SCHIP Medicaid expansions programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 5 (Continued)
USER INSURANCE STATUS FOR ALL VISITS

Site	Year	Medicaid		SCHIP ^a		Private		Self		Other Public		Total		
		0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	All ages
PENNSYLVANIA (Continued)														
York	1997 ⁴	1,082(24%) (63%) --	1,143 (25%) -- (40%)	0 (0%) --	N/A	201 (4%) (12%) --	561 (12%) -- (20%)	405 (8%) (24%) --	874 (19%) -- (31%)	25 (.5%) (1%) --	269 (6%) -- (9%)	1,713 (38%) (100%) --	2,847 (62%) -- (100%)	4,560 (100%)
	1998	2,850(24%) (62%) --	2,950 (25%) -- (40%)	0 (0%) --	N/A	586 (5%) (13%) --	1,493(12%) -- (20%)	1,021(9%) (22%) --	2,375 (20%) -- (32%)	118 (.9%) (3%)	575 (5%) -- (8%)	4,575 (38%) (100%) --	7,398 (62%) -- (100%)	11,973 (100%)
	1999	3,091(18%) (52%) --	3,600 (21%) -- (33%)	24(.1%) (.4%) --	N/A	1,047(6%) (18%) --	2,552(15%) -- (23%)	1,429(8%) (24%) --	4,327 (26%) -- (39%)	304 (2%) (5%) --	779 (5%) -- (7%)	5,895 (35%) (100%) --	11,058(65%) -- (100%)	16,953 (100%)
SOUTH CAROLINA														
Beaufort-Jasper	1997	2,980(15%) (48%) --	2,693(14%) -- (20%)	--	--	806(4%) (13%) --	2,589(13%) -- (20%)	2,372(12%) (38%) --	6,993(36%) -- (53%)	60(.3%) (1%) --	964(5%) -- (7%)	6,218(32%) (100%) --	13,239(68%) -- (100%)	19,457(100%)
	1998	3,572(15%) (54%) --	3,770(16%) -- (22%)	--	--	963(4%) (15%) --	4,026(17%) -- (23%)	2,072(9%) (31%) --	9,306(39%) -- (53%)	19(.1%) (0.3%) --	335(1%) -- (2%)	6,626(28%) (100%) --	17,437(72%) -- (100%)	24,063(100%)
	1999	4,296(17%) (58%) --	4,027(16%) -- (23%)	--	--	988(4%) (13%) --	4,254(17%) -- (24%)	2,100(8%) (28%) --	8,892(36%) -- (51%)	6(.020%) (0.1%) --	312(1%) -- (2%)	7,390(30%) (100%) --	17,485(70%) -- (100%)	24,875(100%)
Franklin Fetter	1997	4,794(28%) (71%) --	2,311(13%) -- (22%)	--	--	336(2%) (5%) --	1,989(11%) -- (19%)	1,619(9%) (24%) --	6,313(36%) -- (59%)	--	--	6,749(39%) (100%) --	10,613(61%) -- (100%)	17,362(100%)
	1998	5,083(30%) (74%) --	1,968(12%) -- (20%)	--	--	350(2%) (5%) --	1,363(8%) -- (14%)	1,476(9%) (21%) --	6,661(39%) -- (67%)	--	--	6,909(41%) (100%) --	9,992(59%) -- (100%)	16,901(100%)
	1999	4,196(29%) (76%) --	1,685(12%) -- (19%)	--	--	159(1%) (3%) --	933(6%) -- (10%)	1,142(8%) (21%) --	6,294(44%) -- (71%)	--	--	5,497(38%) (100%) --	8,912(62%) -- (100%)	14,409(100%)

Age calculated at each year end,⁴ August 1, 1997-- December 31, 1997

Source: Site encounter date. Excludes dental and prenatal visits and users age 65 or over. ^aBecause Indiana, Ohio and South Carolina have SCHIP Medicaid expansions programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 5 (continued)
USER INSURANCE STATUS FOR ALL VISITS

Site	Year	Medicaid		SCHIP ^a		Private		Self		Other Public		Total		
		0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	All ages
SOUTH CAROLINA (continued)														
Orangeburg	1997	21,132(31%) (68%)	13,179(19%) — (34%)	--	--	5,225(8%) (17%)	7,936(11%) -- (21%)	4,444(6%) (14%)	16,242(23%) — (42%)	139(.2%) (0.4%)	961(1%) -- (3%)	30,940(45%) (100%)	38,318(55%) — (100%)	69,258(100%)
	1998	17,884(32%) (70%)	10,290(18%) — (33%)	--	--	3,998(7%) (16%)	7,292(13%) -- (23%)	3,474(6%) (14%)	13,309(24%) — (43%)	42(.1%) (0.2%)	279(.5%) — (1%)	25,398(45%) (100%)	31,170(55%) — (100%)	56,568(100%)
	1999	17,382(32%) (68%)	9,025(17%) -- (32%)	--	--	4,257(8%) (17%)	7,239(13%) -- (26%)	3,615(7%) (14%)	11,711(22%) — (41%)	180(.3%) (0.7%)	332(1%) -- (1%)	25,434(47%) (100%)	28,307(53%) — (100%)	53,741(100%)

Age calculated at each year end.

Source: Site encounter date. Excludes dental and prenatal visits and users age 65 or over. ^a Because Indiana, Ohio and South Carolina have SCHIP Medicaid expansions programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

**TABLE 6
USERS BY YEAR AND AGE**

Site	Age Group	1997♦	1998♦ ¹	1999♦ ²	2000♦	Unduplicated Total*
ARIZONA						
El Rio	0-18		11,050 (48%)	13,622 (48%)	14,712 (48%)	23,101 (47%)
	19-64		11,902 (52%)	14,936 (52%)	16,228 (52%)	26,441 (53%)
	Total		22,952 (100%)	28,558 (100%)	30,940 (100%)	49,542 (100%)
Sun Life	0-18		5,569 (42%)	5,862 (41%)	6,775 (40%)	11,716 (41%)
	19-64		7,802 (58%)	8,321 (59%)	10,299 (60%)	17,040 (59%)
	Total		13,371 (100%)	14,183 (100%)	17,074 (100%)	28,756 (100%)
COLORADO						
People's Clinic	0-18	2,667 (33%)	2,663 (32%)	2,625 (32%)		4,683 (29%)
	19-64	5,326 (67%)	5,671 (68%)	5,706 (68%)		11,298 (71%)
	Total	7,993 (100%)	8,334 (100%)	8,331 (100%)		15,981 (100%)
Plan de Salud	0-18	11,776 (45%)	10,752 (46%)	11,124 (44%)		22,318 (45%)
	19-64	14,320 (55%)	12,683 (54%)	13,900 (56%)		27,179 (55%)
	Total	26,096 (100%)	23,435 (100%)	25,024 (100%)		49,497 (100%)
Valley Wide	0-18	--	9,901 (39%)	9,478 (38%)		12,890 (37%)
	19-64	--	15,303 (61%)	15,449 (62%)		22,046 (63%)
	Total	--	25,204 (100%)	24,927 (100%)		34,936 (100%)
INDIANA						
Indiana Health Centers	0-18	3,637 (46%)	5,639 (46%)	9,125 (40%)		11,428 (43%)
	19-64	4,232 (54%)	6,560 (54%)	13,766 (60%)		15,074 (57%)
	Total	7,869 (100%)	12,199 (100%)	22,891 (100%)		26,502 (100%)
OHIO						
Cincinnati	0-18	5,610 (49%)	4,916 (49%)	5,010 (49%)		10,036 (48%)
	19-64	5,844 (51%)	5,173 (51%)	5,155 (51%)		11,013 (52%)
	Total	11,454 (100%)	10,089 (100%)	10,165 (100%)		21,049 (100%)
Southern Ohio	0-18	15,421 (43%)	15,732 (44%)	16,410 (44%)		27,995 (44%)
	19-64	20,661 (57%)	19,935 (56%)	20,803 (56%)		36,046 (56%)
	Total	36,082 (100%)	35,667 (100%)	37,213 (100%)		64,041 (100%)

♦ Age calculated at each year end; *Age calculated as of date of last visit; ¹ El Rio, May 1, 1998-December 31, 1998; Valley Wide, April 1, 1998 – March 31, 1999; ² Valley Wide, April 1, 1999 – March 31, 2000; Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 6 (Continued)
USERS BY YEAR AND AGE

Site	Age Group	1997 ³	1998 [◆]	1999 [◆]	2000 [◆]	Unduplicated Total*
PENNSYLVANIA						
Spectrum	0-18	3,169 (58%)	3,254 (54%)	3,188 (54%)		5,347 (51%)
	19-64	2,334 (42%)	2,762 (46%)	2,665 (46%)		5,041 (49%)
	Total	5,503 (100%)	6,016 (100%)	5,853 (100%)		10,388 (100%)
York	0-18	945 (41%)	1,849 (43%)	2,406 (40%)		3,536 (41%)
	19-64	1,335 (59%)	2,447 (57%)	3,567 (60%)		5,139 (59%)
	Total	2,280 (100%)	4,296 (100%)	5,973 (100%)		8,675 (100%)
SOUTH CAROLINA						
Beaufort-Jasper	0-18	2,997 (35%)	2,987 (33%)	3,269 (35%)		6,342 (37%)
	19-64	5,481 (65%)	6,137 (67%)	6,106 (65%)		10,855 (63%)
	Total	8,478 (100%)	9,124 (100%)	9,375 (100%)		17,197 (100%)
Franklin Fetter	0-18	3,060 (43%)	3,157 (44%)	2,749 (43%)		6,164 (44%)
	19-64	3,991 (57%)	3,975 (56%)	3,658 (57%)		7,939 (56%)
	Total	7,051 (100%)	7,132 (100%)	6,407 (100%)		14,103 (100%)
Family Health Centers	0-18	9,694 (49%)	8,309 (51%)	7,801 (52%)		14,518 (51%)
	19-64	10,055 (51%)	7,938 (49%)	7,328 (48%)		14,015 (49%)
	Total	19,749 (100%)	16,247 (100%)	15,129 (100%)		28,533 (100%)

◆ Age calculated at each year end; *Age calculated as of date of last visit; ³ York August 1, 1997-December 31, 1997
Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

**TABLE 7
USERS WITH AND WITHOUT INSURANCE SWITCHES**

SITE	AGE	VISITS	NON-SWITCHERS						SWITCHERS			TOTAL SWITCHERS AND NON- SWITCHERS
			Medicaid	SCHIP ^a	Private	Public	Uninsured	Total	Single Switchers	Multiple Switchers	Total Switchers	
ARIZONA												
El Rio	0-18	1 visit	1,987 (34%)	190 (3%)	683 (12%)	719 (12%)	2,197 (38%)	5,776 (100%)	--	--	--	5,776 (25%)
		>1 visit	7,115 (55%)	287 (2%)	2,429 (19%)	169 (1%)	2,822 (22%)	12,822 (100%)	2,774	1,729	4,503	17,325 (75%)
		Total	9,102 (49%)	477 (3%)	3,112 (17%)	888 (5%)	5,019 (27%)	18,598 (100%) (81%)	2774 (62%)	1,729 (38%)	4,503 (100%) (19%)	23,101 (100%) (100%)
	19-64	1 visit	888 (13%)	--	1,776 (25%)	2,137 (30%)	2,234 (32%)	7,035 (100%)	--	--	--	7,035 (27%)
		>1 visit	3,469 (22%)	--	4,794 (30%)	1,974 (12%)	5,748 (36%)	15,985 (100%)	1,921	1,500	3,421	19,406 (73%)
		Total	4,357 (19%)	--	6,570 (29%)	4,111 (18%)	7,982 (35%)	23,020 (100%) (87%)	1,921 (56%)	1,500 (44%)	3,421 (100%) (13%)	26,441 (100%) (100%)
	All Ages	1 visit	2,875 (22%)	190 (1%)	2,459 (19%)	2,856 (22%)	4,431 (35%)	12,811 (100%)	--	--	--	12,811 (26%)
		>1 visit	10,584 (37%)	287 (1%)	7,223 (25%)	2,143 (7%)	8,570 (30%)	28,807 (100%)	4,695	3,229	7,924	36,731 (74%)
		Total	13,459 (32%)	477 (1%)	9,682 (23%)	4,999 (12%)	13,001 (31%)	41,618 (100%) (84%)	4,695 (59%)	3,229 (41%)	7,924 (100%) (16%)	49,542 (100%) (100%)
SunLife	0-18	1 visit	937 (24%)	64 (2%)	752 (20%)	212 (6%)	1,873 (49%)	3,838 (100%)	--	--	--	3,838 (33%)
		>1 visit	1,791 (39%)	84 (2%)	968 (21%)	58 (1%)	1,670 (37%)	4,571 (100%)	1,749	1,558	3,307	7,878 (67%)
		Total	2,728 (32%)	148 (2%)	1,720 (20%)	270 (3%)	3,543 (42%)	8,409 (100%) (72%)	1,749 (53%)	1,558 (47%)	3,307 (100%) (28%)	11,716 (100%) (100%)
	19-64	1 visit	507 (9%)	--	2,236 (40%)	398 (7%)	2,489 (44%)	5,630 (100%)	--	--	--	5,630 (33%)
		>1 visit	1,123 (15%)	--	3,501 (47%)	221 (3%)	2,584 (35%)	7,429 (100%)	2,011	1,970	3,981	11,410 (67%)
		Total	1,630 (12%)	--	5,737 (44%)	619 (5%)	5,073 (39%)	13,059 (100%) (77%)	2,011 (51%)	1,970 (49%)	3,981 (100%) (23%)	17,040 (100%) (100%)
	All Ages	1 visit	1,444 (15%)	64 (1%)	2,988 (32%)	610 (6%)	4,362 (46%)	9,468 (100%)	--	--	--	9,468 (33%)
		>1 visit	2,914 (24%)	84 (1%)	4,469 (37%)	279 (2%)	4,254 (35%)	12,000 (100%)	3,760	3,528	7,288	19,288 (67%)
		Total	4,358 (20%)	148 (1%)	7,457 (35%)	889 (4%)	8,616 (40%)	21,468 (100%) (75%)	3,760 (52%)	3,528 (48%)	7,288 (100%) (25%)	28,756 (100%) (100%)

Age calculated as of date of last visit; Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 7 (Continued)
USERS WITH AND WITHOUT INSURANCE SWITCHES

SITE	AGE	VISITS	NON-SWITCHERS						SWITCHERS			TOTAL SWITCHERS AND NON-SWITCHERS
			Medicaid	SCHIP ^a	Private	Public	Uninsured	Total	Single Switchers	Multiple Switchers	Total Switchers	
COLORADO												
People's Clinic	0-18	1 visit	302 (27%)	29 (3%)	20 (2%)	1 (0.1%)	787 (69%)	1,139 (100%)	---	---	---	1,139 (24%)
		>1 visit	989 (44%)	43 (2%)	5 (0.2%)	4 (0.2%)	1,222 (54%)	2,263 (100%)	617	664	1,281	3,544 (76%)
		Total	1,291 (38%)	72 (2%)	25 (1%)	5 (0.1%)	2,009 (59%)	3,402 (100%)	617 (48%)	664 (52%)	1,281 (100%)	4,683 (100%)
	19-64	1 visit	111 (3%)	(N/A%)	78 (2%)	6 (.1%)	3,883 (95%)	4,078 (100%)	---	---	---	4,078 (36%)
		>1 visit	521 (9%)	(N/A%)	26 (0.4%)	11 (.2%)	5,307 (90%)	5,865 (100%)	576	779	1,355	7,220 (64%)
		Total	632 (6%)	(N/A%)	104 (1%)	17 (.2%)	9,190 (92%)	9,943 (100%)	576 (43%)	779 (57%)	1,355 (100%)	11,298 (100%)
	All Ages	1 visit	413 (8%)	29 (1%)	98 (2%)	7 (.1%)	4,670 (90%)	5,217 (100%)	---	---	---	5,217 (33%)
		>1 visit	1,510 (19%)	43 (1%)	31 (0.4%)	15 (.2%)	6,529 (80%)	8,128 (100%)	1,193	1,443	2,636	10,764 (67%)
		Total	1,923 (14%)	72 (1%)	129 (1%)	22 (.2%)	11,199 (84%)	13,345 (100%)	1,193 (45%)	1,443 (55%)	2,636 (100%)	15,981 (100%)
Plan de Salud	0-18	1 visit	1,357 (19%)	64 (1%)	719 (10%)	--	4,924 (70%)	7,064 (100%)	---	---	---	7,064 (32%)
		>1 visit	3,751 (36%)	61 (1%)	1,248 (12%)	--	5,345 (51%)	10,405 (100%)	3,014	1,835	4,849	15,254 (68%)
		Total	5,108 (29%)	125 (1%)	1,967 (11%)	--	10,269 (59%)	17,469 (100%)	3,014 (62%)	1,835 (38%)	4,849 (100%)	22,318 (100%)
	19-64	1 visit	414 (4%)	--	1,086 (11%)	--	7,954 (84%)	9,454 (100%)	---	---	---	9,454 (35%)
		>1 visit	1,179 (9%)	--	1,575 (11%)	--	11,030 (80%)	13,784 (100%)	2,313	1,628	3,941	17,725 (65%)
		Total	1,593 (7%)	--	2,661 (11%)	--	18,984 (82%)	23,238 (100%)	2,313 (59%)	1,628 (41%)	3,941 (100%)	27,179 (100%)
	All Ages	1 visit	1,771 (11%)	64 (.4%)	1,805 (11%)	--	12,878 (78%)	16,518 (100%)	---	---	---	16,518 (33%)
		>1 visit	4,930 (20%)	61 (.3%)	2,823 (12%)	--	16,375 (68%)	24,189 (100%)	5,327	3,463	8,790	32,979 (67%)
		Total	6,701 (16%)	125 (.3%)	4,628 (11%)	--	29,253 (72%)	40,707 (100%)	5,327 (61%)	3,463 (39%)	8,790 (100%)	49,497 (100%)

Age calculated as of date of last visit

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 7 (Continued)
USERS WITH AND WITHOUT INSURANCE SWITCHES

