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Focus Group Report

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I. INTRODUCTION

This focus group research was commissioned by the Kidd Group of Tallahassee, Florida, representing Florida Kid Care which manages the Healthy Kids/CMS Network/Medikids programs for the state of Florida and was conducted by Perceptive Market Research of Gainesville, Florida. For this research, four focus groups were conducted; two in Tallahassee and two in Miami. The participants in the groups represented current members of the programs, members who had not re-enrolled and residents of Florida who are eligible for the programs but have not applied for them.

The major objective of this research was to explore attitudes toward the programs in order to continue to improve their appeal to the parents of Florida's children. A secondary objective was to determine awareness of the programs and the level of name recognition of the programs.

The following areas were discussed in the focus groups with current members and those who did not renew and are covered in this report:

1. Background of the participants
2. How members became aware of the programs
3. The enrollment process
4. Satisfaction with the programs
5. Discussion of the renewal process
6. Correspondence from the programs
7. Switching programs
8. Healthy Kids web site
9. Recent awareness of the programs and name recognition
10. Online access issues

The following areas were discussed with uninsured eligibles and are covered in this report:

1. Background of the participants
2. Attitudes toward health insurance
3. Current health care for their children
4. Satisfaction with current health care coverage
5. Awareness of Healthy Kids/KidCare programs
6. Healthy Kids web site
7. Recent awareness of the programs and name recognition

II. METHODS

The focus groups, as mentioned above, were held in Tallahassee and Miami, Florida. Participants for the groups of current and non-renewed members in both Tallahassee and Miami were recruited by telephone from the offices of Perceptive Market Research from lists of parents provided by the Florida KidCare staff. The uninsured eligibles were recruited from the general public in Miami. The Tallahassee focus groups were held on February 8, 2007. The current members group was held at 6:00 PM and the non-renewal group was held at 8 PM. The Miami groups were held on February 15, 2007. The Spanish speaking current member group was held at 6 PM and the uninsured eligible group was held at 8 PM.

The moderator for the focus group sessions in Tallahassee was Dr. Sadie Sanders, Ph.D. and the moderator for the focus group sessions in Miami was Dr. Monserrat Casado, Ph.D. The group with the Spanish speaking current members was conducted in the Spanish language. Focus group research is qualitative in nature and, therefore, the results from these findings are directional rather than definitive.

III. FINDINGS

The findings are as follows:

A. CURRENT MEMBERS - TALLAHASSEE

I. Background

Five parents participated in this discussion group. All five of the participants were female. Two participants had one child, one had two children, one had four children and one had six children. The ages of the children ranged from 10 months old to 16 years old. All of the participants' children were insured by at least one of the following programs: Healthy Kids, CMS Network and Medikids. Three members of the group reported that their children had been members of the programs for less than six months and two members reported their children had been members for six months to a year. One participant was between the ages of 18 and 25, one was between the ages of 26 and 35 and three were between the ages of 36 and 45. Three participants were White and two were African-American. One member of the group was a high school graduate, three members of the group were college graduates and one member had a graduate degree. One member of the group reported an annual family income of under \$15,000 a year, two members of the group reported an annual family income between \$15,001 and \$35,000, one reported an annual family income between \$35,001 and \$50,000 and one reported an annual family income between \$50,001 and \$75,000.

II. How Members Became Aware of the Programs

The group members became aware of the programs in several ways. One of the women found out about the Healthy Kids program through her child's doctor during a routine check up. Another woman found out about the program through a fellow classmate in college whose child was enrolled in Healthy Kids. She said:

“My friend told me about the program. She said it was for people who had low incomes and I needed insurance.”

The third woman said that the CMS Network approached her because her child had a medical need at birth. The fourth woman moved from Texas to Florida and was

looking for some type of insurance on the Internet that resembled the plan she had in Texas. The fifth woman said that she had always known about the program and that she applied for it as soon as she could.

When asked about their initial reaction to the program, they primarily said they were glad to find out there was a plan that would provide insurance for their children. Two of the women said they always wanted their children to have health insurance. The woman approached by the CMS Network said she was very grateful because otherwise she would not have been able to pay for her child's medication. She said:

“There was no way I would have been able to afford her medications.”

The fifth woman said she had felt a bit apprehensive at first because Healthy Kids took a long time to determine whether her child was approved or not. However, initially, all five women were glad to be in the programs.

III. The Enrollment Process

The group primarily felt that the enrollment process was easy, but that getting a response to their application was rather slow. Four of the five women applied for the program online. One woman applied for the program by mail. All of the women felt it was easy to apply. The only problem they stated was that it took a long time to get word of approval. All of the women said that it took over a month to know whether they were approved or not. One woman said,

“They take too long to tell you whether you are approved or not.”

