



# PeachCare Policy Research

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Child Policy Roundtable  
Georgia State University

November 27, 2007



# Overview

- Satisfaction and Access
- Quality
- Outreach
- Policy Evaluation
- Future Research

# Satisfaction & Access

- Consumer Assessment of Health Plan Satisfaction Surveys (2000, 2003/2004 under FFS)
- Under the FFS system, satisfaction of both PeachCare and Medicaid enrollees was high and improving over time.
- Some evidence that PeachCare children have “crowded out” the Medicaid children in terms of access at the point of service.
  - PeachCare children may utilize the system more efficiently
  - Providers may have a different response to enrollees in the two programs.
- The gap between the two programs appears to be narrowing over time.

# Satisfaction & Access

- Using research on the PeachCare Plus children from 2003 looked at the reasons for differences between the PeachCare and Medicaid populations:
  - About ½ of the difference in overall satisfaction is explained by the programs-- including programmatic stigma, and the remaining difference is attributable to the demographic differences in the population.



# Quality

- PeachCare claims data to report core performance measures to DCH as part of the SCHIP program's Annual Report to CMS
  - % of children making well-child visits, % of asthmatics using appropriate medications, % of children assessing primary care physicians, etc.
- Annual reports available on the CMS website
- Currently working on a brief about the use of ERs for nonurgent care.



# Outreach

- Evaluation of DCH's grant program to encourage utilization of primary and preventive services for children enrolled in public programs.
- Lessons learned related to improved consumer engagement:
  - Physically locating staff within partner organizations
  - Recognizing the power of referrals
  - Using health education-focused incentives
  - Recognizing transportation barriers

# Policy Evaluation

- Disenrollee Survey evaluated the impact of a 2004 policy change (rescinded) to disenroll children from PeachCare for three months if the monthly premium was received late.
- This study highlights the difficulty re-enrolling children who fall off public insurance rolls.
  - 89% of the dropped children had no other coverage during the waiting period
  - 20% of children reported unmet healthcare needs during the waiting period
  - 7% of children became covered through ESI
  - 16% of the children eligible to reenroll (after 3 months) failed to do so and remained uninsured

# Policy Evaluation

- Feasibility of Premium Support for PeachCare
  - Fewer than half of PeachCare enrollees have a parent eligible for ESI
  - Each child enrolled in ESI would add one currently uninsured adult to private insurance
  - “Crowd-in” could be significant and would increase the cost of the program substantially
- SCHIP reauthorization
  - Policy brief
  - Allotment formula analysis

# Policy Evaluation

- Using eligibility and claims data studied transitions between PeachCare and Medicaid at 6 year birthday
- Turnover at transitional birthdays is a common pathway for children into the uninsured.
  - 17% of the 6 year olds lost coverage, compared to 7% of the control cohort of 9 year olds.
  - Excess disenrollment of over 3,000 children: almost 2,000 RSM Medicaid and 1,500 PeachCare children
- Policies to facilitate continuous enrollment would maintain children with lower than average expenditures.
- Only 1% of Medicaid children who remained covered transitioned to PeachCare



# Future Research

- Quality: ER utilization
- Policy Evaluation: (1) Uninsured Survey, (2) Qualitative focus groups with GA families, (3) Impact of citizenship and income verification for Medicaid & PeachCare
- Satisfaction & Access: Would like to perform a follow-up CAHPS survey under managed care