SITE	AGE	VISITS	NON-SWITCHERS						SWITCHERS			TOTAL SWITCHERS AND NON-SWITCHERS
			Medicaid	SCHIP ^a	Private	Public	Uninsured	Total	Single Switchers	Multiple Switchers	Total Switchers	
COLORADO (continued)												
Valley Wide	0-18	1 visit	735 (22%)	70 (2%)	852 (25%)	--	1,743 (51%)	3,400 (100%)	---	---	---	3,400 (26%)
		>1 visit	3,577 (48%)	177 (2%)	1,795 (24%)	--	1,870 (25%)	7,419 (100%)	1,419	652	2,071	9,490 (74%)
		Total	4,312 (40%)	247 (2%)	2,647 (24%)	--	3,613 (33%)	10,819 (100%)	1,419 (69%)	652 (31%)	2,071 (100%)	12,890 (100%)
	19-64	1 visit	313 (5%)	--	2,125 (34%)	--	3,793 (61%)	6,231 (100%)	---	---	---	6,231 (28%)
		>1 visit	1,748 (13%)	--	5,348 (40%)	--	6,416 (47%)	13,512 (100%)	1,650	653	2,303	15,815 (72%)
		Total	2,061 (10%)	--	7,473 (38%)	--	10,209 (52%)	19,743 (100%)	1,650 (72%)	653 (28%)	2,303 (100%)	22,046 (100%)
	All Ages	1 visit	1,048 (11%)	70 (.7%)	2,977 (31%)	--	5,536 (57%)	9,631 (100%)	---	---	---	9,631 (28%)
		>1 visit	5,325 (25%)	177 (.8%)	7,143 (34%)	--	8,286 (40%)	20,931 (100%)	3,069	1,305	4,374	25,305 (72%)
		Total	6,373 (21%)	247 (08%)	10,120 (33%)	--	13,822 (45%)	30,562 (100%)	3,069 (70%)	1,305 (30%)	4,374 (100%)	34,936 (100%)
INDIANA												
Indiana Health Centers	0-18	1 visit	847 (22%)	--	187 (5%)	--	2,817 (73%)	3,851 (100%)	--	--	--	3,851 (34%)
		>1 visit	1,378 (46%)	--	189 (6%)	--	1,430 (48%)	2,997 (100%)	1,821	2,759	4,580	7,577 (66%)
		Total	2,225 (32%)	--	376 (5%)	--	4,247 (62%)	6,848 (100%)	1,821 (40%)	2,759 (60%)	4,580 (100%)	11,428 (100%)
	19-64	1 visit	233 (5%)	--	190 (4%)	--	3,831 (90%)	4,254 (100%)	--	--	--	4,254 (28%)
		>1 visit	261 (4%)	--	289 (4%)	--	6,843 (93%)	7,393 (100%)	1,272	2,155	3,427	10,820 (72%)
		Total	494 (4%)	--	479 (4%)	--	10,674 (92%)	11,647 (100%)	1,272 (37%)	2,155 (63%)	3,427 (100%)	15,074 (100%)
	All Ages	1 visit	1,080 (13%)	--	377 (5%)	--	6,648 (82%)	8,105 (100%)	--	--	--	8,105 (31%)
		>1 visit	1,639 (16%)	--	478 (5%)	--	8,273 (80%)	10,390 (100%)	3,093	4,914	8,007	18,397 (69%)
		Total	2,719 (15%)	--	855 (5%)	--	14,921 (81%)	18,495 (100%)	3,093 (39%)	4,914 (61%)	8,007 (100%)	26,502 (100%)

Age calculated as of date of last visit

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 7 (Continued)
USERS WITH AND WITHOUT INSURANCE SWITCHES

SITE	AGE	VISITS	NON-SWITCHERS						SWITCHERS			TOTAL SWITCHERS AND NON-SWITCHERS
			Medicaid	SCHIP ^a	Private	Public	Uninsured	Total	Single Switchers	Multiple Switchers	Total Switchers	
OHIO												
Cincinnati	0-18	1 visit	1,811 (47%)	--	98 (3%)	--	1,960 (51%)	3,869 (100%)	--	--	--	3,869 (39%)
		>1 visit	3,089 (69%)	--	74 (2%)	--	1,328 (30%)	4,491 (100%)	1,133	543	1,676	6,167 (61%)
		Total	4,900 (59%)	--	172 (2%)	--	3,288 (39%)	8,360 (100%)	1,133 (68%)	543 (32%)	1,676 (100%)	10,036 (100%)
	19-64	1 visit	1,042 (23%)	--	263 (6%)	--	3,208 (71%)	4,513 (100%)	--	--	--	4,513 (41%)
		>1 visit	2,029 (40%)	--	219 (4%)	--	2,868 (56%)	5,116 (100%)	848	536	1,384	6,500 (59%)
		Total	3,071 (32%)	--	482 (5%)	--	6,076 (63%)	9,629 (100%)	848 (61%)	536 (39%)	1,384 (100%)	11,013 (100%)
	All Ages	1 visit	2,853 (34%)	--	361 (4%)	--	5,168 (62%)	8,382 (100%)	--	--	--	8,382 (40%)
		>1 visit	5,118 (53%)	--	293 (3%)	--	4,196 (44%)	9,607 (100%)	1,981	1,079	3,060	12,667 (60%)
		Total	7,971 (44%)	--	654 (4%)	--	9,364 (52%)	17,989 (100%)	1,981 (65%)	1,079 (35%)	3,060 (100%)	21,049 (100%)
Southern Ohio	0-18	1 visit	2,673 (38%)	--	2,377 (34%)	21 (0.3%)	1,882 (27%)	6,953 (100%)	--	--	--	6,953 (25%)
		>1 visit	6,273 (43%)	--	6,251 (42%)	5 (.03%)	2,212 (15%)	14,741 (100%)	4,017	2,284	6,301	21,042 (75%)
		Total	8,946 (41%)	--	8,628 (40%)	26 (0.1%)	4,094 (19%)	21,694 (100%)	4,017 (64%)	2,284 (36%)	6,301 (100%)	27,995 (100%)
	19-64	1 visit	1,751 (19%)	--	3,933 (42%)	44 (0.5%)	3,649 (39%)	9,377 (100%)	--	--	--	9,377 (26%)
		>1 visit	3,880 (19%)	--	11,178 (55%)	18 (0.1%)	5,214 (26%)	20,290 (100%)	4,305	2,074	6,379	26,669 (74%)
		Total	5,631 (19%)	--	15,111 (51%)	62 (0.2%)	8,863 (30%)	29,667 (100%)	4,305 (67%)	2,074 (33%)	6,379 (100%)	36,046 (100%)
	All Ages	1 visit	4,424 (27%)	--	6,310 (39%)	65 (0.4%)	5,531 (34%)	16,330 (100%)	--	--	--	16,330 (25%)
		>1 visit	10,153 (29%)	--	17,429 (50%)	23 (0.1%)	7,426 (21%)	35,031 (100%)	8,322	4,358	12,680	47,711 (75%)
		Total	14,577 (28%)	--	23,739 (46%)	88 (0.2%)	12,957 (25%)	51,361 (100%)	8,322 (66%)	4,358 (34%)	12,680 (100%)	64,041 (100%)

Age calculated as of date of last visit; Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 7 (Continued)
USERS WITH AND WITHOUT INSURANCE SWITCHES

SITE	AGE	VISITS	NON-SWITCHERS						SWITCHERS			TOTAL SWITCHERS AND NON-SWITCHERS
			Medicaid	SCHIP ^a	Private	Public	Uninsured	Total	Single Switchers	Multiple Switchers	Total Switchers	
PENNSYLVANIA												
Spectrum Health Services	0-18	1 visit	852 (66%)	2 (.2%)	108 (8%)	--	322 (25%)	1,284 (100%)	---	---	---	1,284 (24%)
		>1 visit	3,053 (88%)	5 (.1%)	231 (7%)	--	187 (5%)	3,476 (100%)	405	182	587	4,063 (76%)
		Total	3,905 (82%)	7 (.1%)	339 (7%)	--	509 (11%)	4,760 (100%) (89%)	405 (69%)	182 (31%)	587 (100%) (11%)	5,347 (100%) (100%)
	19-64	1 visit	607 (35%)	--	160 (9%)	--	965 (56%)	1,732 (100%)	---	---	---	1,732 (34%)
		>1 visit	1,576 (59%)	--	238 (9%)	--	877 (33%)	2,691 (100%)	397	221	618	3,309 (66%)
		Total	2,183 (43%)	--	398 (9%)	--	1,842 (42%)	4,423 (100%) (88%)	397 (64%)	221 (36%)	618 (100%) (12%)	5,041 (100%) (100%)
	All Ages	1 visit	1,459 (48%)	2 (.1%)	268 (9%)	--	1,287 (43%)	3,016 (100%)	---	---	---	3,016 (29%)
		>1 visit	4,629 (75%)	5 (.1%)	469 (8%)	--	1,064 (17%)	6,167 (100%)	802	403	1,205	7,372 (71%)
		Total	6,088 (66%)	7 (.1%)	737 (8%)	--	2,351 (26%)	9,183 (100%)	802 (67%)	403 (33%)	1,205 (100%)	10,388 (100%)
York Health Corporation	0-18	1 visit	440 (31%)	1 (.1%)	201 (14%)	121(9%)	640 (46%)	1,403 (100%)	---	---	---	1,403 (40%)
		>1 visit	894 (58%)	2 (.1%)	242 (16%)	27 (2%)	372 (24%)	1,537 (100%)	363	240	603	2,140 (60%)
		Total	1,334 (45%)	3 (.1%)	443 (17%)	148(5%)	1,012 (34%)	2,940 (100%) (83%)	363 (60%)	240 (40%)	603 (100%) (17%)	3,543 (100%) (100%)
	19-64	1 visit	265 (13%)	--	304 (15%)	376 (19%)	1,078 (53%)	2,023 (100%)	---	---	---	2,023 (39%)
		>1 visit	628 (28%)	--	441 (20%)	188 8%)	993 (44%)	2,250 (100%)	499	360	859	3,109 (61%)
		Total	893 (21%)	--	745 (15%)	564(13%)	2,071 (48%)	4,273 (100%) (83%)	499 (58%)	360 (42%)	859 (100%) (17%)	5,132 (100%) (100%)
	All Ages	1 visit	705 (21%)	1 (.03%)	505 (17%)	497 (15%)	1,718 (50%)	3,426 (100%)	---	---	---	3,426 (39%)
		>1 visit	1,522 (40%)	2 (.1%)	683 (18%)	215 (6%)	1,365 (36%)	3,787 (100%)	862	600	1,462	5,249 (61%)
		Total	2,227 (31%)	3 (.04%)	1188 (17%)	712 (10%)	3,083 (43%)	7,213 (100%)	862 (59%)	600 (41%)	1,462 (100%)	8,675 (100%)

Age calculated as of date of last visit

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 7 (Continued)
USERS WITH AND WITHOUT INSURANCE SWITCHES

SITE	AGE	VISITS	NON-SWITCHERS						SWITCHERS			TOTAL SWITCHERS AND NON- SWITCHERS
			Medicaid	SCHIP ^a	Private	Public	Uninsured	Total	Single Switchers	Multiple Switchers	Total Switchers	
SOUTH CAROLINA												
Beaufort- Jasper	0-18	1 visit	850 (32%)	--	432 (16%)	12 (.5%)	1,353 (51%)	2,647 (100%)	--	--	--	2,647 (42%)
		>1 visit	1,213 (53%)	--	307 (13%)	0 (0%)	757 (33%)	2,277 (100%)	808	610	1,418	3,695 (58%)
		Total	2,063 (42%)	--	739 (15%)	12 (0.2%)	2,110 (43%)	4,924 (100%) (78%)	808 (57%)	610 (43%)	1,418 (100%) (22%)	6,342 (100%) (100%)
	19-64	1 visit	340 (10%)	--	698 (20%)	127 (4%)	2,405 (67%)	3,570 (100%)	--	--	--	3,570 (33%)
		>1 visit	584 (13%)	--	916 (20%)	27 (1%)	2,993 (66%)	4,520 (100%)	1,273	1,492	2,765	7,285 (67%)
		Total	924 (11%)	--	1,614 (20%)	154 (2%)	5,398 (67%)	8,090 (100%) (75%)	1,273 (46%)	1,492 (54%)	2,765 (100%) (25%)	10,855 (100%) (100%)
	All Ages	1 visit	1,190 (19%)	--	1,130 (18%)	139 (2%)	3,758 (60%)	6,217 (100%)	--	--	--	6,217 (36%)
		>1 visit	1,797 (26%)	--	1,223 (18%)	27 (0.4%)	3,750 (55%)	6,797 (100%)	2,081	2,102	4,183	10,980 (64%)
		Total	2,987 (23%)	--	2,353 (18%)	166 (1%)	7,508 (58%)	13,014 (100%) (76%)	2,081 (50%)	2,102 (50%)	4,183 (100%) (24%)	17,197 (100%) (100%)
Franklin Fetter	0-18	1 visit	1,449 (56%)	--	89 (3%)	--	1,030 (40%)	2,568 (100%)	--	--	--	2,568 (42%)
		>1 visit	2,147 (77%)	--	81 (3%)	--	543 (20%)	2,771 (100%)	633	192	825	3,596 (58%)
		Total	3,596 (67%)	--	170 (3%)	--	1,573 (29%)	5,339 (100%) (87%)	633 (77%)	192 (23%)	825 (100%) (13%)	6,164 (100%) (100%)
	19-64	1 visit	436 (14%)	--	217 (7%)	--	2,555 (80%)	3,208 (100%)	--	--	--	3,208 (40%)
		>1 visit	655 (18%)	--	282 (8%)	--	2,690 (74%)	3,627 (100%)	713	391	1,104	4,731 (60%)
		Total	1,091 (16%)	--	499 (7%)	--	5,245 (77%)	6,835 (100%) (86%)	713 (65%)	391 (35%)	1,104 (100%) (14%)	7,939 (100%) (100%)
	All Ages	1 visit	1,885 (33%)	--	306 (5%)	--	3,585 (62%)	5,776 (100%)	--	--	--	5,776 (41%)
		>1 visit	2,802 (44%)	--	363 (6%)	--	3,233 (51%)	6,398 (100%)	1,346	583	1,929	8,327 (59%)
		Total	4,687 (39%)	--	669 (6%)	--	6,818 (56%)	12,174 (100%) (86%)	1,346 (70%)	583 (30%)	1,929 (100%) (14%)	14,103 (100%) (100%)

Age calculated as of date of last visit; Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over; ^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 7 (Continued)
USERS WITH AND WITHOUT INSURANCE SWITCHES

SITE	AGE	VISITS	NON-SWITCHERS						SWITCHERS			TOTAL SWITCHERS AND NON- SWITCHERS
			Medicaid	SCHIP ^a	Private	Public	Uninsured	Total	Single Switchers	Multiple Switchers	Total Switchers	
SOUTH CAROLINA (Continued)												
Family Health Centers	0-18	1 visit	1,478 (42%)	--	634 (18%)	89 (3%)	1,358 (38%)	3,559 (100%)	--	--	--	3,559 (25%)
		>1 visit	5,185 (68%)	--	1,271 (17%)	5 (0.1%)	1,209 (16%)	7,670 (100%)	2,033	1,256	3,289	10,959 (75%)
		Total	6,663 (59%)	--	1,905 (17%)	94 (3%)	2,567 (23%)	11,229 (100%) (77%)	2,033 (62%)	1,256 (38%)	3,289 (100%) (23%)	14,518 (100%) (100%)
	19-64	1 visit	485 (12%)	--	1,128 (28%)	163 (5%)	2,227 (56%)	4,003 (100%)	--	--	--	4,003 (29%)
		>1 visit	1,288 (18%)	--	1,921 (27%)	35 (1%)	3,994 (55%)	7,238 (100%)	1,780	994	2,774	10,012 (71%)
		Total	1,773 (16%)	--	3,049 (27%)	198 (6%)	6,221 (55%)	11,241 (100%) (80%)	1,780 (64%)	994 (36%)	2,774 (100%) (20%)	14,015 (100%) (100%)
	All Ages	1 visit	1,963 (26%)	--	1,762 (23%)	252 (7%)	3,585 (47%)	7,562 (100%)	--	--	--	7,562 (27%)
		>1 visit	6,473 (43%)	--	3,192 (21%)	40 (1%)	5,203 (35%)	14,908 (100%)	3,813	2,250	6,063	20,971 (73%)
		Total	8,436 (38%)	--	4,954 (22%)	292 (8%)	8,788 (39%)	22,470 (100%) (79%)	3,813 (63%)	2,250 (37%)	6,063 (100%) (21%)	28,533 (100%) (100%)

Age calculated as of date of last visit

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

**TABLE 8
USERS WITH A SINGLE INSURANCE SWITCH BY AGE GROUP**

SITE	AGE	Medicaid → SCHIP	Medicaid → Private	Medicaid → Self	Private → Medicaid	Private → SCHIP	Private → Self	SCHIP → Medicaid	SCHIP → Private	SCHIP → Self	Self → Medicaid	Self → SCHIP	Self → Private	Total
ARIZONA														
El Rio	0-18	204 (7%)	232 (8%)	586 (21%)	226 (8%)	20 (1%)	64 (2%)	55 (2%)	3 (0.1%)	13 (0.5%)	795 (29%)	377 (14%)	199 (7%)	2,774 (100%)
	19-64	--	133 (7%)	395 (21%)	154 (8%)	--	203 (11%)	0 (0%)	1 (0.1%)	4 (0.2%)	649 (34%)	--	382 (20%)	1,921 (100%)
	Total	204 (4%)	365 (8%)	981 (21%)	380 (8%)	20 (0.4%)	267 (6%)	55 (1%)	4 (0.1%)	17 (0.4%)	1,444 (31%)	377 (8%)	581 (12%)	4,695 (100%)
Sun Life	0-18	33 (2%)	107 (6%)	411 (23%)	48 (3%)	13 (1%)	131 (7%)	3 (0.2%)	0 (0%)	1 (0.1%)	572 (33%)	67 (4%)	363 (21%)	1,749 (100%)
	19-64	--	108 (5%)	251 (12%)	76 (4%)	--	365 (18%)	0 (0%)	1 (.05%)	0 (0%)	452 (22%)	--	758 (38%)	2,011 (100%)
	Total	33 (1%)	215 (6%)	662 (18%)	124 (3%)	13 (0.3%)	496 (13%)	3 (0.1%)	1 (.03%)	1 (0.03%)	1,024 (27%)	67 (2%)	1,121 (30%)	3,760 (100%)
COLORADO														
People's Clinic	0-18	14 (2%)	4 (1%)	319 (52%)	2 (.3%)	1 (.2%)	12 (2%)	4 (1%)	5 (1%)	9 (1%)	174 (28%)	58 (9%)	15 (2%)	617 (100%)
	19-64	---	5 (1%)	237 (41%)	2 (.4%)	---	56 (10%)	0 (0%)	0 (0%)	0 (0%)	220 (38%)	---	56 (10%)	576 (100%)
	Total	14 (1%)	9 (1%)	556 (47%)	4 (.3%)	1 (0%)	68 (6%)	4 (.3%)	5 (.4%)	9 (1%)	394 (33%)	58 (5%)	71 (6%)	1,193 (100%)
Plan de Salud	0-18	45 (1%)	147 (5%)	962 (32%)	66 (2%)	7 (0.2%)	165 (5%)	7 (0.2%)	(0%)	13 (.4%)	1,102 (37%)	153 (5%)	347 (12%)	3,014 (100%)
	19-64	---	27 (1%)	437 (19%)	9 (.4%)	---	277 (12%)	0 (0%)	0 (0%)	0 (0%)	844 (36%)	---	719 (31%)	2,313 (100%)
	Total	45 (1%)	174 (3%)	1399 (26%)	75 (1%)	7 (0.1%)	442 (8%)	7 (0.1%)	0 (0%)	13 (.2%)	1,946 (37%)	153 (3%)	1,066 (20%)	5,327 (100%)
Valley Wide	0-18	47 (3%)	121 (9%)	232 (16%)	55 (4%)	5 (0.4%)	127 (9%)	29 (2%)	12 (1%)	108 (8%)	335 (24%)	119 (8%)	229 (16%)	1,419 (100%)
	19-64	---	52 (3%)	324 (20%)	27 (2%)	---	306 (19%)	2 (0.1%)	0 (0%)	10 (1%)	352 (21%)	---	577 (35%)	1,650 (100%)
	Total	47 (2%)	173 (6%)	556 (18%)	82 (3%)	5 (0.2%)	433 (14%)	31 (1%)	12 (.4%)	118 (4%)	687 (22%)	119 (4%)	806 (26%)	3,069 (100%)
NDIANA														
Indiana Health Centers	0-18	--	70 (4%)	734 (40%)	39 (2%)	--	121 (7%)	--	--	--	746 (41%)	--	111 (6%)	1,821 (100%)
	19-64	--	19 (1%)	410 (32%)	15 (1%)	--	215 (17%)	--	--	--	311 (24%)	--	302 (24%)	1,272 (100%)
	Total	--	89 (3%)	1,144 (37%)	54 (2%)	--	336 (11%)	--	--	--	1,057 (34%)	--	413 (13%)	3,093 (100%)