One woman had problems enrolling because the CMS Network and Healthy Kids programs switched her back and forth from one program to another. The woman felt the need to apply both online and by mail on paper because she felt they might lose her

documents. However, all five women felt that the amount of paperwork was reasonable.

The women were asked if there was anything that would help improve the enrollment process. The woman mentioned that the programs should be organized more efficiently. One woman said:

“They are not very organized, I had to send documents four or five times.”

Another woman suggested that the form should have a question on it such as, “Have you ever been denied or approved by the programs?” She felt that this question would help organize the applications better for the people who are in charge of approval. Another woman suggested that they should have a better computer system in which all the programs are tied together. She said:

“Everything should get updated automatically in all the programs that they have.”

One woman said that Healthy Kids told her that she would be paying \$15 a month and that’s what she paid, but then they sent her another bill saying it was \$20 instead of \$15. Another woman said:

“They need to get organized, they need to know what they are doing.”

Finally, a woman suggested that the programs should send a notice to parents when they have not received a payment instead of immediately sending them a letter saying that their enrollment has been cancelled.

IV. Satisfaction with the Program

The women were asked to rate their overall satisfaction with the program on a scale from 1 to 5 with 5 being excellent and 1 being poor. Two women did not feel comfortable giving a number because they said they have not been with the program long enough to rate its service. The remaining women all gave the program a 5. The

group was then asked to rate their overall satisfaction with their primary care doctors and their dentists. Four of the women felt they could rate their child's primary care doctor and all four gave the doctor a 5. One woman out of the five in the group has taken her child to the dentist and gave this dentist a rating of 4. Also, one woman of the five members of the group has a specialist for her child and she said she is very happy with the care her child is receiving. The women all said they were very satisfied with the hospitals they have used as well.

When asked about the customer service they have received when they call the programs, the entire group said they have had trouble getting someone on the phone. One woman said:

“Their wait time is too long.”

Another woman said she has tried to call the customer service number several times and no one has ever picked up the phone. The entire group said that customer service needs to be improved.

V. Discussion of the Renewal Process

All five women have not as yet had to renew their membership. Therefore, this section was skipped.

VI. Correspondence from the Programs

All of the women felt that the correspondence they received was easy to understand. However, they felt that often the information sent to them was contradictory. One woman said:

“I get confused with everything they send. The correspondence says different things.”

They also felt that some of the correspondence was unnecessary. Another woman said:

“They said that I was missing information, but I had sent everything that they asked from me.”

Overall, the women felt that the amount of the correspondence was overwhelming.

VII. Switching Programs

Two of the five women said they have had to switch programs. The two women went from the CMS Network to Medicaid. The remaining women have not switched programs. One woman said that she has three children in three different programs. She does not understand why all three have to be in different programs. Her children go to three different doctors and she would rather have all her children see the same doctor. The women that have switched programs, however, said that it was an easy process.

VIII. Healthy Kids Web Site

Four of the five women use the Healthy Kids web site. One woman uses it to make payments online. The other three women used it to enroll their children in the program. One woman also uses it to check the status of her membership.

When the issue of fraud regarding the stating of qualifications for the programs was brought up, all of the women said that fraud is wrong and people who are dishonest should be prosecuted. They said that people that commit fraud make it harder for honest people to enroll in the program. One woman said:

“They are taking funds from people that need it.”

IX. Recent Awareness of the Programs and Name Recognition

All of the women said that they had seen advertisements for the programs. One woman said that she saw an ad on billboards and that she also saw something about the programs in her doctor's office. Other women said that she saw information at her daughter's school.

All of the women have also talked to family and friends about the program. One woman said:

"I tell them if they can't afford a commercial medical plan, they should look into getting Healthy Kids."

Some of the women discuss the programs with other friends that are already in the programs to exchange information.

The women were asked how the programs could spread the word about the programs out to other parents. Suggestions included sending personalized postcards and making packets about the programs and giving them out in the streets. One woman said:

"They should advertise everywhere, even in nice neighborhoods."

All of the women said that the name Healthy Kids is a great name for the program. One woman said:

"The name should not be changed because that's what we all want, healthy kids."

All of the women have recommended the programs to friends and family and will continue to recommend the programs.

X. Online Access and Wrap Up

The group was asked the question, "If there were a chat option on the web site, would you use it?" Two of the five women said they would use it. The other women said

they would rather speak with an actual person over the phone. All of the women have access to a computer either at home or at work. The women were then asked about the call back feature. Three of the five women have used it. Two of these women said that when you use the call back feature, a customer service representative will call you back within 24 hours. One woman said that she has never received a call back from them.

