

Information Sheet

Evaluation of the Michigan Insurance Premium Payment Benefit for Children with Special Health Care Needs (CSHCN)

Who is conducting the research?

The Child Health and Evaluation Research Center (CHEAR) at the University of Michigan is working together with the Michigan Department of Health and Human Services (MDHHS) to evaluate the Children's Special Health Care Services' (CSHCS) Insurance Premium Payment Benefit.

Why is the survey being carried out?

The purpose of the survey is to study the views and experiences of those who have received the CSHCS Insurance Premium Payment Benefit in Michigan. This information will help the State to evaluate the effectiveness of the program and to make future decisions about the program.

Will my answers be kept confidential?

All information collected as part of this survey is strictly confidential. The information you give will only be used to help improve the CSHCS Insurance Premium Payment Benefit and will not be reported in a way that can identify you.

Are there any direct risks or benefits to taking part in this survey?

There are no risks to participating in the survey. Survey results will be used to make decisions about the program. Your responses will make important contributions to understanding how well the Insurance Premium Payment Benefit operates, to make improvements, and to communicate any identified benefits.

Why have I been chosen to take part?

You have been invited to participate in this survey as you or your child have been identified as receiving the CSHCS Insurance Premium Payment Benefit during the timeframe of October 1, 2015 through September 30, 2016.

Do I have to take part?

It is up to you to decide whether or not to complete the survey. If you do not want to take part, it will not affect you or your continued participation in receiving the CSHCS Insurance Premium Payment Benefit or your eligibility or child's eligibility in the CSHCS program. Please read and make sure you understand the information before completing the survey.

What will happen to me if I take part?

The survey asks about your involvement in the CSHCS Insurance Premium Payment Benefit. You will be asked how much you agree or disagree with a series of statements. You will also be asked to make recommendations or suggestions about the insurance premium payment benefit.

Who is organizing and funding the research?

The survey is being conducted in collaboration with the CSHCS program at the MDHHS, and led by The University of Michigan. The study is being funded by The Commonwealth Fund, which is a private foundation interested in Health Policy.

What will happen to the results of the survey?

The results of the survey will be shared with the CSHCS program and with MDHHS leadership in a way that will not allow for any individuals to be identified. Results will be published in academic journals and presented at research conferences. No one will be able to identify you in any reports or publications as only aggregate results will be published. Data will be stored on protected secure computers at The University of Michigan.

Contact for further information

For information or any concerns about the research project please contact Kim Dalziel at The University of Michigan: dalzielk@umich.edu or 385-419-9971 or contact Amy Chapko at MDHHS-CSHCS: chapkoa@michigan.gov or 517-241-8998. We will acknowledge your concern within 10 working days and give you an indication of how we will address your concern.

You are also able to ask questions of the Institutional Review Boards (IRB) who have reviewed this project:

The University of Michigan Medical School

Phone: 734-763-4768 or irbmed@umich.edu and

The Michigan Department of Health and Human Services on

Phone: 517-241-1928 or MDHHS-IRB@michigan.gov

If you have read and understood the information above, and agree to participate in the survey, please complete the enclosed form and return it to us in the self-addressed stamped envelope.

For Spanish language assistance contact (Para asistencia de idioma inglés, contacte a ☺
Family Phone Line (línea telefónica familiar) Call (teléfono): 800-359-3722

Survey

We would like to know more about your experience of being part (current or in the past) of the **Children with Special Health Care Services (CSHCS)** program and specifically your experience receiving the **Insurance Premium Payment Benefit**. This benefit pays for you or your child's health insurance premiums when individuals or families can't afford to pay.

This survey is intended for families who have currently or previously received the insurance premium payment benefit.

SURVEY INSTRUCTIONS

Please be sure to fill the response circle completely.

Correct mark



Incorrect Marks



↓ START HERE ↓

1. Do you currently receive an Insurance Premium Payment Benefit for yourself or your child?

- Yes → Go to question 3
- No

2. If you no longer receive the Insurance Premium Payment Benefit, please indicate why

3. How did you hear about the Insurance Premium Payment Benefit? (please mark all that apply)

- Brochure
- Health Department
- Hospital discharge planner or social worker
- Word of mouth
- MDHHS Website
- Other (please specify)

For the time you were covered by the Insurance Premium Payment Benefit, please indicate how much you agree or disagree with the following statements by marking the circle that corresponds to your answer.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
4. My experience with the Insurance Premium Payment Benefit has been positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The application for the Insurance Premium Payment Benefit was easy to complete.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. It was difficult to obtain the required information for our application for the Insurance Premium Payment Benefit (e.g. Insurers Explanation of Benefits - EOBs, enrollee's portion of insurance costs).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I received good assistance from the local health department's CSHCS program when applying for the Insurance Premium Payment Benefit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The Insurance Premium Payment Benefit has lessened my financial stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The Insurance Premium Payment Benefit helps maintain high quality health care for my child (or may be yourself).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The Insurance Premium Payment Benefit helps me to afford health care for the rest of the family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
11. The benefits obtained through Insurance Premium Payment Benefit outweigh the CSHCS payment agreement amount.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The Insurance Premium Payment Benefit has made it easier to get care for my child (or for yourself).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Because we receive the Insurance Premium Payment Benefit, my child (or maybe yourself) has been able to stay with existing health care providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The Insurance Premium Payment Benefit helps my child (or maybe yourself) get a broader range of care/services (e.g. medical visits, medications, therapies and/or equipment).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My experience receiving the Insurance Premium Payment Benefit has been negative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. It has been difficult obtaining assistance from MDHHS as part of the Insurance Premium Payment Benefit program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. We are treated better by the health care providers because we have private health coverage provided by the Insurance Premium Payment Benefit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
18. My child (or maybe yourself) is treated better by extended family and friends because we have private health coverage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. We are satisfied with the Insurance Premium Payment Benefit renewal process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Obtaining premium payment reimbursement from the Insurance Premium Payment Benefit occurs smoothly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Are you likely to continue to apply for the Insurance Premium Payment Benefit in the future?

- Yes
- No

Please state

reasons: _____

22. During the last 6 months or last 6 months you received the Insurance Premium Payment Benefit, how much did you have to pay out of your own pocket for the following?

	Amount
a) Health care not covered by insurance (e.g. over the counter medications, non-covered supplies or food, and other out of pocket expenses)	
b) Other (please specify)	



CHILD HEALTH EVALUATION AND RESEARCH CENTER



Please share any recommendations you have to make the Insurance Premium Payment Benefit better? _____

Please return the survey in the enclosed envelop or to the following address by **DATE**

UM- 0298

General Pediatrics- Kim Dalziel

University of Michigan

Room 6C06- 300 NIB- SPC 5456

1919 Green Road

Ann Arbor, MI 48109-9901

Agreement to participate in follow up interview

(Note separate piece of paper)

We are also interested in following up with a small number of participants with a more detailed face to face or telephone interview. This will assist us in gaining a more detailed understanding of your experience and thoughts about the Insurance Premium Payment Benefit.

Please leave your name and contact details below if you would like to be contacted to arrange an interview. This contact information will not be used in any part of this research aside from contacting you to arrange an interview and will not be linked to your survey responses.

Name: _____

Contact phone number: _____