Age calculated as of date of last visit;. Other Public code was excluded since this is not actually an insurance type. Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 8 (Continued)
USERS WITH A SINGLE INSURANCE SWITCH BY AGE GROUP

SITE	AGE	Medicaid → SCHIP	Medicaid → Private	Medicaid → Self	Private → Medicaid	Private → SCHIP	Private → Self	SCHIP → Medicaid	SCHIP → Private	SCHIP → Self	Self → Medicaid	Self → SCHIP	Self → Private	Total
OHIO														
Cincinnati	0-18	--	19 (2%)	453 (40%)	15 (1%)	--	23 (2%)	--	--	--	603 (53%)	--	20 (2%)	1,133 (100%)
	19-64	--	17 (2%)	407 (48%)	20 (2%)	--	59 (7%)	--	--	--	279 (33%)	--	66 (8%)	848 (100%)
	Total	--	36 (2%)	860 (43%)	35 (2%)	--	82 (4%)	--	--	--	882 (45%)	--	86 (4%)	1,981 (100%)
Southern Ohio	0-18	--	687 (17%)	736 (18%)	211 (5%)	--	456 (11%)	--	--	--	709 (18%)	--	1,218 (30%)	4,017 (100%)
	19-64	--	279 (6%)	693 (16%)	98 (2%)	--	793 (18%)	--	--	--	428 (10%)	--	2,014 (47%)	4,305 (100%)
	Total	--	966 (12%)	1,429 (17%)	309 (4%)	--	1,249 (15%)	--	--	--	1,137 (14%)	--	3,232 (39%)	8,322 (100%)
PENNSYLVANIA														
Spectrum Health Services	0-18	10 (2%)	69 (17%)	163 (40%)	16 (4%)	7 (1%)	20 (5%)	0 (0%)	0 (0%)	0 (0%)	85 (21%)	3 (1%)	33 (8%)	405 (100%)
	19-64	--	28 (7%)	184 (46%)	6 (2%)	--	19 (5%)	0 (0%)	0 (0%)	0 (0%)	127 (32%)	--	32 (8%)	397 (100%)
	Total	10 (1%)	97 (12%)	347 (43%)	22 (3%)	7 (1%)	39 (5%)	0 (0%)	0 (0%)	0 (0%)	212 (25%)	3 (.4%)	65 (8%)	802 (100%)
York Health Corporation	0-18	0 (0%)	40 (11%)	100 (28%)	20 (6%)	1 (.3%)	38 (11%)	0 (0%)	0 (0%)	0 (0%)	93 (25%)	1 (.3%)	69 (19%)	362 (100%)
	19-64	--	20 (4%)	121 (24%)	9 (2%)	--	62 (12%)	0 (0%)	0 (0%)	0 (0%)	121 (24%)	--	166 (33%)	499 (100%)
	Total	0 (0%)	60 (7%)	221 (26%)	29 (3%)	1 (.1%)	100 (12%)	0 (0%)	0 (0%)	0 (0%)	214 (25%)	1 (.1%)	235 (27%)	861 (100%)
SOUTH CAROLINA														
Beaufort-Jasper	0-18	--	29 (4%)	199 (25%)	32 (4%)	--	62 (8%)	--	--	--	388 (48%)	--	98 (12%)	808 (100%)
	19-64	--	32 (3%)	241 (19%)	11 (1%)	--	214 (17%)	0 (0%)	0 (0%)	0 (0%)	384 (30%)	--	391 (31%)	1,273 (100%)
	Total	--	61 (3%)	440 (21%)	43 (2%)	--	276 (13%)	--	--	--	772 (37%)	--	489 (23%)	2,081 (100%)

Age calculated as of date of last visit. Other Public code was excluded since this is not actually an insurance type. Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 8 (Continued)
USERS WITH A SINGLE INSURANCE SWITCH BY AGE GROUP

SITE	AGE	Medicaid → SCHIP	Medicaid → Private	Medicaid → Self	Private → Medicaid	Private → SCHIP	Private → Self	SCHIP → Medicaid	SCHIP → Private	SCHIP → Self	Self → Medicaid	Self → SCHIP	Self → Private	Total
SOUTH CAROLINA (Continued)														
Franklin Fetter	0-18	--	10 (2%)	145 (23%)	18 (3%)	--	40 (6%)	--	--	--	400 (63%)	--	20 (3%)	633 (100%)
	19-64	--	2 (0.3%)	155 (22%)	15 (2%)	--	183 (26%)	--	--	--	196 (27%)	--	162 (23%)	713 (100%)
	Total	--	12 (1%)	300 (22%)	33 (2%)	--	223 (17%)	--	--	--	596 (44%)	--	182 (14%)	1,346 (100%)
Family Health Centers	0-18	--	248 (12%)	441 (22%)	175 (9%)	--	126 (6%)	--	--	--	707 (35%)	--	336 (17%)	2,033 (100%)
	19-64	--	53 (3%)	318 (18%)	31 (2%)	--	293 (16%)	--	--	--	361 (20%)	--	724 (41%)	1,780 (100%)
	Total	--	301 (8%)	759 (20%)	206 (5%)	--	419 (11%)	--	--	--	1,068 (28%)	--	1,060 (28%)	3,813 (100%)

Age calculated as of date of last visit.

Other Public code was excluded since this is not actually an insurance type.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

**TABLE 9
USERS¹ WHO HAVE MOVED OFF MEDICAID OR SCHIP
PERCENT OF AGE GROUP POPULATION**

Site	Age Group	Total Number	Single Switchers		Multiple Switchers	
			Ever left Medicaid	Ever left SCHIP ^a	Ever left Medicaid	Ever left SCHIP ^a
ARIZONA						
El Rio	0-18	23,101	1,022 (4%)	71 (0.3%)	1,449 (6%)	327 (1%)
	19-64	26,441	528 (2%)	5 (0.02%)	1,151 (4%)	14 (0.1%)
	Total	49,542	1,550 (3%)	76 (0.2%)	2,600 (5%)	341 (1%)
Sun Life	0-18	11,716	551 (5%)	4 (0.03%)	1,312 (11%)	40 (0.3%)
	19-64	17,040	359 (2%)	1 (0.01%)	1,376 (8%)	2 (0.01%)
	Total	28,756	910 (3%)	5 (0.02%)	2,688 (9%)	42 (0.1%)
COLORADO						
People's Clinic	0-18	4,683	337 (7%)	18 (0.4%)	556 (12%)	137 (3%)
	19-64	11,298	242 (2%)	0 (0%)	669 (6%)	2 (0.02%)
	Total	15,981	579 (4%)	18 (0.1%)	1,225 (8%)	139 (1%)
Plan de Salud	0-18	22,318	1,154 (5%)	20 (0.1%)	1,543 (7%)	160 (1%)
	19-64	27,179	464 (2%)	0 (0%)	1,124 (4%)	4 (0.01%)
	Total	49,497	1,618 (3%)	20 (0.04%)	2,667 (5%)	164 (0.3%)

Age calculated as of date of last visit. ¹Includes users with an incidence of Medicaid/SCHIP followed by any other insurance status, including uninsurance (self to Medicaid to self to private), also includes single and multiple loses of insurance type. Excludes the following: 1) people who only ever had either Medicaid/SCHIP and never lost it; 2) never had Medicaid/SCHIP until their last visit (e.g., self to private to self to Medicaid) since they are considered to be currently insured by Medicaid.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 9 (Continued)
USERS¹ WHO HAVE MOVED OFF MEDICAID OR SCHIP
PERCENT OF AGE GROUP POPULATION

Site	Age Group	Total Number	Single Switchers		Multiple Switchers	
			Ever left Medicaid	Ever left SCHIP ^a	Ever left Medicaid	Ever left SCHIP ^a
COLORADO (Continued)						
Valley Wide	0-18	12,890	400 (3%)	149 (1%)	345 (3%)	189 (1%)
	19-64	22,046	376 (2%)	12 (0.05%)	359 (2%)	7 (.03%)
	Total	34,936	776 (2%)	161 (0.4%)	704 (2%)	196 (.06%)
INDIANA						
Indiana Health Centers	0-18	11,428	804 (7%)	--	2,566 (22%)	--
	19-64	15,074	429 (3%)	--	1,599 (11%)	--
	Total	26,502	1,233 (5%)	--	4,165 (16%)	--
OHIO						
Cincinnati	0-18	10,036	472 (5%)	--	528 (5%)	--
	19-64	11,013	424 (4%)	--	406 (4%)	--
	Total	21,049	896 (4%)	--	934 (4%)	--
Southern Ohio	0-18	27,995	1,423 (5%)	--	1,613 (6%)	--
	19-64	36,046	972 (3%)	--	898 (2%)	--
	Total	64,041	2,395 (4%)	--	2,511 (4%)	--

Age calculated as of date of last visit. ¹Includes users with an incidence of Medicaid/SCHIP followed by any other insurance status, including uninsurance (self to Medicaid to self to private), also includes single and multiple loses of insurance type. Excludes the following: 1) people who only ever had either Medicaid/SCHIP and never lost it; 2) never had Medicaid/SCHIP until their last visit (e.g., self to private to self to Medicaid) since they are considered to be currently insured by Medicaid.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 9 (Continued)
USERS¹ WHO HAVE MOVED OFF MEDICAID OR SCHIP --PERCENT OF AGE GROUP POPULATION

Site	Age Group	Total Number	Single Switchers		Multiple Switchers	
			Ever left Medicaid	Ever left SCHIP ^a	Ever left Medicaid	Ever left SCHIP ^a
PENNSYLVANIA						
Spectrum	0-18	5,347	242 (3%)	0 (0%)	164 (2%)	0 (0%)
	19-64	5,041	212 (3%)	0 (0%)	194 (2%)	0 (0%)
	Total	10,388	454 (3%)	0 (0%)	358 (2%)	0 (0%)
York	0-18	3,536	140 (3%)	0 (0%)	196 (4%)	0 (0%)
	19-64	5,139	141 (2%)	0 (0%)	207 (3%)	0 (0%)
	Total	8,675	281 (2%)	0 (0%)	403 (3%)	0 (0%)
SOUTH CAROLINA						
Beaufort-Jasper	0-18	6,342	228 (4%)	--	485 (8%)	--
	19-64	10,855	273 (3%)	--	882 (8%)	--
	Total	17,197	501 (3%)	--	1,367 (8%)	--
Franklin Fetter	0-18	6,164	155 (3%)	--	150 (2%)	--
	19-64	7,939	157 (2%)	--	131 (2%)	--
	Total	14,103	312 (2%)	--	281 (2%)	--
Family Health Centers	0-18	14,518	689 (5%)	--	1,065 (7%)	--
	19-64	14,015	371 (3%)	--	559 (4%)	--
	Total	28,533	1,060 (4%)	--	1,624 (6%)	--

Age calculated as of date of last visit. Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

¹Includes users with an incidence of Medicaid/SCHIP followed by any other insurance status, including uninsurance (self to Medicaid to self to private), also includes single and multiple loses of insurance type. Excludes the following: 1) people who only ever had either Medicaid/SCHIP and never lost it; 2) never had Medicaid/SCHIP until their last visit (e.g., self to private to self to Medicaid) since they are considered to be currently insured by Medicaid. ^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 10
CURRENTLY INSURED USERS¹ WITH HISTORY OF OTHER INSURANCE TYPES
PERCENT OF CURRENTLY INSURED USERS

Site	Age Group	Total Currently Insured Users	Always Insured by one Insurance Type ²			Ever insured by other insurance type ³		
			Medicaid	SCHIP ^a	Private	Currently have Medicaid	Currently have SCHIP ^a	Currently have Private
ARIZONA								
El Rio	0-18	16,263	9,102 (56%)	477 (3%)	3,112 (19%)	637 (4%)	475 (3%)	418 (3%)
	19-64	13,336	4,357 (33%)	--	6,570 (49%)	293 (2%)	--	332 (2%)
	Total	29,599	13,459 (45%)	477 (2%)	9,682 (33%)	930 (3%)	475 (2%)	750 (3%)
Sun Life	0-18	6,997	2,728 (39%)	148 (2%)	1,720 (25%)	183 (3%)	112 (2%)	221 (3%)
	19-64	10,116	1,630 (16%)	--	5,737 (57%)	414 (4%)	--	312 (3%)
	Total	17,113	4,358 (25%)	148 (1%)	7,457 (44%)	597 (3%)	112 (1%)	533 (3%)
COLORADO								
People's Clinic	0-18	2,064	1,291 (63%)	72 (3%)	25 (1%)	52 (3%)	83 (4%)	27 (1%)
	19-64	1,222	632 (52%)	--	104 (9%)	35 (3%)	--	23 (2%)
	Total	3,286	1,923 (59%)	72 (2%)	129 (4%)	87 (3%)	83 (3%)	50 (2%)
Plan de Salud	0-18	10,202	5,108 (50%)	125 (1%)	1,967 (19%)	188 (2%)	177 (2%)	342 (3%)
	19-64	6,491	1,593 (25%)	--	2,661 (41%)	58 (1%)	--	124 (2%)
	Total	16,693	6,701 (40%)	125 (1%)	4,628 (28%)	246 (1%)	177 (1%)	466 (3%)

Age calculated as of date of last visit.; ¹ Users who were insured on their last visit; ² Users who have only ever had one type of insurance, and never experienced periods of uninsurance, or been covered by another insurance type. ³ Includes those with single and multiple switches, and users with periods of uninsurance as long as there is >1 type of insurance present (e.g., self to Medicaid to private). Those with periods of uninsurance between the same insurance type (e.g., Medicaid to self to Medicaid) are excluded.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over. ^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 10 (Continued)
CURRENTLY INSURED USERS¹ WITH HISTORY OF OTHER INSURANCE TYPES
PERCENT OF TOTAL CURRENTLY INSURED USERS

Site	Age Group	Total Currently Insured Users	Always Insured by one Insurance Type ²			Ever insured by other insurance type ³		
			Medicaid	SCHIP ^a	Private	Currently have Medicaid	Currently have SCHIP ^a	Currently have Private
COLORADO (Continued)								
Valley Wide	0-18	8,697	4,312 (50%)	247 (3%)	2,647 (30%)	190 (2%)	108 (1%)	214 (2%)
	19-64	10,960	2,061 (19%)	--	7,473 (68%)	76 (1%)	--	101 (1%)
	Total	19,657	6,373 (32%)	247 (1%)	10,120 (51%)	266 (1%)	108 (1%)	315 (2%)
INDIANA								
Indiana Health Centers	0-18	5,168	2,225 (43%)	--	376 (7%)	221 (4%)	--	277 (5%)
	19-64	2,437	494 (20%)	--	479 (20%)	144 (6%)	--	96 (4%)
	Total	7,605	2,719 (36%)	--	855 (11%)	365 (5%)	--	373 (5%)
OHIO								
Cincinnati	0-18	6,092	4,900 (80%)	--	172 (3%)	33 (1%)	--	25 (0%)
	19-64	4,217	3,071 (73%)	--	482 (11%)	40 (1%)	--	31 (1%)
	Total	10,309	7,971 (77%)	--	654 (6%)	73 (1%)	--	56 (1%)
Southern Ohio	0-18	22,213	8,946 (40%)	--	8,628 (39%)	492 (2%)	--	1,192 (5%)
	19-64	25,052	5,631 (22%)	--	15,111 (60%)	223 (1%)	--	495 (2%)
	Total	47,265	14,577 (31%)	--	23,739 (50%)	715 (2%)	--	1,687 (4%)

Age calculated as of date of last visit; ¹ Users who were insured on their last visit; ² Users who have only ever had one type of insurance, and never experienced periods of uninsurance, or been covered by another insurance type.; ³ Includes those with single and multiple switches, and users with periods of uninsurance as long as there is >1 type of insurance present (e.g., self to Medicaid to private). Those with periods of uninsurance between the same insurance type (e.g., Medicaid to self to Medicaid) are excluded.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over. ^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 10 (Continued)
CURRENTLY INSURED USERS¹ WITH HISTORY OF OTHER INSURANCE TYPES
PERCENT OF TOTAL CURRENTLY INSURED USERS

Site	Age Group	Total Currently Insured Users	Always Insured by one Insurance Type ²			Ever insured by other insurance type ³		
			Medicaid	SCHIP ^a	Private	Currently have Medicaid	Currently have SCHIP ^a	Currently have Private
PENNSYLVANIA								
Spectrum	0-18	4,500	3,905 (87%)	7 (.2%)	339 (8%)	36 (1%)	20 (.4%)	91 (2%)
	19-64	2,899	2,182 (75%)	--	398 (14%)	12 (.4%)	--	53 (2%)
	Total	7,399	6,087 (82%)	7 (.1%)	737 (10%)	48 (1%)	21(.3%)	144 (2%)
York	0-18	2,281	1,344 (59%)	3 (.1%)	444 (19%)	44 (2%)	6 (.3%)	58 (3%)
	19-64	2,740	882 (32%)	--	742 (27%)	33 (2%)	--	42 (2%)
	Total	5,022	2,226 (44%)	3 (.1%)	1,186 (24%)	77 (2%)	6 (.1%)	100 (2%)
SOUTH CAROLINA								
Beaufort-Jasper	0-18	3,821	2,063 (54%)	--	739 (19%)	113 (3%)	--	80 (2%)
	19-64	4,350	924 (21%)	--	1,614 (37%)	93 (2%)	--	110 (3%)
	Total	8,171	2,987 (37%)	--	2,353 (29%)	206 (3%)	--	190 (2%)
Franklin Fetter	0-18	4,374	3,596 (82%)	--	170 (4%)	37 (1%)	--	18 (.4%)
	19-64	2,134	1,091 (51%)	--	499 (23%)	29 (1%)	--	12 (1%)
	Total	6,508	4,687 (72%)	--	669 (10%)	66 (1%)	--	30 (.5%)
Family Health Centers	0-18	11,113	6,663 (60%)	--	1,905 (17%)	399 (4%)	--	475 (4%)
	19-64	6,566	1,773 (27%)	--	3,049 (46%)	105 (2%)	--	129 (2%)
	Total	17,679	8,436 (48%)	--	4,954 (28%)	504 (3%)	--	604 (3%)

Age calculated as of date of last visit. Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over. ¹Users who were insured on their last visit. ²Users who have only ever had one type of insurance, and never experienced periods of uninsurance, or been covered by another insurance type. ³Includes those with single and multiple switches, and users with periods of uninsurance as long as there is >1 type of insurance present (e.g., self to Medicaid to private). Those with periods of uninsurance between the same insurance type (e.g., Medicaid to self to Medicaid) are excluded.