When the group was asked if there was anything else that they would recommend or suggest to the programs, one woman suggested that the program send the parents a notice that their account is in arrears before just dropping them. She said she would like to be alerted personally by the program so she could make arrangements to pay. All of the women said that they enjoyed the session and they love being able to give their input on how to improve the program. One woman said:

“ I love it — that’s why I came.”

B. CURRENT MEMBERS – MIAMI- (CONDUCTED IN SPANISH)

I. Background

There were four respondents that participated in this discussion group. All four participants were females. Three participants had one child and one participant had two children. The ages of the children ranged from one year old to 18 years old. All of the participants' children were insured by at least one of the following programs: Healthy Kids and Medikids. Two members of the group reported their children had been members for six months to a year, one member reported her child had been a member for more than three years and one reported her child had been a member for less than six months. Two respondents were between the ages of 26 and 35, one was between the ages of 36 and 45 and one was between the ages of 46 and 55. All four of the participants were Hispanic. One member of the group had less than a high school

education, two were high school graduates and one had attended some college. Three members of the group reported an annual family income between \$15,001 and \$35,000 and one reported an annual family income under \$15,000. The group was conducted in the Spanish language.

II. How Members Became Aware of the Programs

When asked how they became aware of the programs, two of the four women said they found out about the programs through their work. One woman said:

“They (her work) helped me find a program for my child.”

Another woman said she found out through the WIC program and the fourth woman found out through a friend.

The group was asked about their initial reaction when they learned about the programs. One woman said she was apprehensive about the program at first. She said:

“Well, you have to investigate a little bit to see what it is about.”

The other three women said that any kind of insurance for their children was welcome to them. However, they were concerned that in order to qualify they had to make a certain amount of money. One woman said:

“You really have to make peanuts to get anything,”

Overall, the women seemed to think that any kind of health insurance was a blessing for their children. One woman said:

“It is peace of mind because, when they don’t have insurance, it is a problem.”

III. The Enrollment Process

The women were asked if they had any problems with the enrollment process. One woman said that her first experience was not a good one because there were a lot of forms to fill out. She said:

“They asked for a whole lot of information, about five or six sheets; a lot of papers; too many papers.”

She also complained that there are a lot of requirements and that the program is too strict in terms of income. She continued:

“If you make too much money according to them, you do not qualify.”

Another woman said that she applied to the Healthy Kids program at work using one of the computers. She had no problem filling out the information. In fact, she said the following about the program:

“They answered super fast, and they are very organized.”

The third woman said she downloaded the forms and sent them in the mail. She said that the forms were very easy to understand and to fill out. The fourth woman had her social worker fill out the forms for her. Most of the woman said they will use the Internet at work to fill out their child’s health insurance forms when it is time to renew. By the end of the discussion all four women agreed that it is relatively easy to fill out the forms and that the amount of paperwork is not bad.

The women were asked the amount of time they had to wait to get approved for the program. The entire group agreed that with Medicaid it takes about two to three weeks, but when you apply to MediKids or Healthy Kids, it takes two to three months. One woman said:

“It takes too long to know if you are approved.”

The women were asked which was easier, filling out the application online or on paper. The entire group agreed that both applications were easy to fill out.

They were also asked if they could think of anything that could improve the enrollment process. Again, a woman said that it should not take so long between the time you fill out the paperwork and when the insurance is accepted.

The four women also said that, to improve the enrollment process, more individual attention needs to be given to each new enrollee. The group also agreed that communication between the programs and the parents, in general, should be improved as well. One woman said:

“They never answer the phone.”

Another woman said:

“They need better customer service.”

Three out of the four women knew that the enrollment process is open year round.

IV. Satisfaction with the Programs

All four of the women said they are quite satisfied with the program. When asked to rate it overall on a scale from 1 to 5 with 5 being excellent and 1 being poor, two of the women gave it a 5 and two gave it a 4. One woman said:

“For me, it is excellent. And another thing I like is that that they assign the doctors by area, so my doctor is close to where I live.”

Three women said that they are very satisfied with their children’s primary care doctors. However, the other woman said that she was not satisfied with her doctor. All of the mothers were satisfied with their children’s specialists. One woman said she

does not have a dentist because she does not need it for her child and the other three said they were satisfied with their dentists.

When asked about the hospitals they use, one woman said she takes her child to Miami Children's hospital. She said that she has not had any problems with that hospital. Another woman said that she takes her child to Palmetto West Hospital but she said she did not like the treatment there because she believes they hurt her child. A third woman said that she has not taken her child to the hospital. The fourth woman said that when she took her child to a Miami hospital for a four day stay, they never gave her child a private room and she had to sleep on a sofa in a waiting room.

The women were asked if they had ever called the programs' eight hundred number. Two of the women said that they never call because they never answer when they call. One woman said:

"You can wait an hour and a half but you never talk to anybody."

On the other hand, another woman said that when she calls, they always answer the phone. The fourth woman said that she has not had to call because the social worker handles speaking with the program on her behalf. However, two of the women that do call said that the representatives, when they answer the phone, are very helpful and pleasant.

The women were asked how much money they pay for their child's coverage. Three out of the four women said that they pay \$15 a month. The fourth woman said she pays nothing at all. All four women said they do not have co-payments. One woman said that the most expensive service is the dentist, especially when her daughter had to get braces. She was paying \$107 a month for two years and that was with a 20% discount.

The women were asked if there was anything that they would change regarding the health care of their children. One person suggested that the program write a letter to the parents explaining all the benefits they are entitled to, so that there would not be any confusion regarding what is covered and what is not. They would also like to know what medications the programs cover. In total, they would like more direct information about their child's coverage.

V. Discussion of the Renewal Process

Most of the women when asked about the renewal process said that it was easy to do. The only problem they had was finding out whether they were approved or not.

“The only thing is the anguish. Am I going to get it, am I not going to get it.”

They were asked if they knew that the age of coverage had been extended. The women said that they did not know. The women were asked about the amount of paperwork they had to do. All the women agreed that the amount of paperwork was acceptable. One woman said:

“They usually send you a letter with the paperwork letting you know that your coverage is about to end.”

Two women said that they lost coverage for two months for their child because they had to wait to get approved. One woman said that if she had had to take her child to the doctor during that gap, the doctor said he would allow her to pay as much as she could until her insurance began.

VI. Correspondence from the Programs

All of the woman felt that the correspondence information they receive from the programs is necessary. However, one person said that she wants the information to be kept up to date. She said:

“Sometimes they ask for documents, but I have already sent them out.”

They all believed that they understand what is being asked of them in the correspondence.

VII. Switching Programs

The women were asked if they have changed from one program to another program. Two of the women said that they did change programs. One woman switched from MediPass to MediKids. The woman said that she had to switch because no one would accept her child’s insurance. She said the switching process was easy.

“They keep you up to date with your situation, and they give you a lot of doctors to pick from.”

The other woman said that her social worker changed the programs for her and she did not recall the name of the programs that were changed. The woman that switched programs mentioned that her children had to switch doctors when they switched programs but it did not cause any problems.

VIII. Healthy Kids Web Site

The women were asked if they knew about the Healthy Kids web site and if they had used it. In spite of the fact that some of the women said they had filled out the initial application online, all four women said they were not aware of the web site for making payments. The women make their child’s insurance payments through the mail or by phone. All four women don’t have computers at home.

When asked about fraudulent behavior regarding the program, the women all agreed that it was wrong. One woman mentioned that she had seen people put wrong information on the forms to get health insurance. For instance, they put that they make less money in order to qualify on the forms than they really make. She said:

“Because of those people, we get jeopardized.”

IX. Recent awareness of the Programs and Name Recognition

The women were asked if they had heard or seen any advertisements about Healthy Kids and the KidCare programs other than on television and radio,. The women said that the only advertisements that they have seen were on television. They hadn't seen billboards or heard any radio advertisements. Most of the women got information about the programs through family and friends. The women were asked if there were other ways that the program could get information out there so parents could hear more about it. They all suggested that advertisements should make the programs appear more approachable. For example, the women suggested that they should say in the commercials, “Se Habla Espanol,” so parents would feel comfortable calling the phone number on the commercial. Another woman suggested making personalized mail-outs. She said:

“Make the parents feel more secure with the commercials and letters.”

Everyone felt that the names Healthy Kids and KidCare were good program names. They all felt that the word “healthy” makes the name sound good.

X. Online Access and Wrap-up

The women were asked if there were an Internet chat option on the web site, would they use it. All of the four women said that they would use it. The problem is that all four women do not have a computer at home. The women said, in closing, that they believe Healthy Kids and KidCare are always trying to improve the program to help families with children.