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

**TABLE 11
CURRENTLY INSURED USERS¹ WITH PAST EPISODES OF UNINSURANCE
PERCENT OF CURRENTLY INSURED POPULATION**

Site	Age Group	Always Insured	Single Switchers ²			Multiple Switchers				Total Currently Insured
			Currently have Medicaid	Currently have Private	Currently have SCHIP ^a	Currently have Medicaid ³	Currently have Private ³	Currently have SCHIP ^{3a}	Have Had Multiple Insurance Types ⁴	
ARIZONA										
El Rio	0-18	13,686 (84%)	795 (5%)	199 (1%)	377 (2%)	576 (4%)	90 (1%)	5 (0.03%)	535 (3%)	16,263 (100%)
	19-64	11,367 (85%)	649 (5%)	382 (3%)	--	527 (4%)	226 (2%)	--	185 (1%)	13,336 (100%)
	Total	25,053 (85%)	1,444 (5%)	581 (2%)	377 (1%)	1,103 (4%)	316 (1%)	5 (0.02%)	720 (2%)	29,599 (100%)
Sun Life	0-18	4,845 (69%)	572 (8%)	363 (5%)	67 (1%)	744 (11%)	138 (2%)	1 (0.01%)	267 (4%)	6,997 (100%)
	19-64	7,673 (76%)	452 (4%)	758 (7%)	--	477 (5%)	336 (3%)	--	420 (4%)	10,116 (100%)
	Total	12,518 (73%)	1,024 (6%)	1,121 (7%)	67 (0.4%)	1,221 (7%)	474 (3%)	1 (0.01%)	687 (4%)	17,113 (100%)
COLORADO										
People's Clinic	0-18	1,439 (70%)	174 (8%)	15 (1%)	58 (3%)	262 (13%)	0 (0%)	5 (0.2%)	111 (5%)	2,064 (100%)
	19-64	762 (62%)	220 (18%)	56 (5%)	--	136 (11%)	16 (1%)	--	32 (3%)	1,222 (100%)
	Total	2,201 (67%)	394 (12%)	71 (2%)	58 (2%)	398 (12%)	16 (0%)	5 (0.2%)	143 (4%)	3,286 (100%)
Plan de Salud	0-18	7,594 (74%)	1,102 (11%)	347 (3%)	153 (1%)	587 (6%)	80 (1%)	26 (0.3%)	313 (3%)	10,202 (100%)
	19-64	4,304 (66%)	844 (13%)	719 (11%)	--	264 (4%)	228 (4%)	--	132 (2%)	6,491 (100%)
	Total	11,898 (71%)	1,946 (12%)	1,066 (6%)	153 (1%)	851 (5%)	308 (2%)	26 (0.2%)	445 (3%)	16,693 (100%)

Age calculated as of date of last visit.

¹Users who were insured on their last visit

³Users who had multiple uninsured periods but are currently insured

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

²Users who had one uninsured period but are currently insured

⁴Users who had at least one uninsured period and more than one insurance type

TABLE 11 (Continued)
CURRENTLY INSURED USERS¹ WITH PAST EPISODES OF UNINSURANCE
PERCENT OF CURRENTLY INSURED POPULATION

Site	Age Group	Always Insured	Single Switchers ²			Multiple Switchers				Total Currently Insured
			Currently have Medicaid	Currently have Private	Currently have SCHIP ^a	Currently have Medicaid ³	Currently have Private ³	Currently have SCHIP ^{3a}	Have Had Multiple Insurance Types ⁴	
COLORADO (Continued)										
Valley Wide	0-18	7,592 (87%)	335 (4%)	229 (3%)	119 (1%)	125 (1%)	117 (1%)	54 (1%)	126 (1%)	8,697 (100%)
	19-64	9,652 (88%)	352 (3%)	577 (5%)	--	141 (1%)	179 (2%)	--	59 (1%)	10,960 (100%)
	Total	17,244 (88%)	687 (3%)	806 (4%)	119 (1%)	266 (1%)	296 (2%)	54 (0.3%)	185 (1%)	19,657 (100%)
INDIANA										
Indiana Health Centers	0-18	2,749 (53%)	746 (14%)	111 (2%)	--	1,125 (22%)	87 (2%)	--	350 (7%)	5,168 (100%)
	19-64	1,022 (42%)	311 (13%)	302 (12%)	--	409 (17%)	202 (8%)	--	191 (8%)	2,437 (100%)
	Total	3,771 (50%)	1,057 (14%)	413 (5%)	--	1,534 (20%)	289 (4%)	--	541 (7%)	7,605 (100%)
OHIO										
Cincinnati	0-18	5,115 (84%)	603 (10%)	20 (0.3%)	--	334 (5%)	5 (0.1%)	--	15 (0.2%)	6,092 (100%)
	19-64	3,600 (85%)	279 (7%)	66 (2%)	--	228 (5%)	20 (0.5%)	--	24 (1%)	4,217 (100%)
	Total	8,715 (85%)	882 (9%)	86 (1%)	--	562 (5%)	25 (0.2%)	--	39 (0.4%)	10,309 (100%)
Southern Ohio	0-18	18,673 (84%)	709 (3%)	1,218 (5%)	--	591 (3%)	437 (2%)	--	585 (3%)	22,213 (100%)
	19-64	21,159 (84%)	428 (2%)	2,014 (8%)	--	311 (1%)	839 (3%)	--	301 (1%)	25,052 (100%)
	Total	39,832 (84%)	1,137 (2%)	3,232 (7%)	--	902 (2%)	1,276 (3%)	--	886 (2%)	47,265 (100%)

Age calculated as of date of last visit.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

¹Users who were insured on their last visit

²Users who had one uninsured period but are currently insured

³Users who had multiple uninsured periods but are currently insured

⁴Users who had at least one uninsured period and more than one insurance type

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 11 (Continued)
CURRENTLY INSURED USERS¹ WITH PAST EPISODES OF UNINSURANCE
PERCENT OF CURRENTLY INSURED POPULATION

Site	Age Group	Always Insured	Single Switchers ²			Multiple Switchers				Total Currently Insured
			Currently have Medicaid	Currently have Private	Currently have SCHIP ^a	Currently have Medicaid ³	Currently have Private ³	Currently have SCHIP ^{3a}	Have Had Multiple Insurance Types ⁴	
PENNSYLVANIA										
Spectrum	0-18	4,251 (94%)	85 (2%)	33 (1%)	3 (.1%)	97 (2%)	2 (.04%)	0 (0%)	29 (1%)	4,500 (100%)
	19-64	2,581 (89%)	127 (4%)	32 (1%)	--	114 (4%)	17 (1%)	--	28 (1%)	2,899 (100%)
	Total	6,832 (92%)	212 (3%)	65 (1%)	3 (.04%)	211(3%)	19 (.2%)	0 (0%)	57 (1%)	7,399 (100%)
York	0-18	1,928 (85%)	93 (4%)	69 (3%)	1 (.04%)	129 (6%)	23 (1%)	0 (0%)	38 (2%)	2,281 (100%)
	19-64	2,202 (80%)	121 (4%)	166 (6%)	--	118 (4%)	98 (4%)	--	35 (1%)	2,740 (100%)
	Total	4,130 (82%)	214 (4%)	235 (5%)	1 (.02%)	247 (5%)	121 (2%)	0 (0%)	73 (1%)	5,022 (100%)
SOUTH CAROLINA										
Beaufort- Jasper	0-18	2,889 (76%)	388 (10%)	98 (3%)	--	283 (7%)	57 (1%)	--	106 (3%)	3,821 (100%)
	19-64	2,592 (60%)	384 (9%)	391 (9%)	--	463 (11%)	371 (9%)	--	149 (3%)	4,350 (100%)
	Total	5,481 (67%)	772 (9%)	489 (6%)	--	746 (9%)	428 (5%)	--	255 (3%)	8,171 (100%)
Franklin Fetter	0-18	3,803 (87%)	400 (9%)	20 (.5%)	--	110 (3%)	23 (1%)	--	18 (.4%)	4,374 (100%)
	19-64	1,607 (75%)	196 (9%)	162 (8%)	--	48 (2%)	97 (5%)	--	24 (1%)	2,134 (100%)
	Total	5,410 (83%)	596 (9%)	182 (3%)	--	158 (2%)	120 (2%)	--	42 (1%)	6,508 (100%)

Age calculated as of date of last visit.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

¹Users who were insured on their last visit

²Users who had one uninsured period but are currently insured

³Users who had multiple uninsured periods but are currently insured

⁴Users who had at least one uninsured period and more than one insurance type

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start,

Partners for Healthy Children) are included in Medicaid counts.

TABLE 11 (Continued)
CURRENTLY INSURED USERS¹ WITH PAST EPISODES OF UNINSURANCE
PERCENT OF CURRENTLY INSURED POPULATION

Site	Age Group	Always Insured	Single Switchers ²			Multiple Switchers				Total Currently Insured
			Currently have Medicaid	Currently have Private	Currently have SCHIP ^a	Currently have Medicaid ³	Currently have Private ³	Currently have SCHIP ^{3a}	Have Had Multiple Insurance Types ⁴	
SOUTH CAROLINA (Continued)										
Family Health Centers	0-18	9,232 (83%)	707 (6%)	336 (3%)	--	523 (5%)	105 (1%)	--	210 (2%)	11,113 (100%)
	19-64	4,947 (75%)	361 (5%)	724 (11%)	--	222 (3%)	203 (3%)	--	109 (2%)	6,566 (100%)
	Total	14,179 (80%)	1,068 (6%)	1,060 (6%)	--	745 (4%)	308 (2%)	--	319 (2%)	17,679 (100%)

Age calculated as of date of last visit.

¹Users who were insured on their last visit

²Users who had one uninsured period but are currently insured

³Users who had multiple uninsured periods but are currently insured

⁴Users who had at least one uninsured period and more than one insurance type

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 12
INSURANCE HISTORY OF CURRENTLY UNINSURED USERS¹
PERCENT OF UNINSURED USERS

Site	Age Group	Always Uninsured	Single Switchers ²			Multiple Switchers ³				Total Uninsured Users
			Previously Had Medicaid	Previously Had Private	Previously Had SCHIP ^a	Previously Had Medicaid	Previously Had Private	Previously Had SCHIP ^a	Previously Had Multiple Insurance Types	
ARIZONA										
El Rio	0-18	5,019 (84%)	586 (10%)	64 (1%)	13 (0.2%)	170 (3%)	27 (0.5%)	19 (0.3%)	52 (1%)	5,950 (100%)
	19-64	7,982 (89%)	395 (4%)	203 (2%)	4 (0%)	297 (3%)	75 (1%)	2 (0.02%)	36 (0.4%)	8,994 (100%)
	Total	13,001 (87%)	981 (7%)	267 (2%)	17 (0.1%)	467 (3%)	102 (1%)	21 (0.1%)	88 (1%)	14,944 (100%)
Sun Life	0-18	3,543 (80%)	411 (9%)	131 (3%)	1 (0.02%)	261 (6%)	55 (1%)	5 (0.1%)	42 (1%)	4,449 (100%)
	19-64	5,073 (80%)	251 (4%)	365 (6%)	0 (0%)	311 (5%)	188 (3%)	0 (0%)	117 (2%)	6,305 (100%)
	Total	8,616 (80%)	662 (6%)	496 (5%)	1 (0.01%)	572 (5%)	243 (2%)	5 (0%)	159 (1%)	10,754 (100%)
COLORADO										
People's Clinic	0-18	2,009 (77%)	319 (12%)	12 (0%)	9 (0.3%)	173 (7%)	17 (1%)	27 (1%)	48 (2%)	2,614 (100%)
	19-64	9,190 (91%)	237 (2%)	56 (1%)	0 (0%)	437 (4%)	84 (1%)	1 (0.01%)	54 (1%)	10,059 (100%)
	Total	11,199 (88%)	556 (4%)	68 (1%)	9 (0.07%)	610 (5%)	101 (1%)	28 (0.2%)	102 (0.8%)	12,673 (100%)
Plan de Salud	0-18	10,269 (85%)	962 (8%)	165 (1%)	13 (0.1%)	518 (4%)	76 (1%)	47 (0.4%)	66 (1%)	12,116 (100%)
	19-64	18,984 (92%)	437 (2%)	277 (1%)	0 (0%)	696 (3%)	243 (1%)	3 (0.01%)	48 (0.2%)	20,688 (100%)
	Total	29,253 (89%)	1,399 (4%)	442 (1%)	13 (0.04%)	1,214 (4%)	319 (1%)	50 (0.2%)	114 (0.3%)	32,804 (100%)

Age calculated as of date of last visit. Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

¹Users who were insured on their last visit ²Users who went from one insurance type to uninsured (e.g., Medicaid to self). ³Users who had multiple switches from either a specific insurance type, or multiple types of insurance and are currently uninsured (e.g., Medicaid to self to Medicaid to self OR Medicaid to private to self).

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 12 (Continued)
INSURANCE HISTORY OF CURRENTLY UNINSURED USERS¹
PERCENT OF UNINSURED USERS

Site	Age Group	Always Uninsured	Single Switchers ²			Multiple Switchers ³				Total Uninsured Users
			Previously Had Medicaid	Previously Had Private	Previously Had SCHIP ^a	Previously Had Medicaid	Previously Had Private	Previously Had SCHIP ^a	Previously Had Multiple Insurance Types	
COLORADO (Continued)										
Valley Wide	0-18	3,613 (86%)	232 (6%)	127 (3%)	108 (3%)	34 (1%)	28 (1%)	29 (1%)	22 (1%)	4,193 (100%)
	19-64	10,209 (92%)	324 (3%)	306 (3%)	10 (0%)	114 (1%)	94 (1%)	2 (0%)	27 (0%)	11,086 (100%)
	Total	13,822 (90%)	556 (4%)	433 (3%)	118 (1%)	148 (1%)	122 (1%)	31 (0%)	49 (0%)	15,279 (100%)
INDIANA										
Indiana Health Centers	0-18	4,247 (68%)	734 (12%)	121 (2%)	--	949 (15%)	61 (1%)	--	148 (2%)	6,260 (100%)
	19-64	10,674 (84%)	410 (3%)	215 (2%)	--	859 (7%)	323 (3%)	--	156 (1%)	12,637 (100%)
	Total	14,921 (79%)	1,144 (6%)	336 (2%)	--	1,808 (10%)	384 (2%)	--	304 (2%)	18,897 (100%)
OHIO										
Cincinnati	0-18	3,288 (83%)	453 (11%)	23 (1%)	--	167 (4%)	5 (0.1%)	--	8 (0.2%)	3,944 (100%)
	19-64	6,076 (89%)	407 (6%)	59 (1%)	--	129 (2%)	104 (2%)	--	21 (0.3%)	6,796 (100%)
	Total	9,364 (87%)	860 (8%)	82 (1%)	--	296 (3%)	109 (1%)	--	29 (0.3%)	10,740 (100%)
Southern Ohio	0-18	4,094 (71%)	736 (13%)	456 (8%)	--	204 (4%)	143 (2%)	--	123 (2%)	5,756 (100%)
	19-64	8,863 (81%)	693 (6%)	793 (7%)	--	221 (2%)	275 (3%)	--	87 (1%)	10,932 (100%)
	Total	12,957 (78%)	1,429 (9%)	1,249 (7%)	--	425 (3%)	418 (3%)	--	210 (1%)	16,688 (100%)

Age calculated as of date of last visit. Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

¹Users who were insured on their last visit ²Users who went from one insurance type to uninsured (e.g., Medicaid to self). ³Users who had multiple switches from either a specific insurance type, or multiple types of insurance and are currently uninsured (e.g., Medicaid to self to Medicaid to self OR Medicaid to private to self) ^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

TABLE 12 (Continued)
INSURANCE HISTORY OF CURRENTLY UNINSURED USERS¹
PERCENT OF UNINSURED USERS

Site	Age Group	Always Uninsured	Single Switchers ²			Multiple Switchers ³				Total Uninsured Users
			Previously Had Medicaid	Previously Had Private	Previously Had SCHIP ^a	Previously Had Medicaid	Previously Had Private	Previously Had SCHIP ^a	Previously Had Multiple Insurance Types	
PENNSYLVANIA										
Spectrum	0-18	509 (70%)	163 (22%)	20 (3%)	0 (0%)	19 (3%)	9 (1%)	0 (0%)	9 (1%)	729 (100%)
	19-64	1,842 (88%)	184 (9%)	19 (1%)	0 (0%)	45 (2%)	9 (.4%)	0 (0%)	5 (.2%)	2,104 (100%)
	Total	2,351 (83%)	347 (12%)	39 (1%)	0 (0%)	64 (2%)	18 (1%)	0 (0%)	14 (.5%)	2,833 (100%)
York	0-18	1,012 (85%)	102 (9%)	38 (3%)	0 (0%)	32 (3%)	8 (1%)	0 (0%)	4 (.3%)	1,196 (100%)
	19-64	2,071 (88%)	119 (5%)	62 (3%)	0 (0%)	39 (2%)	44 (2%)	0 (0%)	12 (1%)	2,347 (100%)
	Total	3,083 (87%)	221 (6%)	100 (3%)	0 (0%)	71 (2%)	52 (1%)	0 (0%)	16 (.5%)	3,543 (100%)
SOUTH CAROLINA										
Beaufort Jasper	0-18	2,110 (84%)	199 (8%)	62 (2%)	--	92 (4%)	28 (1%)	--	18 (1%)	2,509 (100%)
	19-64	5,398 (85%)	241 (4%)	214 (3%)	--	256 (4%)	197 (3%)	--	45 (1%)	6,351 (100%)
	Total	7,508 (85%)	440 (5%)	276 (3%)	--	348 (4%)	225 (3%)	--	63 (0.7%)	8,860 (100%)
Franklin Fetter	0-18	1,573 (88%)	145 (8%)	40 (2%)	--	21 (1%)	10 (1%)	--	1 (.1%)	1,790 (100%)
	19-64	5,245 (90%)	155 (3%)	183 (3%)	--	59 (1%)	151 (3%)	--	12 (.2%)	5,805 (100%)
	Total	6,818 (90%)	300 (4%)	223 (3%)	--	80 (1%)	161 (2%)	--	13 (.2%)	7,595 (100%)

Age calculated as of date of last visit. Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

¹Users who were insured on their last visit ²Users who went from one insurance type to uninsured (e.g., Medicaid to self). ³Users who had multiple switches from either a specific insurance type, or multiple types of insurance and are currently uninsured (e.g., Medicaid to self to Medicaid to self OR Medicaid to private to self).

TABLE 12 (Continued)
INSURANCE HISTORY OF CURRENTLY UNINSURED USERS¹
PERCENT OF UNINSURED USERS

Site	Age Group	Always Uninsured	Single Switchers ²			Multiple Switchers ³				Total Uninsured Users
			Previously Had Medicaid	Previously Had Private	Previously Had SCHIP ^a	Previously Had Medicaid	Previously Had Private	Previously Had SCHIP ^a	Previously Had Multiple Insurance Types	
SOUTH CAROLINA (Continued)										
Family Health Centers	0-18	2,567 (78%)	441 (13%)	126 (4%)	--	89 (3%)	36 (1%)	--	52 (2%)	3,311 (100%)
	19-64	6,221 (86%)	318 (4%)	293 (4%)	--	159 (2%)	210 (3%)	--	50 (1%)	7,251 (100%)
	Total	8,788 (83%)	759 (7%)	419 (4%)	--	248 (2%)	246 (2%)	--	102 (1%)	10,562 (100%)

Age calculated as of date of last visit. Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

¹Users who were insured on their last visit ²Users who went from one insurance type to uninsured (e.g., Medicaid to self). ³Users who had multiple switches from either a specific insurance type, or multiple types of insurance and are currently uninsured (e.g., Medicaid to self to Medicaid to self OR Medicaid to private to self).