C. FORMER MEMBERS - TALLAHASSEE**I. Background**

There were eight respondents that participated in this discussion group. All eight were females. One participant had one child, six participants had two children and one participant had four children. The ages of the children ranged from 2 years old to 18 years old. All of the participants' children were insured by at least one of the following programs: Healthy Kids, CMS Network and Medikids. Three members of the group reported their children had been members for six months to a year, two reported their children had been members for one to three years and three reported their children had been members for more than three years. Three respondents were between the ages of 26 and 35 and five were between the ages of 36 and 45. Three of the participants were White, three were African-American and two were Hispanic. One member of the group had less than a high school education, three members had attended some college, three had a college degree and one had a graduate degree. Five members of the group reported an annual family income between \$15,001 and \$35,000, two reported an annual family income between \$35,001 and \$50,000 and one reported an annual family income between \$50,001 and \$75,000.

II. How Members Became Aware of the Programs

The group members were asked how they first heard about KidCare Healthy Kids, MediKids or CMS Network programs. One participant heard about the program through her children's school. Some of the other ways that members first heard about KidCare were billboards, word of mouth, an ad on a bus and commercials. When asked what they thought about the program when they first heard about it, one member said,

“I thought, I can finally have health insurance for my kids.”

Another member said she did not think she would qualify for the program.

Another participant mentioned she thought it would be inexpensive when she first heard about it. All the group members thought it sounded like a program they wanted for their children.

III. The Enrollment Process

The group was asked to discuss their previous experiences while they were enrolled in the programs. Seven members of the group said the application process was easy when they applied for the program. One member said:

“It was simple and cheap for only \$15 a month and the application was easy.”

Another member said:

“The original application process was easy.”

However, another participant felt it was not an easy process. She said:

“I did not find it easy because I had a separate income and therefore, I needed more paperwork. I did not think I was going to be approved. It seemed inexpensive though.”

Three group members said that the amount of paperwork that had to be filled out when someone applied was appropriate. When the group was asked how long it took to hear back from the program after they applied, there were several varying answers. One member said she felt it took a long time. Another member said it took four to six weeks. One member said it was fairly quick and one member said it depended on the situation as to how long it would take. The group members were asked what they were told when they did hear back from the program. One member said she was told her kids were approved. Another person said she was told the amount of her monthly

payment. Another member was told that she needed to submit more information. One member said she got conflicting information because at first she was told she was enrolled and then she was told she was not enrolled. Most participants felt the amount of time it took to receive notification of enrollment was reasonable.

Five members said they applied on paper and the other three members applied online. One member said it was easy to do online because you did not have to mail anything. Another member just said doing it online was simple. One of the members who applied on paper said she got the application in school while two members said they did not know it was available online, but would not have done it online even if they had known. One member said:

“I’m old fashioned. I’d rather do paper applications.”

When the group was asked if the application was easier to do online or on paper, the group members who filled it out online said it was an easier process. One of the participants who did it on paper said,

“I used the paper application so I would not know which one was easier.”

All of the group members said there was nothing that could be done that would have made the application process any easier. Only two group members were aware that enrollment is open year round.

IV. Satisfaction with the Programs

The group members were asked to rate how satisfied they were with the care their children received from the programs on a scale of 1 to 5 with 1 being poor and 5 being excellent. Five members gave the programs a rating of 5 and one member gave the programs a rating of 4. One member said:

“I give CMS a 5, and the rest of the programs I give a 4.”

One person said that the rating depends on the city someone is in because the care is different in different locations.

Most of the members were satisfied with the primary care doctors in the program. One member expressed dissatisfaction. She said:

“With some of the primary doctors I was not satisfied, because I moved from one area of Ft. Lauderdale to another and I was not satisfied after I moved.”

Another participant said that she had used a specialist while enrolled in Healthy Kids. She was satisfied with the service, but stated that although the specialist took the insurance the first time she went, when she had to go back to that same specialist, he no longer accepted the insurance.

Two of the members said they were not happy with the service they received at the hospitals on the program because, at times, they were told that the services they requested were not covered. One participant said there was only one dentist in town she could use, so she was dissatisfied with her choices. The other member who used a dentist said she was satisfied with the service she was provided.

The group members were asked if there was anything they would change regarding the care their children were getting while in the programs. One member said she would have liked to have been informed if they were switching her kids from one doctor to another. She felt they should ask the parent’s opinion when making a change like that. Another member mentioned she did not like the fact that sometimes when she took her daughter to the doctor, she was told her child was not insured.

The group members had varying reasons as to why they were no longer in the program. One participant said that she was too busy to fill out the paperwork. Another person said she never filled out the renewal forms and there was confusion about

whether or not her child was covered. A third person did not like the fact that she had to renew every six months. One member said:

“At the time I enrolled they needed proof of income and for me it was impossible because it changed a lot.”

Another member mentioned she did not fill out the renewal forms in time and that it was too hard to provide child support information from different states. One member said that her kids were now on their father’s insurance. Another person said:

“I requested papers and kept faxing and mailing things. I thought that I was done but I had already been canceled.”

Another participant said that after filling out paperwork the first year, she never received anything saying she was enrolled.

One member of the group has already reapplied to the Healthy Kids or KidCare program while four members said they will reapply. One participant said she can never get through to reapply. She said:

“If you call, and I have called, they give you another number to call and tell you to send your stuff.”

V. Discussion of the Renewal Process

When group members were asked if the renewal process was difficult, seven of them said it was. One member said she did not like the deadline they put on the renewals. Another mother said that any information they request takes time to get while another member said that it was difficult because of the frequency of times someone has to renew each year. All the group members felt that there was too much paperwork in the renewal process. One participant said the paperwork was repetitious. When the

group was asked if they had any problems finding income documents to send in, all the group members said yes.

All the group members have called the program. Five members mentioned that the wait on the phone was too long and three members said they had no real problems getting through when they called. One participant said:

"I had to wait on the phone for approximately 15 minutes and that was too long, especially when you have young children at home. "

Another participant mentioned that if you call early in the morning, you get right through. Although they had trouble getting through, most group members said the representatives were helpful once they were able to speak with them. Another parent mentioned that whether or not a representative was helpful depended on what time of day you called. She said:

"Sometimes the representatives just want to go home at the end of the day, so they don't really want to hear from you."

Another participant said she felt the representative had given her misinformation.

The group members were asked if there is enough time to complete the renewal process and one member said:

"They ask for all the documents again so there is not enough time."

The group members agreed that the main thing that needed to be changed about the renewal process is that someone should only have to send back the renewal form if there is a change in any of the information that had been previously supplied by the member. Another suggestion was that a person should only have to renew once a year.

VI. Correspondence from the Programs

The group members felt they received too much correspondence from the programs. One member said:

“There is too much information and it is duplicated and inaccurate.”

Another mother said the information they sent her was confusing. Another person said she did not understand what was being sent in the letters because it was inconsistent information. All of the group members agreed that they received duplicate letters and that information in the letters is inconsistent and inaccurate. A suggestion made by the group for changes to make the correspondence from the program better was that the letters contain accurate information. One member also suggested that some type of reminder be sent out so that a person knew exactly when they needed to renew.

VII. Switching Programs

Two group members indicated their child had been switched from one program to another. They all felt the process was fairly easy. One member said the switch was made automatically when her kids' ages changed. Another participant said that she did not want to be switched but, when she lost her job, they automatically switched her child to Medicaid. Although she was unhappy with the switch, it was an easy process. However, she was not happy with the length of time it took her to switch her child back to the original program. Neither of the participants who had their child switched from one program to another had any gaps in insurance coverage.

VIII. Healthy Kids Web Site

Two group members said they had used the Healthy Kids web site. One participant said she was looking for information but was disappointed with it because it

did not provide the information she was looking for. Another participant mentioned she used it to view her account. One group member said she did not know someone could view their account on the web site and that should be something they let people know.

When the group was asked if they have ever heard of any instances of fraud in using the program, one member said she did not see how they could get away with it because of all the documentation that is required when you apply. All the group members agreed that it was wrong to commit fraud and that something should be done about it.

IX. Recent Awareness of the Programs

Group members were asked if they had heard about the Healthy Kids or the KidCare programs in the past six months. One group member said:

“They send information on it from school, on the lunch forms.”

One person said she saw a poster and pamphlet application at the health clinic. A few other group members indicated they had seen information or applications for the programs at the WIC office and at the Department of Children and Families.

Six group members said they had talked to friends and/or family about the program. One member said she told her friends to apply because it was so inexpensive. Another participant told her friend that it was a good program and she should try it. Group members felt the program could get the word out by using more advertisements, especially billboards and commercials, and by putting the information in packets they send out through the school in the beginning of the year. Some other suggestions that were made by the group to increase awareness were the following: providing information at places like daycare centers, dentist's offices, doctor's offices and hospitals.

When the group members were asked if they thought Florida Healthy Kids or KidCare was a good name for the programs, all the group members said that it was. They mentioned that the name was widely known and that the program cares for kids so the name fits well. The group members agreed there was no other name that would fit better.

X. Online Access and Wrap Up

Seven members of the group said they would use a live chat option online. All the group members have access to a computer at home and four members have access at work as well. All of the group members have used the callback feature but said they never got a callback. One member said:

“They never call back, so what is the point?”

Another participant said that if they have a feature like callback, that a person should be able to expect a callback.