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

**TABLE 13
OVERALL INSURANCE GROUP FOR USERS WITH TWO OR MORE VISITS
BY AGE GROUP**

Site	Age Group	Always Insured	Sometimes Insured	Never Insured	Total
ARIZONA					
El Rio	0-18	10,995 (63%)	3,508 (20%)	2,822 (16%)	17,325 (100%)
	19-64	10,677 (55%)	2,981 (15%)	5,748 (30%)	19,406 (100%)
	Total	21,672 (59%)	6,489 (18%)	8,570 (23%)	36,731 (100%)
Sun Life	0-18	3,150 (40%)	3,058 (39%)	1,670 (21%)	7,878 (100%)
	19-64	5,151 (45%)	3,675 (32%)	2,584 (23%)	11,410 (100%)
	Total	8,301 (43%)	6,733 (35%)	4,254 (22%)	19,288 (100%)
COLORADO					
People's Clinic	0-18	1,092 (31%)	1,229 (35%)	1,222 (34%)	3,543 (100%)
	19-64	584 (8%)	1,330 (18%)	5,307 (73%)	7,221 (100%)
	Total	1,676 (16%)	2,559 (24%)	6,529 (61%)	10,764 (100%)
Plan de Salud	0-18	5,454 (36%)	4,455 (29%)	5,345 (35%)	15,254 (100%)
	19-64	2,804 (16%)	3,891 (22%)	11,030 (62%)	17,725 (100%)
	Total	8,258 (25%)	8,346 (25%)	16,375 (50%)	32,979 (100%)
Valley Wide	0-18	5,935 (63%)	1,685 (18%)	1,870 (20%)	9,490 (100%)
	19-64	7,214 (46%)	2,185 (14%)	6,416 (41%)	15,815 (100%)
	Total	13,149 (52%)	3,870 (15%)	8,286 (33%)	25,305 (100%)

Age calculated as of date of last visit. Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 13 (Continued)
OVERALL INSURANCE GROUP FOR USERS WITH TWO OR MORE VISITS BY AGE GROUP

Site	Age Group	Always Insured	Sometimes Insured	Never Insured	Total
INDIANA					
Indiana Health Centers	0-18	1,715 (23%)	4,432 (58%)	1,430 (19%)	7,577 (100%)
	19-64	599 (6%)	3,378 (31%)	6,843 (63%)	10,820 (100%)
	Total	2,314 (13%)	7,810 (42%)	8,273 (45%)	18,397 (100%)
OHIO					
Cincinnati	0-18	3,206 (52%)	1,633 (26%)	1,328 (22%)	6,167 (100%)
	19-64	2,295 (35%)	1,337 (21%)	2,868 (44%)	6,500 (100%)
	Total	5,501 (43%)	2,970 (23%)	4,196 (33%)	12,667 (100%)
Southern Ohio	0-18	13,628 (65%)	5,202 (25%)	2,212 (11%)	21,042 (100%)
	19-64	15,493 (58%)	5,962 (22%)	5,214 (20%)	26,669 (100%)
	Total	29,121 (61%)	11,164 (23%)	7,426 (16%)	47,711 (100%)
PENNSYLVANIA					
Spectrum	0-18	3,407 (84%)	469 (12%)	187 (5%)	4,063 (100%)
	19-64	1,852 (56%)	580 (18%)	877 (27%)	3,309 (100%)
	Total	5,259 (71%)	1,049 (14%)	1,064 (14%)	7,372 (100%)
York	0-18	1,234 (58%)	532 (25%)	372 (17%)	2,138 (100%)
	19-64	1,298 (42%)	820 (26%)	993 (32%)	3,111 (100%)
	Total	2,532 (48%)	1,352 (26%)	1,365 (26%)	5,249 (100%)

Age calculated as of date of last visit. Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 13 (Continued)
OVERALL INSURANCE GROUP FOR USERS WITH TWO OR MORE VISITS BY AGE GROUP

Site	Age Group	Always Insured	Sometimes Insured	Never Insured	Total
SOUTH CAROLINA					
Beaufort-Jasper	0-18	1,607 (43%)	1,331 (36%)	757 (20%)	3,695 (100%)
	19-64	1,581 (22%)	2,711 (37%)	2,993 (41%)	7,285 (100%)
	Total	3,188 (29%)	4,042 (37%)	3,750 (34%)	10,980 (100%)
Franklin Fetter	0-18	2,265 (63%)	788 (22%)	543 (15%)	3,596 (100%)
	19-64	954 (20%)	1,087 (23%)	2,690 (57%)	4,731 (100%)
	Total	3,219 (39%)	1,875 (23%)	3,233 (39%)	8,327 (100%)
Family Health Centers	0-18	7,125 (65%)	2,625 (24%)	1,209 (11%)	10,959 (100%)
	19-64	3,369 (34%)	2,649 (26%)	3,994 (40%)	10,012 (100%)
	Total	10,494 (50%)	5,274 (25%)	5,203 (25%)	20,971 (100%)

Age calculated as of date of last visit

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

**TABLE 14
INSURANCE GROUP BY YEAR AND AGE GROUP FOR
USERS WITH MORE THAN ONE VISIT WITHIN A YEAR**

Site	Age Grp	Year 1 (1998 Arizona, 1997 all other states) ¹				Year 2 (1999 Arizona, 1998 all other states)				Year 3 (2000 Arizona, 1999 all other states)			
		Always Insured	Sometimes Insured	Never Insured	Total	Always Insured	Sometimes Insured	Never Insured	Total	Always Insured	Sometimes Insured	Never Insured	Total
ARIZONA													
El Rio	0-18	4,524 (68%)	590 (9%)	1,506 (23%)	6,620 (100%)	6,581 (72%)	1,176 (13%)	1,344 (15%)	9,101 (100%)	7,716 (78%)	987 (10%)	1,149 (12%)	9,852 (100%)
					46%				47%				47%
	19-64	4,661 (60%)	584 (7%)	2,559 (33%)	7,804 (100%)	6,230 (61%)	1,008 (10%)	2,999 (29%)	10,237 (100%)	6,925 (62%)	990 (9%)	3,228 (29%)	1,1143 (100%)
				54%				53%				53%	
	Total	9,185 (64%)	1,174 (8%)	4,065 (28%)	14,424 (100%)	12,811 (66%)	2,184 (11%)	4,343 (22%)	19,338 (100%)	14,641 (70%)	1,977 (9%)	4,377 (21%)	20,995 (100%)
Sun Life	0-18	1,547 (47%)	888 (27%)	825 (25%)	3,260 (100%)	1,657 (49%)	980 (29%)	717 (21%)	3,354 (100%)	2,249 (58%)	977 (25%)	667 (17%)	3,893 (100%)
					40%				40%				39%
	19-64	2,501 (51%)	1,082 (22%)	1,337 (27%)	4,920 (100%)	2,491 (50%)	1,140 (23%)	1,366 (27%)	4,997 (100%)	3,647 (60%)	1,193 (20%)	1,261 (21%)	6,101 (100%)
				60%				60%				61%	
	Total	4,048 (49%)	1,970 (24%)	2,162 (26%)	8,180 (100%)	4,148 (50%)	2,120 (25%)	2,083 (25%)	8,351 (100%)	5,896 (59%)	2,170 (22%)	1,928 (19%)	9,994 (100%)
COLORADO													
People's Clinic	0-18	798 (46%)	369 (21%)	565 (33%)	1732 (100%)	815 (45%)	377 (21%)	604 (34%)	1,796 (100%)	758 (44%)	339 (20%)	636 (37%)	1,733 (100%)
					(37%)				(35%)				(33%)
	19-64	458 (15%)	414 (14%)	2,105 (71%)	2977 (100%)	357 (11%)	449 (13%)	2,550 (76%)	3,356 (100%)	350 (10%)	526 (15%)	2,596 (75%)	3,472 (100%)
				(63%)				(65%)				(67%)	
	Total	1,256 (27%)	783 (17%)	2,670 (57%)	4709 (100%)	1,172 (23%)	826 (16%)	3,154 (61%)	5,152 (100%)	1,108 (21%)	865 (17%)	3,232 (62%)	5,205 (100%)

Age calculated at each year end.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

¹ El Rio, May 1, 1998-December 31, 1998; York, August 1, 1997 – December 31, 1997

TABLE 14 (Continued)
INSURANCE GROUP BY YEAR AND AGE GROUP FOR
USERS WITH MORE THAN ONE VISIT WITHIN A YEAR

Site	Age Grp	Year 1 (1998 Arizona, 1997 all other states) ¹				Year 2 (1999 Arizona, 1998 all other states) ²				Year 3 (2000 Arizona, 1999 all other states) ³			
		Always Insured	Sometimes Insured	Never Insured	Total	Always Insured	Sometimes Insured	Never Insured	Total	Always Insured	Sometimes Insured	Never Insured	Total
COLORADO (Continued)													
Plan de Salud	0-18	2,912 (41%)	1,439 (20%)	2,714 (38%)	7065 (100%) (46%)	2,859 (46%)	1,184 (19%)	2,182 (35%)	6,225 (100%) (46%)	3,295 (49%)	1,230 (18%)	2,133 (32%)	6,658 (100%) (44%)
	19-64	1,680 (20%)	1,145 (14%)	5,484 (66%)	8309 (100%) (54%)	1,645 (22%)	1,002 (13%)	4,794 (64%)	7,441 (100%) (54%)	1,798 (21%)	1,345 (16%)	5,235 (62%)	8,378 (100%) (56%)
	Total	4,592 (30%)	2,584 (17%)	8,198 (53%)	15,374 (100%)	4,504 (33%)	2,186 (16%)	6,976 (51%)	13,666 (100%)	5,093 (34%)	2,575 (17%)	7,368 (49%)	15,036 (100%)
Valley Wide	0-18	---	---	---	---	4,269 (68%)	677 (11%)	1,315 (21%)	6,261 (100%) (38%)	4,698 (72%)	708 (11%)	1,104 (17%)	6,510 (100%) (39%)
	19-64	---	---	---	---	5,118 (50%)	870 (8%)	4,315 (42%)	10,303 (100%) (62%)	5,159 (51%)	852 (8%)	4,185 (41%)	10,196 (100%) (61%)
	Total	---	---	---	---	9,387 (57%)	1,547 (9%)	5,630 (34%)	16,564 (100%)	9,857 (59%)	1,560 (9%)	5,289 (32%)	16,706 (100%)
INDIANA													
Indiana Health Centers	0-18	771 (32%)	1,085 (46%)	518 (22%)	2,374 (100%) 45%	951 (28%)	1,695 (51%)	700 (21%)	3,346 (100%) 44%	1,799 (38%)	2,105 (44%)	877 (18%)	4,781 (100%) 37%
	19-64	331 (11%)	686 (23%)	1,919 (65%)	2,936 (100%) 55%	413 (10%)	1,128 (26%)	2,749 (64%)	4,290 (100%) 56%	761 (9%)	1,823 (23%)	5,461 (68%)	8,045 (100%) 63%
	Total	1,102 (21%)	1,771 (33%)	2,437 (46%)	5,310 (100%)	1,364 (18%)	2,823 (37%)	3,449 (45%)	7,636 (100%)	2,560 (20%)	3,928 (31%)	6,338 (49%)	12,826 (100%)

Age calculated at each year end. Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

¹ El Rio, May 1, 1998-December 31, 1998; York, August 1, 1997 – December 31, 1997. ² Valley Wide, April 1, 1998 – March 31, 1999; ³ Valley Wide, April 1, 1999 – March 31, 2000

TABLE 14 (Continued)
INSURANCE GROUP BY YEAR AND AGE GROUP FOR
USERS WITH MORE THAN ONE VISIT WITHIN A YEAR

Site	Age Grp	Year 1 (1998 Arizona, 1997 all other states)				Year 2 (1999 Arizona, 1998 all other states)				Year 3 (2000 Arizona, 1999 all other states)			
		Always Insured	Sometimes Insured	Never Insured	Total	Always Insured	Sometimes Insured	Never Insured	Total	Always Insured	Sometimes Insured	Never Insured	Total
OHIO													
Cincinnati	0-18	1,912 (65%)	431 (15%)	582 (20%)	2,925 (100%)	1,643 (64%)	393 (15%)	517 (20%)	2,553 (100%)	1,651 (65%)	453 (18%)	444 (17%)	2,548 (100%)
					46%				47%				48%
	19-64	1,498 (44%)	457 (14%)	1,418 (42%)	3,373 (100%)	1,244 (43%)	351 (12%)	1,320 (45%)	2,915 (100%)	1,127 (41%)	359 (13%)	1,294 (47%)	2,780 (100%)
				54%				53%				52%	
	Total	3,410 (54%)	888 (14%)	2,000 (32%)	6,298 (100%)	2,887 (53%)	744 (14%)	1,837 (34%)	5,468 (100%)	2,778 (52%)	812 (15%)	1,738 (33%)	5,328 (100%)
Southern Ohio	0-18	6,842 (68%)	1,368 (14%)	1,902 (19%)	10,112 (100%)	7,698 (73%)	1,546 (15%)	1,287 (12%)	10,531 (100%)	8,692 (79%)	1,375 (12%)	963 (9%)	11,030 (100%)
					44%				45%				45%
	19-64	8,045 (62%)	1,478 (11%)	3,494 (27%)	13,017 (100%)	8,391 (66%)	1,496 (12%)	2,843 (22%)	12,730 (100%)	9,515 (71%)	1,490 (11%)	2,390 (18%)	13,395 (100%)
				56%				55%				55%	
	Total	14,887 (64%)	2,846 (12%)	5,396 (23%)	23,129 (100%)	16,089 (69%)	3,042 (13%)	4,130 (18%)	23,261 (100%)	18,207 (75%)	2,865 (12%)	3,353 (14%)	24,425 (100%)
PENNSYLVANIA													
Spectrum	0-18	1,712 (92%)	80 (4%)	77 (4%)	1,869 (100%)	1,674 (90%)	107 (5%)	85 (6%)	1,866 (100%)	1,603 (87%)	123 (7%)	119 (6%)	1,845 (100%)
					(59%)				(54%)				(54%)
	19-64	856 (27%)	149 (5%)	299 (9%)	1,304 (100%)	1,028 (64%)	165 (10%)	421 (26%)	1,614 (100%)	1,030 (64%)	153 (10%)	416 (26%)	1,599 (100%)
				(41%)				(46%)				(46%)	
	Total	2,568 (81%)	229 (7%)	376 (12%)	3,173 (100%)	2,702 (78%)	272 (8%)	506 (15%)	3,480 (100%)	2,633 (76%)	276 (8%)	535 (16%)	3,444 (100%)

Age calculated at each year end.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 14 (Continued)
INSURANCE GROUP BY YEAR AND AGE GROUP FOR
USERS WITH MORE THAN ONE VISIT WITHIN A YEAR

Site	Age Grp	Year 1 (1998 Arizona, 1997 all other states) ¹				Year 2 (1999 Arizona, 1998 all other states)				Year 3 (2000 Arizona, 1999 all other states)			
		Always Insured	Sometimes Insured	Never Insured	Total	Always Insured	Sometimes Insured	Never Insured	Total	Always Insured	Sometimes Insured	Never Insured	Total
PENNSYLVANIA (Continued)													
York	0-18	280 (66%)	78 (16%)	67 (18%)	425 (100%) (39%)	650 (65%)	193 (19%)	155 (16%)	998 (100%) (43%)	859 (67%)	182 (14%)	244 (19%)	1,285 (100%) (38%)
	19-64	395 (59%)	84 (13%)	187 (28%)	666 (100%) (61%)	703 (53%)	223 (17%)	413 (31%)	1,339 (100%) (58%)	989 (47%)	390 (19%)	714 (34%)	2,093 (100%) (62%)
	Total	675 (62%)	162 (15%)	254 (23%)	1,091 (100%)	1,353 (58%)	416 (18%)	568 (24%)	2,337 (100%)	1,848 (55%)	572 (28%)	958 (17%)	3,378 (100%)
SOUTH CAROLINA													
Beaufort-Jasper	0-18	638 (47%)	363 (27%)	354 (26%)	1,355 (100%) (32%)	783 (52%)	396 (27%)	314 (21%)	1,493 (100%) (29%)	869 (54%)	429 (27%)	309 (19%)	1,607 (100%) (30%)
	19-64	869 (30%)	730 (25%)	1,328 (45%)	2,927 (100%) (68%)	1,126 (30%)	1,037 (28%)	1,573 (42%)	3,736 (100%) (71%)	1,268 (33%)	955 (25%)	1,590 (42%)	3,813 (100%) (70%)
	Total	1,507 (35%)	1,093 (26%)	1,682 (39%)	4,282 (100%)	1,909 (37%)	1,433 (27%)	1,887 (36%)	5,229 (100%)	2,137 (39%)	1,384 (26%)	1,899 (35%)	5,420 (100%)
Franklin Fetter	0-18	974 (69%)	194 (14%)	244 (17%)	1,412 (100%) (38%)	1,236 (71%)	228 (13%)	270 (16%)	1,734 (100%) (44%)	916 (74%)	152 (12%)	171 (14%)	1,239 (100%) (38%)
	19-64	748 (33%)	289 (13%)	1,257 (55%)	2,294 (100%) (62%)	552 (25%)	326 (15%)	1,331 (60%)	2,209 (100%) (56%)	411 (20%)	387 (19%)	1,221 (60%)	2,019 (100%) (62%)
	Total	1,722 (46%)	483 (13%)	1,501 (41%)	3,706 (100%)	1,788 (45%)	554 (14%)	1,601 (41%)	3,943 (100%)	1,327 (41%)	539 (17%)	1,392 (43%)	3,258 (100%)

Age calculated at each year end. ¹ El Rio, May 1, 1998-December 31, 1998; York, August 1, 1997 – December 31, 1997
Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 14 (Continued)
INSURANCE GROUP BY YEAR AND AGE GROUP FOR
USERS WITH MORE THAN ONE VISIT WITHIN A YEAR

Site	Age Grp	Year 1 (1998 Arizona, 1997 all other states)				Year 2 (1999 Arizona, 1998 all other states)				Year 3 (2000 Arizona, 1999 all other states)			
		Always Insured	Sometimes Insured	Never Insured	Total	Always Insured	Sometimes Insured	Never Insured	Total	Always Insured	Sometimes Insured	Never Insured	Total
SOUTH CAROLINA (Continued)													
Family Health Centers	0-18	4,419 (76%)	708 (12%)	697 (12%)	5,824 (100%)	3895 (77%)	633 (13%)	505 (10%)	5,033 (100%)	3,585 (75%)	672 (14%)	509 (11%)	4,766 (100%)
					49%				50%				51%
	19-64	2,500 (41%)	785 (13%)	2,819 (46%)	6,104 (100%)	2,192 (43%)	692 (13%)	2,247 (44%)	5,131 (100%)	1,994 (43%)	683 (15%)	1,993 (43%)	4,670 (100%)
				51%				50%				49%	
	Total	6,919 (58%)	1,493 (13%)	3,516 (29%)	11,928 (100%)	6,087 (60%)	1,325 (13%)	2,752 (27%)	10,164 (100%)	5,579 (59%)	1,355 (14%)	2,502 (27%)	9,436 (100%)

Age calculated at each year end.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

**TABLE 15
FREQUENCY OF USER VISITS**

Site	Users with One Visit			Users with Multiple Visits			
	0-18	19-64	Total	0-18	19-64	Total	Overall Total
ARIZONA							
El Rio	5,776 (12%)	7,035 (14%)	12,811 --- (26%)	17,325 (35%)	19,406 (39%)	36,731 --- (74%)	49,542 (100%) (100%)
Sun Life	3838 (13%)	5630 (20%)	9468 --- (33%)	7,878 (27%)	11,410 (40%)	19,288 --- (67%)	28,756 (100%) (100%)
COLORADO							
People's Clinic	1,139 (7%)	4,078 (26%)	5,217 --- (33%)	3,544 (22%)	7,220 (45%)	10,764 --- (67%)	15,981 (100%) (100%)
Plan de Salud	7,064 (14%)	9,454 (19%)	16,518 --- (33%)	15,254 (31%)	17,725 (36%)	32,979 --- (67%)	49,497 (100%) (100%)
Valley Wide	3,400 (10%)	6,231 (18%)	9,631 --- (28%)	9,490 (27%)	15,815 (45%)	25,305 --- (72%)	34,936 (100%) (100%)
INDIANA							
Indiana Health Centers	3,851 (15%)	4,254 (16%)	8,105 --- (31%)	7,577 (29%)	10,820 (41%)	18,397 --- (69%)	26,502 (100%) (100%)
OHIO							
Cincinnati	3,869 (18%)	4,513 (21%)	8,382 --- (40%)	6,167 (29%)	6,500 (31%)	12,667 --- (60%)	21,049 (100%) (100%)
Southern Ohio	6,953 (11%)	9,377 (15%)	16,330 --- (25%)	21,042 (33%)	26,669 (42%)	47,711 --- (75%)	64,041 (100%) (100%)