The group members were asked if they had any other suggestions they would like to offer to the program. One participant said:

“They should make it very clear that payments will increase. If it is going to increase, they should let you know that before they increase and explain why.”

Another participant suggested that if the payment was going to increase, that the choice of benefits in the program should increase as well.

All group members agreed that Healthy Kids, CMS Network and MediKids are good programs and that everyone should know they are out there and available.

D. UNINSURED ELIGIBLES - MIAMI**I. Background**

Ten respondents participated in this discussion group. Two were males and eight were females. Eight participants had two children and two participants had one child. The ages of the children ranged from two years old to 18 years old. None of the participants' children were insured. Three respondents were between the ages of 26 and 35, four were between the ages of 36 and 45, two were between the ages of 46 and 55 and one was between the ages of 56 and 64. Five participants were White, three were Hispanic and two were African-American. Five group members had some college education and five were college graduates. One member of the group reported an annual family income of under \$15,000 a year, three reported an annual family income between \$35,001 and \$50,000, two reported an annual family income between \$50,001 and \$75,000 and, four reported an annual family income between \$75,001 and \$100,000.

II. Attitudes Toward Health Insurance

The group was asked how they felt about health insurance overall. Most of the participants felt that health insurance was too expensive and that they could not afford it. One participant said:

“It is too expensive and even if you talk to somebody who has insurance, they say they still they have to pay additional costs. The insurance doesn’t cover it all.”

Another participant said:

“We’re self-employed and self-employed people cannot afford insurance.”

Another participant said:

"I previously had insurance for my children, but now I am a single wage earner and just can't make ends meet. Unfortunately I work for a boss that doesn't even take care of my insurance so that I could then maybe afford to take care of my family."

When the participants were asked if they thought having insurance was important, nine of the ten people said they felt it was important. However, most of the group members said it was low in their order of priorities. One participant said:

"Yes it is important, but you have to first take care of priorities that are necessities before you can get to that. When you get to that there is nothing left in the nest egg to take care of it."

Another participant stated:

"Yes, but it is also important to pay for car and homeowner's insurance because that has tripled in the past number of years. So you are paying, out of pocket, tens of thousands every year for this insurance and that insurance and at the end of the game there is no money left."

The participants were asked if it is important for children to have health insurance. Everyone agreed that it was important. One participant said:

"The government should do something where, automatically, it is mandatory that these children get something, at least until they are 18."

Some other participants disagreed. One member of the group said:

"If the government did that, our taxes would go up."

Another person said:

"If you have the government doing it for you, you are going to wind up with even less good care."

The group was asked why it was important for children to have health insurance.

One participant stated:

"For them to be healthy; to prevent something before it gets out of hand."

Another person said:

"It is basically peace of mind. You would know if your child gets sick you have insurance."

Another participant felt, although it was important, it had to be affordable insurance. A few of the participants mentioned that they felt it was important not only to have health insurance but dental and vision coverage as well.

Four of the members' employers offer health insurance coverage for employee's children. Five of the members currently have health insurance for themselves. One of these people is covered through a spouse's employer while the rest have coverage through their own employers.

When the group members, who were offered health insurance coverage for their children, were asked whether or not they had explored adding their children through their employer, all of them said that it was too expensive.

One respondent said:

"It is like \$400 a month to add children"

Another person said:

"It was \$450 a pay period which is \$900 a month to add children."

Another member said the price ranged from \$400 to \$600. One member said: "It cost \$180 to add each child and I have four kids so for the whole family it is \$1,000."

Another participant said it was about \$450.

Seven of the group members said that their children have been covered by health insurance before. Of those participants who said their children were covered by health insurance, two of them said the carrier was Healthy Kids, two of them said the carrier was Vista and two of them said the carrier was AvMed. One of the participants mentioned that before they used Vista, they used a company called CAC, which is now United Health Care.

The group was asked why they chose the carriers that they had. One participant said:

"I was working at a company at the time and United Health Care was what the company used. But, I got to choose Vista as a business owner and I just thought their plans were at the lower end and they were pretty comprehensive."

Another participant said:

"My children were covered by a unique and fantastic government program in Massachusetts. Then, when I moved to Florida, someone told me about Healthy Kids and I applied and got it for the kids."

When the group was asked why they dropped the insurance they had for their children, all the participants said it was due to money.

III. Current Health Care for their Children

The group was asked what they do when their child gets sick. Four members said they take them to the hospital, emergency room or clinic. One member said:

"I take my daughter to the doctor."

Three of them said they help their kids by themselves. One said:

"The first thing I do, honestly, is I look up their symptoms in a reference book for children and toddlers. It is so accurate."