Age calculated as of date of last visit.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 15 (Continued)
FREQUENCY OF USER VISITS

Site	Users with One Visit			Users with Multiple Visits			
	0-18	19-64	All Users	0-18	19-64	All Users	Overall Total
PENNSYLVANIA							
Spectrum	1,284 (12%)	1,732 (17%)	3,016 --- (29%)	4,063 (39%)	3,309 (32%)	7,372 --- (71%)	10,388 (100%) (100%)
York	1,398 (16%)	2,028 (23%)	3,426 --- (39%)	2,138 (25%)	3,111 (36%)	5,249 --- (61%)	8,675 (100%) (100%)
SOUTH CAROLINA							
Beaufort-Jasper	2,647 (15%)	3,570 (21%)	6,217 --- (36%)	3,695 (21%)	7,285 (42%)	10,980 --- (64%)	17,197 (100%) (100%)
Franklin Fetter	2,568 (18%)	3,208 (23%)	5,776 --- (41%)	3,596 (26%)	4,731 (34%)	8,327 --- (59%)	14,103 (100%) (100%)
Family Health Centers	3,559 (12%)	4,003 (14%)	7,562 --- (27%)	10,959 (38%)	10,012 (35%)	20,971 --- (73%)	28,533 (100%) (100%)

Age calculated as of date of last visit.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 16
INSURANCE STATUS OF USERS WITH ONLY ONE VISIT
PERCENT OF ALL SINGLE VISIT USERS

Site	Year	Medicaid		SCHIP ^a		Private		Uninsured		Other Public		Total		
		0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	All ages
ARIZONA														
El Rio	1998 ¹	567 (16%)	254 (7%)	3 (.1%)	--	181 (5%)	438 (12%)	699 (20%)	709 (20%)	180 (5%)	541 (15%)	1,630 (46%)	1,942 (54%)	3,572 (100%)
		821 (23%)		3 (.1%)		619 (17%)		1,408 (39%)		721 (20%)		3,572 (100%)		
	1999	471 (12%)	238 (6%)	60 (2%)	--	194 (5%)	562 (14%)	720 (18%)	685 (18%)	217 (6%)	758 (19%)	1,662 (43%)	2,243 (57%)	3,905 (100%)
		709 (18%)		60 (2%)		756 (19%)		1,405 (36%)		975 (25%)		3,905 (100%)		
	2000	917 (17%)	428 (8%)	127 (2%)	--	281 (5%)	803 (15%)	726 (14%)	892 (17%)	303 (6%)	857 (16%)	2,354 (44%)	2,980 (56%)	5,334 (100%)
		1,345 (25%)		127 (2%)		1,084 (20%)		1,618 (30%)		1,160 (22%)		5,334 (100%)		
Sun Life	1998	254 (9%)	161 (6%)	0 (0%)	--	210 (8%)	594 (22%)	656 (24%)	798 (29%)	35 (1%)	47 (2%)	1,155 (42%)	1,600 (58%)	2,755 (100%)
		415 (15%)		0 (0%)		804 (29%)		1,454 (53%)		82 (3%)		2,755 (100%)		
	1999	218 (9%)	103 (4%)	11 (0.4%)	--	179 (7%)	529 (21%)	570 (23%)	879 (35%)	0 (0%)	0 (0%)	978 (39%)	1,511 (61%)	2,489 (100%)
		321 (13%)		11 (0.4%)		708 (28%)		1,449 (58%)		0 (0%)		2,489 (100%)		
	2000	458 (11%)	250 (6%)	53 (1%)	--	336 (8%)	1,140 (27%)	581 (14%)	878 (21%)	165 (4%)	363 (9%)	1,593 (38%)	2,631 (62%)	4,224 (100%)
		708 (17%)		53 (1%)		1,476 (35%)		1,459 (35%)		528 (13%)		4,224 (100%)		
COLORADO														
People's Clinic	199	165 (8%)	65 (3%)	3 (.1%)	N/A	10 (.5%)	39 (2%)	295 (14%)	1,456 (72%)	1 (.05%)	1 (.1%)	474 (23%)	1,561 (77%)	2,035 (100%)
		230 (11%)		3 (0.1%)		49 (2%)		1,751 (86%)		2 (.1%)		2,035 (100%)		
	1998	52 (3%)	24 (2%)	23 (2%)	N/A	7 (.5%)	19 (1%)	177 (12%)	1,197 (80%)	0 (0%)	5 (.3%)	259 (17%)	1,245 (83%)	1,504 (100%)
		76 (5%)		23 (2%)		26 (2%)		1,374 (91%)		5 (.3%)		1,504 (100%)		
	1999	81 (5%)	26 (2%)	3 (0.2%)	N/A	3 (.2%)	20 (1%)	266 (16%)	1,279 (76%)	0 (0%)	0 (0%)	353 (21%)	1,325 (79%)	1,678 (100%)
		107 (6%)		3 (0.2%)		23 (1%)		1,545 (92%)		0 (0%)		1,678 (100%)		

Age calculated as of each year end. ¹ May 1, 1998-December 31, 1998. Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over

TABLE 16 (Continued)
INSURANCE STATUS OF USERS WITH ONLY ONE VISIT - PERCENT OF ALL SINGLE VISIT USERS

Site	Yea	Medicaid		SCHIP ^a		Private		Uninsured		Other Public		Total		
		0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	All ages
COLORADO (Continued)														
Plan de Salud	1997	590 (9%)	189 (3%)	5 (.1%)	N/A	295 (4%)	420 (6%)	1,929 (28%)	3,373 (50%)	0 (0%)	0 (0%)	2,819 (41%)	3,982 (59%)	6,801 (100%)
		779 (11%)		5 (0.1%)		715 (11%)		5,302 (78%)		0 (0%)		6,801 (100%)		
	1998	282 (7%)	87 (2%)	24 (1%)	N/A	170 (4%)	300 (7%)	1,302 (31%)	2,023 (48%)	0 (0%)	0 (0%)	1,778 (42%)	2,410 (58%)	4,188 (100%)
		369 (9%)		24 (1%)		470 (11%)		3,325 (79%)		0 (0%)		4,188 (100%)		
	1999	479 (9%)	144 (3%)	35 (.6%)	N/A	245 (4%)	375 (7%)	1,530 (28%)	2,721 (49%)	0 (0%)	0 (0%)	2,289 (41%)	3,240 (59%)	5,529 (100%)
		623 (11%)		35 (0.6%)		620 (11%)		4,251 (77%)		0 (0%)		5,529 (100%)		
Valley Wide	19	---	---	---	---	---	---	---	---	---	---	---	---	---
		---		---		---		---		---		---		
	1998	481 (9%)	210 (4%)	38 (1%)	N/A	483 (9%)	1019 (20%)	951 (19%)	1904 (37%)	0 (0%)	0 (0%)	1953 (38%)	3133 (62%)	5086 (100%)
		691 (14%)		38 (1%)		1502 (30%)		2855 (56%)		0 (0%)		5,086 (100%)		
	1999 ³	254 (6%)	103 (2%)	32 (1%)	N/A	369 (8%)	1106 (24%)	792 (17%)	1889 (42%)	0 (0%)	0 (0%)	1447 (32%)	3098 (68%)	4545 (100%)
		357 (8%)		32 (1%)		1475 (32%)		2681 (59%)		0 (0%)		4,545 (100%)		
INDIANA														
Indiana Health Ctrs	199	65 (16%)	7 (2%)	--	--	24 (6%)	7 (2%)	146 (35%)	170 (41%)	--	--	235 (56%)	184 (44%)	419 (100%)
		72 (17%)		--		31 (7%)		316 (75%)		--		419 (100%)		
	199	70 (5%)	20 (2%)	--	--	7 (1%)	14 (1%)	762 (58%)	451 (34%)	--	--	839 (63%)	485 (37%)	1,324 (100%)
		90 (7%)		--		21 (2%)		1213 (92%)		--		1,324 (100%)		
	1999	705 (11%)	213 (3%)	--	--	153 (2%)	172 (3%)	1,795 (28%)	3,324 (52%)	--	--	2,653 (42%)	3,709 (58%)	6,362 (100%)
		918 (14%)		--		325 (5%)		5,119 (80%)		--		6,362 (100%)		

Age calculated as of each year end.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over. ² April 1, 1998 – March 31, 1999.

³ April 1, 1999 – March 31, 2000

TABLE 16 (Continued)
INSURANCE STATUS OF USERS WITH ONLY ONE VISIT
PERCENT OF ALL SINGLE VISIT USERS

Site	Yea	Medicaid		SCHIP ^a		Private		Uninsured		Other Public		Total		
		0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	All ages
OHIO														
Cincinnati	1997	757 (23%)	475 (14%)	--	--	66 (2%)	127 (4%)	762 (23%)	1,171 (35%)	--	--	1,585 (47%)	1,773 (53%)	3,358 (100%)
		1,232 (37%)		--		193 (6%)		1,933 (58%)		--		3,358 (100%)		
	1998	364 (17%)	233 (11%)	--	--	13 (1%)	79 (4%)	502 (24%)	928 (44%)	--	--	879 (41%)	1,240 (59%)	2,119 (100%)
		597 (28%)		--		92 (4%)		1,430 (67%)		--		2,119 (100%)		
	1999	648 (22%)	376 (13%)	--	--	16 (1%)	60 (2%)	643 (22%)	1,162 (40%)	--	--	1,307 (45%)	1,598 (55%)	2,905 (100%)
		1,024 (35%)		--		76 (3%)		1,805 (62%)		--		2,905 (100%)		
Southern Ohio	1997	1,023 (16%)	768 (12%)	--	--	738 (11%)	1,431 (22%)	844 (13%)	1,665 (26%)	8 (.1%)	19 (.3%)	2,613 (40%)	3,883 (60%)	6,496 (100%)
		1,791 (28%)		--		2169 (33%)		2,509 (39%)		27 (.4%)		6,496 (100%)		
	1998	702 (16%)	458 (11%)	--	--	584 (14%)	988 (23%)	493 (11%)	1,042 (24%)	7 (.2%)	21 (.5%)	1,786 (42%)	2,509 (58%)	4,295 (100%)
		1,160 (27%)		--		1572 (37%)		1,535 (36%)		28 (.7%)		4,295 (100%)		
	1999	891 (16%)	582 (11%)	--	--	980 (18%)	1,589 (29%)	456 (8%)	1,031 (19%)	6 (.1%)	4 (.1%)	2,333 (42%)	3,206 (58%)	5,539 (100%)
		1,473 (27%)		--		2,569 (46%)		1,487 (27%)		10 (.2%)		5,539 (100%)		
PENNSYLVANIA														
Spectrum	1997	367 (32%)	218 (19%)	0 (0%)	N/A	44 (4%)	76 (7%)	97 (8%)	348 (30%)	--	--	508 (44%)	642 (56%)	1,150(100%)
		585 (51%)		0 (0%)		120 (10%)		445 (39%)		--		1,150 (100%)		
	1998	236 (25%)	229 (24%)	0 (0%)	N/A	31 (9%)	41 (4%)	91 (10%)	328 (34%)	--	--	358 (37%)	598 (63%)	956 (100%)
		465 (49%)		0 (0%)		72 (7%)		419 (44%)		--		956 (100%)		
	1999	223 (25%)	185 (20%)	2 (.2%)	N/A	28 (3%)	48 (5%)	104 (11%)	317 (35%)	--	--	357 (39%)	550 (61%)	907 (100%)
		408 (45%)		2 (.2%)		76 (8%)		421 (46%)		--		907 (100%)		

Age calculated as of each year end.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 16 (Continued)
INSURANCE STATUS OF USERS WITH ONLY ONE VISIT
PERCENT OF ALL SINGLE VISIT USERS

Site	Year	Medicaid		SCHIP ^a		Private		Uninsured		Other Public		Total		
		0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	All ages
PENNSYLVANIA (Continued)														
York	1997 ⁴	72 (17%)	54 (13%)	0 (0%)	N/A	17 (4%)	21 (5%)	53 (13%)	118 (29%)	11 (3%)	67 (16%)	153 (37%)	260 (63%)	413 (100%)
		126 (31%)		0 (0%)		38 (9%)		171 (41%)		78 (19%)		413 (100%)		
	1998	152 (14%)	87 (8%)	0 (0%)	N/A	54 (5%)	70 (6%)	210 (19%)	333 (30%)	33 (3%)	170 (15%)	449 (40%)	660 (60%)	1,109 (100%)
		239 (22%)		0 (0%)		124 (11%)		543 (49%)		203 (18%)		1,109 (100%)		
	1999	213 (11%)	126 (7%)	1 (.1%)	N/A	124 (7%)	218 (11%)	371 (20%)	631 (33%)	69 (4%)	146 (8%)	778 (41%)	1,121 (59%)	1,899 (100%)
		339 (18%)		0 (0%)		342 (18%)		1,002 (53%)		215 (11%)		1,899 (100%)		
SOUTH CAROLINA														
Beaufort-Jasper	1997	250 (11%)	148 (6%)	--	--	113 (5%)	202 (9%)	557 (24%)	919 (40%)	7 (0.3%)	102 (4.44%)	927 (40%)	1,371 (60%)	2,298 (100%)
		398 (17%)		--		315 (14%)		1,476 (64%)		109 (5%)		2,298 (100%)		
	1998	229 (13%)	105 (6%)	--	--	99 (6%)	267 (15%)	365 (20%)	716 (40%)	2 (.1%)	11 (0.6%)	695 (39%)	1,099 (61%)	1,794 (100%)
		334 (19%)		--		366 (20%)		1,081 (60%)		13 (0.7%)		1,794 (100%)		
	1999	360 (17%)	98 (5%)	--	--	210 (10%)	239 (11%)	384 (18%)	817 (38%)	1 (.1%)	16 (1%)	955 (45%)	1,170 (55%)	2,125 (100%)
		458 (22%)		--		449 (21%)		1,201 (57%)		17 (1%)		2,125 (100%)		
Franklin Fetter	1997	579 (26%)	195 (9%)	--	--	49 (2%)	105 (5%)	404 (18%)	884 (40%)	--	--	1,032 (47%)	1,184 (53%)	2,216 (100%)
		774 (35%)		--		154 (7%)		1,288 (58%)		--		2,216 (100%)		
	1998	410 (24%)	124 (7%)	--	--	20 (1%)	58 (3%)	275 (16%)	855 (49%)	--	--	705 (40%)	1,037 (60%)	1,742 (100%)
		534 (31%)		--		78 (4%)		1,130 (65%)		--		1,742 (100%)		
	1999	445 (24%)	132 (7%)	--	--	17 (1%)	57 (3%)	297 (16%)	870 (48%)	--	--	759 (42%)	1,059 (58%)	1,818 (100%)
		577 (32%)		--		74 (4%)		1,167 (64%)		--		1,818 (100%)		

Age calculated as of each year end. ⁴ August 1, 1997 – December 31, 1997.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 16 (Continued)
INSURANCE STATUS OF USERS WITH ONLY ONE VISIT
PERCENT OF ALL SINGLE VISIT USERS

Site	Year	Medicaid		SCHIP ^a		Private		Uninsured		Other Public		Total		
		0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	All ages
SOUTH CAROLINA (Continued)														
Family Health Ctrs	1997	749 (19%)	263 (7%)	--	--	323 (8%)	590 (15%)	613 (15%)	1237 (31%)	39 (1%)	149 (4%)	1,24 (44%)	2239 (56%)	3,963 (100%)
		1,012 (26%)		--		913 (23%)		1,850 (47%)		188 (5%)		3,963 (100%)		
	1998	355 (19%)	129 (7%)	--	--	155 (8%)	271 (15%)	381 (21%)	526 (29%)	8 (0.4%)	10 (.5%)	899 (49%)	936 (51%)	1,835 (100%)
		484 (26%)		--		426 (23%)		907 (49%)		18 (1%)		1,835 (100%)		
	2000	352 (20%)	115 (7%)	--	--	131 (7%)	292 (17%)	314 (18%)	514 (29%)	37 (2%)	9 (1%)	834 (47%)	930 (53%)	1,764 (100%)
		467 (26%)		--		423 (24%)		828 (47%)		46 (3%)		1,764 (100%)		

Age calculated as of each year end.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

^a Because Indiana, Ohio & South Carolina have SCHIP Medicaid expansion programs, SCHIP enrollees (Hoosier Healthwise, Healthy Start, Partners for Healthy Children) are included in Medicaid counts.

**TABLE 17
AVERAGE NUMBER OF VISITS BY INSURANCE GROUP
USERS WITH TWO OR MORE VISITS**

Site	Age Group	Always Insured			Sometimes Insured			Never Insured			Total		
		Visits	Mean	Number of Persons	Visits	Mean	Number of Persons	Visits	Mean	Number of Persons	Visits	Mean	Number of Persons
ARIZONA													
El Rio	0-18	83,926	7.6	10,995	34,737	9.9	3,508	11,194	4.0	2,822	129,857	7.5	17,325
	19-64	94,557	8.9	10,677	45,677	15.3	2,981	37,811	6.6	5,748	178,045	9.2	19,406
	Total	178,483	8.2	21,672	80,414	12.4	6,489	49,005	5.7	8,570	307,902	8.4	36,731
Sun Life	0-18	15,219	4.8	3,150	25,020	8.2	3,058	5,986	3.6	1,670	46,225	5.9	7,878
	19-64	31,561	6.1	5,151	38,375	10.4	3,675	12,487	4.8	2,584	82,423	7.2	11,410
	Total	46,780	5.6	8,301	63,395	9.4	6,733	18,473	4.3	4,254	128,648	6.7	19,288
COLORADO													
People's Clinic	0-18	8,983	8.2	1,092	12,710	10.3	1,229	5,393	4.4	1,222	27,086	7.6	3,543
	19-64	6,320	10.8	584	23,819	17.9	1,330	28,698	5.4	5,307	58,837	8.1	7,221
	Total	15,303	9.1	1,676	36,529	14.3	2,559	34,091	5.2	6,529	85,923	8.0	10,764
Plan de Salud	0-18	34,909	6.4	5,454	37,416	8.4	4,455	20,429	3.8	5,345	92,754	6.1	15,254
	19-64	18,066	6.4	2,804	39,904	10.3	3,891	59,141	5.4	11,030	117,111	6.6	17,725
	Total	52,975	6.4	8,258	77,320	9.3	8,346	79,570	4.9	16,375	209,865	6.4	32,979
Valley Wide	0-18	49,749	8.4	5,935	13,511	8.0	1,685	7,614	4.1	1,870	70,874	7.5	9,490
	19-64	60,276	8.4	7,214	23,164	10.6	2,185	38,473	6.0	6,416	121,913	7.7	15,815
	Total	110,025	8.4	13,149	36,675	9.5	3,870	46,087	5.6	8,286	192,787	7.6	25,305

Age calculated as of date of last visit.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 17 (Continued)
AVERAGE NUMBER OF VISITS BY INSURANCE GROUP
USERS WITH TWO OR MORE VISITS

Site	Age Group	Always Insured			Sometimes Insured			Never Insured			Total		
		Visits	Mean	Number of Persons	Visits	Mean	Number of Persons	Visits	Mean	Number of Persons	Visits	Mean	Number of Persons
INDIANA													
Indiana Health Ctrs	0-18	8,272	4.8	1,715	39,779	9.0	4,432	4,548	3.2	1,430	52,599	6.9	7,577
	19-64	3,103	5.2	599	43,541	12.9	3,378	40,304	5.9	6,843	86,948	8.0	10,820
	Total	11,375	4.9	2,314	83,320	10.7	7,810	44,852	5.4	8,273	139,547	7.6	18,397
OHIO													
Cincinnati	0-18	16,442	5.1	3,206	12,143	7.4	1,633	4,470	3.4	1,328	33,055	5.4	6,167
	19-64	15,244	6.6	2,295	12,669	9.5	1,337	14,170	4.9	2,868	42,083	6.5	6,500
	Total	31,686	5.8	5,501	24,812	8.4	2,970	18,640	4.4	4,196	75,138	5.9	12,667
Southern Ohio	0-18	96,070	7.0	13,628	49,978	9.6	5,202	10,475	4.7	2,212	156,523	7.4	21,042
	19-64	105,736	6.8	15,493	58,019	9.7	5,962	28,520	5.5	5,214	192,275	7.2	26,669
	Total	201,806	6.9	29,121	107,997	9.7	11,164	38,995	5.3	7,426	348,798	7.3	47,711
PENNSYLVANIA													
Spectrum	0-18	17,204	5.0	3,407	2,900	6.2	469	600	3.2	187	20,704	5.1	4,063
	19-64	10,993	5.9	1,852	4,939	8.5	580	3,279	3.7	877	19,211	5.8	3,309
	Total	28,197	5.4	5,259	7,839	7.5	1,049	3,879	3.6	1,064	39,915	5.4	7,372
York	0-18	5,776	4.7	1,234	3,605	6.8	532	1,268	3.4	372	10,649	5.0	2,138
	19-64	7,364	5.7	1,298	7,798	9.5	820	4,205	4.2	993	19,369	6.2	3,111
	Total	13,143	5.2	2,532	11,403	8.4	1,352	5,473	4.0	1,365	30,018	5.7	5,249

Age calculated as of date of last visit.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 17 (Continued)
AVERAGE NUMBER OF VISITS BY INSURANCE GROUP
USERS WITH TWO OR MORE VISITS

Site	Age Group	Always Insured			Sometimes Insured			Never Insured			Total		
		Visits	Mean	Number of Persons	Visits	Mean	Number of Persons	Visits	Mean	Number of Persons	Visits	Mean	Number of Persons
SOUTH CAROLINA													
Beaufort-Jasper	0-18	6,752	4.2	1,607	8,160	6.1	1,331	2,486	3.3	757	17,398	4.7	3,695
	19-64	7,912	5.0	1,581	21,612	8.0	2,711	15,256	5.1	2,993	44,780	6.1	7,285
	Total	14,664	4.6	3,188	29,772	7.4	4,042	17,742	4.7	3,750	62,178	5.7	10,980
Franklin Fetter	0-18	10,346	4.6	2,265	4,626	5.9	788	1,720	3.2	543	16,692	4.6	3,596
	19-64	4,965	5.2	954	9,318	8.6	1,087	11,921	4.4	2,690	26,204	5.5	4,731
	Total	15,311	4.8	3,219	13,944	7.4	1,875	13,641	4.2	3,233	42,896	5.2	8,327
Family Health Ctrs	0-18	51,751	7.3	7,125	21,465	8.2	2,625	4,637	3.8	1,209	77,853	7.1	10,959
	19-64	34,493	10.2	3,369	31,119	11.7	2,649	28,540	7.1	3,994	94,152	9.4	10,012
	Total	86,244	8.2	10,494	52,584	10.0	5,274	33,177	6.4	5,203	172,005	8.2	20,971

Age calculated as of date of last visit.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 18
AVERAGE NUMBER OF INSURED AND UNINSURED VISITS--FOR USERS WHO ARE SOMETIMES INSURED

Site	Age Group	Sometimes Insured				
		Number of Persons	Insured Visits		Uninsured Visits	
			Number of Visits	Mean Visits	Number of Visits	Mean Visits
ARIZONA						
El Rio	0-18	3,508	25,676	7.3	9,061	2.6
	19-64	2,981	31,135	10.4	14,542	4.9
	Total	6,489	56,811	8.8	23,603	3.6
Sun Life	0-18	3,058	17,952	5.9	7,068	2.3
	19-64	3,675	26,266	7.1	12,109	3.3
	Total	6,733	44,218	6.6	19,177	2.8
COLORADO						
People's Clinic	0-18	1,229	8,715	7.1	3,995	3.3
	19-64	1,330	12,355	9.3	11,464	8.6
	Total	2,559	21,070	8.2	15,459	6.0
Plan de Salud	0-18	4,455	24,482	5.5	12,934	2.9
	19-64	3,891	21,060	5.4	18,844	4.8
	Total	8,346	45,542	5.5	31,778	3.8
Valley Wide	0-18	1,685	9,247	5.5	4,264	2.5
	19-64	2,185	13,562	6.2	9,602	4.4
	Total	3,870	22,809	5.9	13,866	3.6

Age calculated as of date of last visit.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 18 (Continued)
AVERAGE NUMBER OF INSURED AND UNINSURED VISITS--FOR USERS WHO ARE SOMETIMES INSURED

Site	Age Group	Sometimes Insured				
		Number of Persons	Insured Visits		Uninsured Visits	
			Number of Visits	Mean Visits	Number of Visits	Mean Visits
INDIANA						
Indiana Health Centers	0-18	4,432	24,700	5.6	15,079	3.4
	19-64	3,378	17,282	5.1	26,259	7.8
	Total	7,810	41,982	5.4	41,338	5.3
OHIO						
Cincinnati	0-18	1,633	8,200	5.0	3,943	2.4
	19-64	1,337	7,635	5.7	5,034	3.8
	Total	2,970	15,835	5.3	8,977	3.0
Southern Ohio	0-18	5,202	34,421	6.6	15,557	3.0
	19-64	5,962	38,221	6.4	19,798	3.3
	Total	11,164	72,642	6.5	35,355	3.2
PENNSYLVANIA						
Spectrum	0-18	469	2,096	4.5	804	1.7
	19-64	580	3,244	5.6	1,695	2.9
	Total	1,049	5,340	5.1	2,499	2.4
York	0-18	532	2,575	4.8	1,030	1.9
	19-64	819	5,315	6.5	2,478	3.0
	Total	1,352	7,894	5.8	3,509	2.6

Age calculated as of date of last visit.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 18 (Continued)
AVERAGE NUMBER OF INSURED AND UNINSURED VISITS--FOR USERS WHO ARE SOMETIMES INSURED

Site	Age Group	Sometimes Insured				
		Number of Persons	Insured Visits		Uninsured Visits	
			Number of Visits	Mean Visits	Number of Visits	Mean Visits
SOUTH CAROLINA						
Beaufort-Jasper	0-18	1,331	5,487	4.1	2,673	2.0
	19-64	2,711	13,094	4.8	8,518	3.1
	Total	4,042	18,581	4.6	11,191	2.8
Franklin Fetter	0-18	788	3,071	3.9	1,555	2.0
	19-64	1,087	4,594	4.2	4,724	4.3
	Total	1,875	7,665	4.1	6,279	3.3
Family Health Centers	0-18	2,625	16,002	6.1	5,463	2.1
	19-64	2,649	19,568	7.4	11,551	4.4
	Total	5,274	35,570	6.7	17,014	3.2

Age calculated as of date of last visit

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

**TABLE 19
USERS WITH ONE OR MORE UNINSURED VISITS BY YEAR AND AGE GROUP**

Site	Age Group	Year 1 (1998 Arizona, 1997 all other states) ¹			Year 2 (1999 Arizona, 1998 all other states) ²			Year 3 (2000 Arizona, 1999 all other states) ³		
		Uninsured Users	Total Users	%	Uninsured Users	Total Users	%	Uninsured Users	Total Users	%
ARIZONA										
El Rio	0-18	3,709	11,050	34%	4,014	13,622	29%	3,366	14,712	23%
	19-64	4,681	11,902	39%	5,540	14,936	37%	5,776	16,228	36%
	Total	8,390	22,952	37%	9,554	28,558	33%	9,142	30,940	30%
Sun Life	0-18	2,949	5,569	53%	2,902	5,862	50%	2,673	6,775	39%
	19-64	3,809	7,802	49%	4,235	8,321	51%	3,989	10,299	39%
	Total	6,758	13,371	51%	7,137	14,183	50%	6,662	17,074	39%
COLORADO										
People's Clinic	0-18	1,512	2,667	57%	1,521	2,663	57%	1,547	2,625	59%
	19-64	4,689	5,326	88%	5,153	5,671	91%	5,227	5,706	92%
	Total	6,201	7,993	78%	6,674	8,334	80%	6,774	8,331	81%
Plan de Salud	0-18	7,311	11,776	62%	6,309	10,752	59%	6,153	11,124	55%
	19-64	11,637	14,320	81%	9,993	12,683	79%	11,051	13,900	80%
	Total	18,948	26,096	73%	16,302	23,435	70%	17,204	25,024	69%
Valley Wide	0-18	---	---	---	3657	9,901	37%	3,302	9,478	35%
	19-64	---	---	---	8067	15,303	53%	8,079	15,449	52%
	Total	---	---	---	11,724	25,204	47%	11,381	24,927	46%

Age calculated at each year end. Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

¹ El Rio, May 1, 1998-December 31, 1998; York, August 1, 1997 – December 31, 1997. ² Valley Wide, April 1, 1998 – March 31, 1999.

³ Valley Wide, April 1, 1999 – March 31, 2000

TABLE 19 (Continued)
USERS WITH ONE OR MORE UNINSURED VISITS BY YEAR AND AGE GROUP

Site	Age Group	Year 1 (1998 Arizona, 1997 all other states) ¹			Year 2 (1999 Arizona, 1998 all other states)			Year 3 (2000 Arizona, 1999 all other states)		
		Uninsured Users	Total Users	%	Uninsured Users	Total Users	%	Uninsured Users	Total Users	%
INDIANA										
Indiana Health Centers	0-18	2,347	3,637	65%	3,969	5,639	70%	5,763	9,125	63%
	19-64	3,697	4,232	87%	5,897	6,560	90%	12,387	13,766	90%
	Total	6,044	7,869	77%	9,866	12,199	81%	18,150	22,891	79%
OHIO										
Cincinnati	0-18	2,254	5,610	40%	2,076	4,916	42%	2,016	5,010	40%
	19-64	3,469	5,844	59%	3,234	5,173	63%	3,308	5,155	64%
	Total	5,723	11,454	50%	5,310	10,089	53%	5,324	10,165	52%
Southern Ohio	0-18	4,985	15,421	32%	4,210	15,732	27%	3,438	16,410	21%
	19-64	7,966	20,661	39%	6,877	19,935	34%	6,107	20,803	29%
	Total	12,951	36,082	36%	11,087	35,667	31%	9,545	37,213	26%
PENNSYLVANIA										
Spectrum	0-18	313	3,169	10%	367	3,254	11%	447	3,188	14%
	19-64	905	2,334	39%	1,083	2,762	39%	1,069	2,665	40%
	Total	1,218	5,503	22%	1,450	6,016	24%	1,516	5,853	26%
York	0-18	278	945	29%	660	1,849	36%	869	2,406	36%
	19-64	542	1,335	41%	1,157	2,447	47%	1,886	3,567	53%
	Total	820	2,280	36%	1,817	4,296	42%	2,755	5,973	46%

Age calculated at each year end. ¹ El Rio, May 1, 1998-December 31, 1998; York, August 1, 1997 – December 31, 1997.
Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

TABLE 19 (Continued)
USERS WITH ONE OR MORE UNINSURED VISITS BY YEAR AND AGE GROUP

Site	Age Group	Year 1 (1998 Arizona, 1997 all other states)			Year 2 (1999 Arizona, 1998 all other states)			Year 3 (2000 Arizona, 1999 all other states)		
		Uninsured Users	Total Users	%	Uninsured Users	Total Users	%	Uninsured Users	Total Users	%
SOUTH CAROLINA										
Beaufort-Jasper	0-18	1,604	2,997	54%	1,355	2,987	45%	1,357	3,269	42%
	19-64	3,601	5,481	66%	4,086	6,137	67%	3,995	6,106	65%
	Total	5,205	8,478	61%	5,441	9,124	60%	5,352	9,375	57%
Franklin Fetter	0-18	995	3,060	33%	945	3,157	30%	785	2,749	29%
	19-64	2,761	3,991	69%	3,027	3,975	76%	2,888	3,658	79%
	Total	3,756	7,051	53%	3,972	7,132	56%	3,673	6,407	57%
Family Health Centers	0-18	2,649	9,694	27%	2,127	8,309	26%	1,927	7,801	25%
	19-64	5,809	10,055	58%	4,465	7,938	56%	4,077	7,328	56%
	Total	8,458	19,749	43%	6,592	16,247	41%	6,004	15,129	40%

Age calculated at each year end.

Source: Site encounter data. Excludes dental and prenatal visits and users age 65 or over.

APPENDIX A
DEMOGRAPHIC PROFILE OF STUDY PARTICIPANTS

DEMOGRAPHIC PROFILE OF STUDY PARTICIPANTS - FORMER USERS

	AZ	CO	IN	OH	PA	SC	TOTAL
TOTAL Number of Participants	13	22	15	8	8*	29	95
Age (avg.)	37.3		33.5	35.5	36		35.6
Gender	M: 0 F: 13	M: 3 F: 19	M: 4 F: 11	M: 0 F: 8	M: 1 F: 6	M: 1 F: 28	M: 9 F: 85
Level of Education							
8 th grade or less	2	2	2	-		3	9
Some high school but did not graduate	3	3	2	2		12	22
High school graduate or GED	5	3	6	3		12	32
Some college or 2-year degree	3	13	4	3		2	29
4-year college graduate	-	1	1	-		-	2
More than 4-year college graduate	-	-	-	-		-	0
Household Income							
Less than 10,000	2	-		-		-	2
More than 10,000 but less than 13,000	2	-		2		-	4
More than 13,000 but less than 15,000	*	3		-		-	3
More than 15,000 but less than 20,000	*	6		2		8	16
More than 20,000 but less than 30,000	4	5		1		12	22
More than 30,000 but less than 40,000	3	1		3		3	10
More than 40,000 but less than 50,000	2	-		-		1	3
More than 50,000	-	-		-		-	0
Don't know	-	7		-		5	12
Children							
Ages: 0-1	-	1	1	1	-	-	3
1-5	8	9	10	4	4	41	76
6-16	22	36	33	18	18	30	152
17-19	1	3	2	1	1	-	8
Total	31	49	46	24	18⁺	71	239

*Age of one participant missing

⁺ Ages of 2 children missing from total

DEMOGRAPHIC PROFILE OF STUDY PARTICIPANTS

	Arizona			Colorado					Indiana				Ohio				Pennsylvania				South Carolina					Total			
	El Rio	Sun Life	Former Users	People's Clinic	Plan de Salud	Valley-Wide	Former Users	RWJF	IHC Kokomo	IHC Cass County	Neighborhood Health Clinics	Former Users	East End	West End	East-gate Peds	Former Users	York	Spectrum	Former Users	RWJF	Beaufort-Jasper	Franklin C. Fetter	Fam. Health Ctrs.	Former Users	RWJF	Excludes RWJF Participants			
Total Number of Participants	7	6	13	7	1	5	22	114	7	3	4	15	6	4	N/A	8	4	5	8*	51	4	4	5	29	102	167			
Age (avg.)	40.4	34.3	37.3	38	47	33	-	34	33.8	28.6	35.5	33.5	-	43.3	-	35.5	28.3	29	36	29	33.5	30.7	41.4	-	34	35.5			
Gender	M:0 F:7	M:1 F:5	M:0 F:13	M:1 F:6	M:0 F:1	M:0 F:5	M: 3 F:19	M:12 F:100	M:0 F:7	M:0 F:3	M:1 F:3	M:4 F:11	M:0 F:6	M:0 F:4	-	M:0 F:8	M:0 F:4	M:0 F:5	M:1 F:6	M:0 F:45	M:0 F:4	M:0 F:4	M:0 F:5	M:1 F:28	M:6 F:96	M:12 F:154			
Level of Education																													
8 th grade or less	1	-	2	1	-	-	2	20	1	2	-	2	-	-	N/A	-	-	-	-	1	-	-	-	3	5	14			
Some high school but did not graduate	1	-	3	-	-	-	3	25	-	-	1	2	-	1	-	2	-	-	-	17	-	-	1	12	29	26			
High school graduate or GED	2	2	5	1	-	2	3	29	2	-	1	6	2	1	-	3	3	3	3	14	-	2	2	12	38	55			
Some college or 2-year degree	3	4	3	3	-	2	13	25	3	1	1	4	-	2	-	3	1	1	4	15	3	1	2	2	24	56			
4-year college graduate	-	-	-	1	-	-	1	7	1	-	-	1	-	-	-	-	-	1	-	2	-	1	-	-	3	6			
More than 4-year college graduate	-	-	-	1	1	1	-	3	-	-	1	-	-	-	-	-	-	-	-	2	1	-	-	-	2	5			
Household Income																													
Up to \$10,000	1	-	2	1	-	-	-	19	-	1	1	N/A	1	2	N/A	-	1	1	N/A	23	2	1	2	-	16	16			
More than \$10,000 but less than \$13,000	2	-	2	1	-	1	-	8	3	-	-	-	-	1	-	2	1	-	-	6	-	1	-	-	7	14			
More than \$13,000 but less than \$15,000	-	2	-	1	-	1	3	9	-	1	1	-	4	-	-	-	1	1	-	-	-	1	-	-	2	16			
More than \$15,000 but less than \$20,000	-	-	-	-	-	2	6	15	1	1	2	-	-	1	-	2	1	2	-	3	-	-	-	8	7	26			
More than \$20,000 but less than \$30,000	4	3	4	4	-	1	5	11	1	-	-	-	-	-	-	1	-	-	-	8	2	1	3	12	10	41			
More than \$30,000 but less than \$40,000	-	1	3	-	1	-	1	4	2	-	-	-	-	-	-	3	-	1	-	4	-	-	-	3	3	15			
More than \$40,000 but less than \$50,000	-	-	2	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	1	1	3			
More than \$50,000	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	0			
Don't know	-	-	-	-	-	-	7	7	-	-	-	-	1	-	-	-	-	-	-	3	-	-	-	5	9	13			
# of Family Members																													
1 parent household	-	-	-	4	-	-	-	45	5	1	1	-	N/A	N/A	N/A	-	3	2	-	46	1	2	1	-	65	20			
2 parent household	7	6	-	3	1	5	-	62	2	2	3	-	-	-	-	-	1	3	-	5	3	2	4	-	36	42			
Children																													
Ages: 0-1	1	1	-	-	-	2	1	5	1	1	-	1	⌘	⌘	⌘	1	1	2	-	5	2	2	-	-	14	16			
1-5	3	6	8	-	2	4	9	51	4	3	5	10	⌘	⌘	⌘	4	2	5	4	28	3	2	2	41	42	117			
6-16	10	6	22	13	3	8	36	80	9	4	4	33	⌘	⌘	⌘	18	2	3	13	43	4	1	8	30	92	227			
17-19	4	1	1	1	-	-	3	21	4	-	-	2	⌘	⌘	⌘	1	1	-	1	5	-	-	-	-	13	19			
Total	18	14#	31	14	5	14	49	163	18	8	9	46				9			24	6	10	18*	132	9	5	10	71	167	379
Insured Status, Adults																													
Medicaid	4	1	-	-	-	-	-	15	2	1	2	-	-	2	N/A	-	-	3	-	36	-	-	1	-	39	16			
Private	3	4	-	3	-	-	-	10	4	2	1	-	1	-	-	-	-	-	4	-	-	3	-	-	21	21			
Uninsured	1	4	-	4	1	5	-	81	2	2	2	-	5	2	-	-	4	2	-	11	4	4	1	-	38	43			
Insured Status, All Children																													
Medicaid	3	1	-	-	-	6	-	69	11	8	7	-	N/A	9	N/A	-	1	10	-	63	6	6	6	-	101	65			
SCHIP	15	9	-	-	1	5	-	-	6	-	2	-	-	-	-	-	1	-	-	-	0	0	0	-	-	39			
Uninsured	-	6	-	13	-	-	-	65	-	-	-	-	-	-	-	-	4	-	-	7	3	0	4	-	31	30			
Private	-	-	-	1	-	3	-	24	-	-	-	-	-	-	-	-	-	-	-	10	0	0	0	-	31	4			

*Age and gender of one participant missing, ⌘Number and ages of children missing

#, ♦Ages of two children missing

APPENDIX B
DATA METHODS AND LIMITATIONS
ALL STUDY SITES

Purpose of Obtaining Transaction Data

The primary purpose for obtaining the patient encounter data from each site was to obtain a longitudinal database to observe the insurance coverage or lack thereof during the entire period under study. The specific goal was to track each individual's insurance and to describe and quantify the occurrence of episodes with and without insurance coverage.

Data Requested

We requested ten data items from sites' computerized transaction database. We requested that data be provided for all encounters that occurred between January 1, 1997 and December 31, 1999 for all sites except those in Arizona. For the sites in Arizona we requested that data be provided for all encounters that occurred between January 1, 1998 and December 31, 2000. The following data items were requested:

1. Site ID—Number or alpha code to uniquely identify a specific location within the CHC/MCH site.
2. Patient ID—Number to uniquely identify each patient. Included on every record for that patient.
3. Birth Date—Patient date of birth. Included on every record for that patient.
4. Gender—Patient sex. Included on every record for that patient.
5. Race—Patient race. Included on every record for that patient.
6. Income—Patient income. Included on every record for the visit.
7. Date of Visit—Date of visit to the site. Included on every record for the visit.
8. Payer Source—Code for the insurance payer for the visit. Included on every record for the visit.
9. ICD-9 Code— ICD-9 diagnosis code. One record per ICD-9 Code/ CPT code combination.
10. CPT Code— CPT procedure code that corresponds to the ICD-9 diagnosis code on the date of visit.

We specified that the patient identification numbers be blinded to insure that patients could not be identified. Specifically we informed sites that they should not provide us with either patients' social security number or patient account number, rather they should make up a dummy patient identification number. We asked that the dummy patient identification number, birth date, gender and race be included on every record for a given patient. We also requested income (when available) for each record, but it could change from visit to visit. Patients could have multiple records for each visit to the site, reflecting multiple diagnoses and procedures on that visit. Each unique combination of ICD-9 code and CPT code generates a new record for the patient visit. The maximum number of ICD-9/CPT combinations is unknown for the current study, but the pilot study indicated that there could be 15 or more on a given visit. Given the variable nature of the ICD-9/CPT combination counts, we decided to generate a new record for

each combination rather than to create additional fields to contain the information. Although this generated a larger file in terms of records, it should require less computer coding for the CHC/MCH sites. Sites were asked to provide code sheets or crosswalks for any coded variables (e.g. race, payer source).

We provided the MIS contact person at each site with a list of the variables requested and definitions, a proposed ascii text column layout and a printout of some sample records as they would look in an ascii text file. We informed the MIS contacts that we would accept any type of file they were able to provide. We recommended that each site download a sample file of several thousand records first so that any problems could be detected before the final run. Most elected to partition the files into sections based on location and/or partial years due to the large number of records per site.

Data Received

Arizona , El Rio: The data from El Rio were provided to us directly by the staff. The data were contained in 3 ascii text files totaling 70.1 megabytes, which were sent to us by email. The ten core variables were included, but no electronic data were available for the period January 1, 1998-April 30, 1998.

Arizona , Sun Life: The data from Sun Life were provided to us directly by the staff. The data were contained in 4 ascii text files totaling 12.6 megabytes, which were sent to us by email. All core variables were included.

Colorado, People's Clinic: The data from People's Clinic were provided to us directly by the staff. The data were contained in 6 ascii text files totaling 38.1 megabytes which were sent to us as zipped email attachments. The 10 core variables were included and in addition the family size was provided.

Colorado, Plan de Salud: The data from Salud were provided to us by SCINET, the firm that maintains the Plan de Salud patient registration database. The data were contained in 7 ascii text files totaling 55.7 megabytes which were sent to us as zipped email attachments. The 10 core variables were included.

Colorado, Valley Wide: The data from Valley Wide were provided to us directly by the staff. The data were contained in 3 ascii text files totaling 267 megabytes which were sent to us as zipped email attachments. Data were included for all core variables except income.

Indiana, Indiana Health Centers, Inc: The data from Indiana Health were provided to us by the staff. The data were contained in one ascii test file totaling 57.4 megabytes which was sent to us on a zip disk. The 10 core variables were included.

Indiana, Neighborhood Health Clinics, Inc.: After sending sample files, the staff at this site determined that it would not be possible for them to provide historical encounter data that included patient date of visit and payer source. The data at this site are aggregated by physician group and the individual's payer source history could not be captured.

Ohio, Cincinnati: The data from Cincinnati Health Network were provided to us directly by the staff. The data were contained in 15 ascii text files totaling 88.2 megabytes which were sent to us by email. The 10 core variables were included.

Ohio, Southern Ohio: The data from Southern Ohio Health Services Network were provided to us directly by the staff. The data were contained in 3 database files totaling 78.5 megabytes, which were sent to us on a CD-ROM. All core variables except income and race were included.

Pennsylvania, York Health Corporation: The data from York was contained in 9 Microsoft Excel files totaling 27.6 megabytes which were sent to us as email attachments. The 10 core variables were included and in addition the percent of poverty was supplied. Data from January 1997-July 1997 was not available because the York patient registration system was not computerized until August 1997.

Pennsylvania, Spectrum Health Services, Inc.: The data from Spectrum was contained in two sets of 9 files and were sent to us on diskettes. The first set contained encounter data for all insured patients ('insure files', 5.79 megabytes total) while the second set ('slide files', 7.3 megabytes total) contained encounter data for all insured patients and all uninsured patients. Any visit in the 'slide' file for a given date that was not found in the 'insure' file represented an uninsured visit. Spectrum was not able to easily download all combinations of ICD and CPT codes so the Spectrum data contained only one record per patient visit with primary and secondary diagnoses and one procedure code.

South Carolina, Beaufort-Jasper: The data from Beaufort-Jasper were provided to us directly by the staff. The data were contained in 6 excel files totaling 43.5 megabytes which were sent to us on a zip disk. The 10 core variables were included.

South Carolina, Family Health: The data from Orangeburg were provided to us directly by the staff. The data were contained in 11 ascii text files totaling 43 megabytes. The 10 core variables were included.

South Carolina, Franklin Fetter: The data from Franklin Fetter were provided to us directly by the staff. The data were contained in 2 ascii text files totaling 9 megabytes which were sent to us as zipped email attachments. Data were included for all core variables and also family size.

Data Modifications: Editing, Grouping and Excluding

Data Editing/Cleaning: The data were read in and any duplicate records were deleted. The file was checked for any instance in which a user had more than one race, sex or date of birth. Preliminary frequencies were run to detect other data errors.

Data Grouping: The data were grouped by age, year and insurance types in order to best address the research questions.

Age Computation and Grouping: Age was computed as the patient's age on their last visit to the site for all tables produced over the entire data period,. Computing age as of a fixed point in time (e.g. the date in the middle of the dataset) was considered but discarded because it could introduce undesirable distortions. For example, if a person was age 18 as of 1/1/98 they could be considered eligible for SCHIP *even if their first visit to the site did not occur until 1/1/99—after they had already turned 19*. For all tables produced on a yearly basis, age was calculated as the patient's age at the corresponding year-end. Persons whose last visit to the center occurred at age 64, but who turned 65 by the year-end were included in the 19-64 age group. The data were regrouped into only two age categories, under age 19 and age 19-64, in order to reflect the age cutoff for SCHIP.

Insurance Grouping: The insurance payer codes at each site were grouped into the insurance types of interest to this study based on the code lists provided by the site. The four primary insurance types included are SCHIP, Medicaid, Private and Uninsured. In addition, some sites had some visits covered by Other Public (grants, county funds, e.g.) which could cover procedures even if the person had health insurance.

Excluding Data: Some records were excluded either because they were not specifically of interest in this study or because they contained data ambiguities. The general exclusions are listed below.

1. All records for patients who were age 65 or older as of the date of that visit were excluded. In addition, persons who had only one visit before age 65 followed by visits at age 65 were excluded. This was because we did not want to distort the analysis of single-visit users by making these individuals look like they only came to the site once during the data period. Persons who had only one visit at age 64 and no other visits were not excluded.
2. All records with dental and prenatal ICD codes were excluded. Prenatal codes excluded were any ICD codes starting with V22, V23, or V24. Dental codes excluded were codes of V72.2 and also ICD codes starting with 520-527 and 529. (If a person had a dental or prenatal visit and no other procedures on a given date, there would be no record for that person on that date. However, if a person went to the dentist and also had a non-dental/non-prenatal encounter, that encounter would be included.)
3. All records with a payer source of Medicare were excluded.
4. Persons missing date of birth were excluded. The numbers of persons excluded due to missing date of birth are as follows: El Rio, 46; Sun Life, 0; People's Clinic, 8; Plan de Salud, 1; Valley Wide, 296; Indiana Health Centers, Inc., 2; Cincinnati, 102; Southern Ohio, 30; Spectrum, 3; York, 0; Beaufort-Jasper, 13; Franklin Fetter, 11; and Family Health, 138.
5. Records with inconsistencies in insurance payer or other key variables that could not be resolved.

6. Non-numeric and missing CPT/ICD9 codes: records with non-numeric CPT codes. The non-numeric CPT codes are site specific and often for events that would not billed to an insurance company. The non-numeric CPT values excluded at the individual sites were for such “procedures” as lab results, copayments, over payments, triage, etc.
7. Two types of insurance payer on the same date of visit: this event occurred occasionally at all sites and was resolved in the same manner. If one of the types was Uninsured and the other type was insured (Private, Public or Medicaid) then the visit was considered covered by the insured type and the visit was retained. If there were two conflicting types of insurance, e.g. Medicaid and Private on the same visit, then the visit was excluded. As a result of ambiguous coverage the following number of visits were excluded at each site: El Rio, 262; Sun Life, 168; People’s Clinic, 44; Indiana Health Centers, 29; Plan de Salud, 68; Valley Wide, 134; Cincinnati, 83; Southern Ohio, 273; Spectrum, 0; York, 0; Beaufort-Jasper, 141; Franklin Fetter, 3; and Family Health, 580.

Analysis Data and Concepts

Analysis Data:

Since the primary purpose of using the transaction file was to track users and their insurance status over time, an analysis file was created with just one record per person per visit with the insurance payer source for the visit and demographic information. The number of user visit records and total number of users are shown in the table below:

State/Site	User Visit Records	Users
Arizona/ El Rio	320,713	49,542
Arizona/ Sun Life	138,116	28,756
Colorado/ People’s Clinic	91,140	15,981
Colorado/ Plan de Salud	226,383	49,497
Colorado/ Valley Wide	202,418	34,936
Indiana/ Indiana Health	147,652	26,502
Ohio/ Cincinnati	83,520	21,049
Ohio/ Southern Ohio	365,128	64,041
Pennsylvania/ Spectrum	42,933	10,388
Pennsylvania/ York	33,486	8,675
South Carolina/ Beaufort-Jasper	68,395	17,197
South Carolina/ Family Health Centers	179,567	28,533
SC/ Franklin Fetter	48,672	14,103

Analysis Concepts:

Single-visit/Multi-visit Users: Examination of pilot study data indicated that some sites had a large percentage of users who came to the site only one time during the study period. Since this could have a pronounced effect on the site, we decided to look at single vs. multi-visit users and to examine their age and insurance status on their one visit to the site.

Switcher/Non-switcher: A switcher is defined as a person who has more than one type of insurance (SCHIP, Medicaid, Private or Uninsured) during their visits to the site. A non-switcher is a person who has the same type of insurance on all visits to the site. By definition, a switcher must make more than one visit to the site whereas a non-switcher can be a single or multi-visit user. The switcher/non-switcher concept was designed to evaluate the issue of volatility in insurance coverage.

Sites with Other Public: For the switch/non-switch analysis, the occurrence of procedures paid by Other Public interspersed with the patient's primary insurance covered procedures was not considered a switch in insurance coverage. Those individuals for whom all visits had a payer source of Other Public were counted with the non-switchers. Anyone who had only one insurance type besides Other Public would also be considered a non-switcher.

Insurance Group: In addition to examining the volatility or stability that a person might have in terms of specific type of insurance, groups were established to compare persons who were always covered (any type of insurance) and those who were not. The three insurance groups are defined as Always Insured, Never Insured (same as always uninsured), and Sometimes Insured. All analyses involving insurance group required that the person have at least two visits to the site since information on the single-visit users was elsewhere provided.

Currently Insured/Uninsured: For these tables, currently refers to the last visit the user has made to the site. Since we have no information on what the user has done since the last transaction, it is assumed that the last known status is the current status.

LIMITATIONS

Case Studies

Case studies are designed to present an in-depth analysis of particular "cases," and thus are not meant to be representative of all groups involved in similar activities. Case studies typically produce a set of unique findings that reflect the individual experiences of an organization or group of organizations. To increase the generalizability of our findings to other safety net providers participating in the SCHIP program across the US, we selected 16 CHCs/MCH programs in seven states, and developed an analytic framework to guide our investigation with common instruments, and systematic data collection, and analyses.

Interviews with Current and Former Users

Our findings based on focus groups and individual interviews with current patients, and former users are not presented as representative of the entire population of SCHIP or Medicaid eligible children. Patient participants were selected by the study sites, and were already familiar with and/or connected to resources such as safety net providers, Medicaid and the SCHIP program. It is possible that they had more knowledge of and experience with applying for public services and benefits, and have more accurate knowledge of the process of obtaining SCHIP and/or Medicaid. This bias may mean that we have underestimated the barriers families with uninsured children face when applying for SCHIP. In addition, given that state-wide SCHIP enrollment has increased dramatically in many of our study states, while the numbers of CHC patients enrolled in SCHIP have not, our sample may underestimate parents' willingness to seek health care from other non-safety net providers. However, the information we derived from parents provided rich and detailed pictures of how parents seek health insurance and health services for their children.

General Data Limitations

There are both strengths and weaknesses in using computerized administrative data. These data provide a wealth of detailed longitudinal information on insurance coverage, diagnoses and procedures for all users of the CHC/MCH site. However, these data are collected generally for billing purposes rather than for research and raise issues regarding reliability and validity. Clearly all the conclusions in the study are limited by the fact that the user is the one who determines where health care will be sought. Researchers can only characterize a user's pattern of insurance coverage and medical care on visits that the user makes to the site—we do not know what happens during the time they do not seek health care or about those instances when they seek health care elsewhere. The fact that the data are not collected for research purposes is also evident in the fact that considerable effort was necessary to correctly classify the insurance payer sources into the insurance types of interest for this research. Most of these sites provided a tremendous volume of data and the opportunity for data entry errors is considerable. Also, when a billing change is made, it is uncertain if the old records are edited to reflect the change. Thus, if a user has insurance but coverage for a service is denied or if a user has pending coverage, the record in the file may not be updated to reflect the actual payment source that resulted for a visit. In addition, undocumented variations in the way each site may define some of the variables or collect the data can lead to limitations in data comparability across sites.

**APPENDIX C
STUDY SITES**

Pennsylvania – COMPLETED WEEK OF JULY 17, 2000

Spectrum Health Services, Inc.
Carolyn G. Baxter, Executive Director
Progress Haddington Plaza
5916-25 Vine Street
Philadelphia, PA 19139
215-471-2750
F:215-471-2769

York Health Corporation
Stuart Pullen, Executive Director
132 South George Street
York, PA 17401
717-845-8617
Fax: 717-854-0377

Colorado – COMPLETED WEEK OF AUGUST 21, 2000

Plan de Salud
Jerry Brasher, Executive Director
1115 Second Street
Fort Lupton, CO 80621
303-892-0004

People's Clinic
Sherry Wasserman, Exec Director x115
Ann Faxour, Development Coord. x116
3303 North Broadway
Boulder, CO 80304
303-449-0858
Fax: 303-417-2854

Valley-Wide Health Services, Inc.
Marguerite Salazar, Executive Director
204 Carson Avenue
Alamosa, CO 81101
719-589-5161
Fax: 719-589-5722
www.vwhs.org

South Carolina – COMPLETED WEEK OF SEPTEMBER 18, 2000

Beaufort-Jasper Comprehensive Health Services
Roland Gardner, Executive Director
Highway 170
Ridgeland, SC 29936
843-987-7400

Franklin Fetter Family Health Center
Leon L. Burton, Executive Director
51 Nassau Street
Charleston, SC 29403
843-722-4112
Fax: 843-722-4802

Family Health Centers, Inc.
Carolyn Emanuel-McClain, Exec. Director
3310 Magnolia Street, NE
P.O. Box 1806
Orangeburg, SC 29116-1806
803-531-6905 (Exec Director #)
Fax: 803-531-6907

Indiana – COMPLETED WEEK OF OCTOBER 23, 2000

Indiana Health Centers
Indiana Health Center at Kokomo
Cass County Community Health Center
Lynn Clothier, Executive Director
440 North Meridian Street, Suite 200
Indianapolis, IN 46204
317-632-1231
Fax: 317-682-6244

Neighborhood Health Clinics, Inc.
Mary Haupert, Executive Director
3024 Fairfield Avenue
PO Box 11949
Fort Wayne, IN 46862-1949
219-458-2644
Fax: 219-458-3093
Mshaupt@ctlnet.com

Ohio – COMPLETED WEEK OF DECEMBER 4, 2000

Steve Wilhide, Executive Director
Southern Ohio Health Services Network
817A Eastgate South Drive
Cincinnati, OH 45245
513-752-8500
Fax: 513-752-8509

H. Randall Garland, Executive Director
Cincinnati Health Network
Suite 400 Oak Street, Suite M-2
Cincinnati, OH 45219
513-961-0600
Fax: 961-0643

Arizona – COMPLETED WEEK OF JANUARY 22, 2001

El Rio Santa Cruz Neighborhood Health Center, Inc.
Robert Gomez, Executive Director
839 West Congress Street
Tucson, AZ 85745
520-792-9890
Fax: 520-884-9287

Sun Life Family Health Center, Inc.
Albert Gugenberger, Executive Director
865 North Arizola Road
PO Box 10097
Casa Grande, AZ 85230-0097
520-836-3446
Fax: 520-836-8807