Another participant said:

"My brother-in-law is a doctor, so I use over-the-counter stuff."

The participants who said they helped the kids themselves all agreed that, when their condition worsens, they have to take their children to the doctor. When the group participants were asked how they get medication for their kids, a few of them said they pay for it. Three of the participants said they ask for or get samples of the medication they need.

Four of the group's participants said they have a doctor or pediatrician that their child sees regularly, while three members said they did not. When the participants were asked if they had ever taken their child to the emergency room, the emergency care center or a clinic for minor care that is non-emergency, seven of them said they had. All of the participants said they would not take their child to the emergency room, the emergency care center or a clinic for something minor, like a cold. Some of the things that members of the group said they would take their child to the emergency room, the emergency care center or a clinic for are the following: a fever that will not go down, injury, diarrhea that would not cease, vomiting that won't stop and hives or "something weird."

IV. Satisfaction with Current Health Care Coverage

The group members were asked to rate how satisfied they are with the healthcare their child currently receives on a scale of 1 to 5 with 5 being excellent and 1 being poor. One member said 2, two members said 3, five members said 4 and two members said 5. The one member who rated their satisfaction with their healthcare a 2 also said:

"Since my kids don't get to go to the doctor often unless it is an emergency, I'll say 2 because I really have to avoid the doctor and pray that I don't have any situations."

Nine of the participants said they were satisfied with the doctors their children see.

Most of the group said they would only see a specialist for their children if they were required to and had no choice. Three members said they were satisfied with the specialists their child had seen while three members said they were not satisfied.

The group members were asked if their children see dental professionals.

Eight of the group members said they did.

When the group was asked if there are hospitals available for their children, all of the members answered yes. The hospitals the members mentioned were Jackson, Baptist, Miami Children, Mariners and South Miami. The group members were asked to rate these hospitals. Some of the participants expressed a positive level of satisfaction. One participant said:

"Baptist is my favorite and I like South Miami."

Another person said:

"I have always had positive experiences."

One of the main reasons for dissatisfaction with a hospital was the waiting time it takes to be seen.

The group members were asked if there was anything they would change regarding health care for their children. They responded with the following: three participants said they would get insurance for their children, seven of them said they

would like to get preventative care for their children and one of them said that they would like health insurance to be more comprehensive. One participant said:

"I wish I could have insurance so I could give them proper preventative maintenance."

Another participant said,

"I would like my children to see someone on a regular basis."

V. Awareness of Healthy Kids/KidCare Programs

Four of the group members said they have heard about the Healthy Kids or KidCare program. All four of the group members said they heard about it through work. The group members were asked what they have heard about Healthy Kids or the KidCare programs and what they thought the programs were about. Several of the participants said joining the programs was based on income. One participant said:

"It is like an HMO for kids."

Another person said:

"I think families on welfare can get Healthy Kids free of charge. Then, for others, it is based on income. I think some people pay \$15 a month or it goes higher or you don't qualify."

Another participant said:

"I got the notion that it was like a government type setup program — but I didn't necessarily think it was low income but instead coverage at a lower price."

The group members were asked what they thought of the program when they first heard about it. Two participants said that they thought it was a great idea. One said:

"If you are able to get it, it is wonderful."

Another participant said:

"If you are self-employed it is excellent."

One participant felt it was hard to get on the program and that you should not even try if you make over a certain amount of money while another participant said:

"I was very reluctant about it when I heard about it because someone told me it would not cover much."

Most of the participants said it sounded like a program they would want their child to be on but they wanted to know more about it.

Two of the group members said they had heard about the Healthy Kids or the KidCare program in the last six months. One of the members heard about the program through work and the other heard about it from friends who have the insurance. Three participants mentioned that they have never seen anything on television or in the media about the program.

Only two of the participants in the group applied to the Healthy Kids or the KidCare program. One of them said:

"We were going to apply, but found out we did not qualify. There was a number on the Internet and my wife called and asked the basics and they said, no, we did not qualify."

The other participant who had applied said:

"We paid \$15 a month for both kids and every six months you must reapply. You can get insurance through them no matter what your income, but it is very expensive. It is like \$90 a month per child or more and, again, it is income based."

When the group was asked if they would like to apply, all of them said they would but they would like more information about the doctors on the plan. The things that would stop the group members from applying for the Healthy Kids or KidCare program are: quality of care, doctors on the plan, how much the insurance covered, and not being able to keep the same doctor.

VI. Healthy Kids Web Site

Two of the group members had been to the Healthy Kids web site. One of them said they were looking for insurance they could afford and the other person said she went to the web site to apply for the Healthy Kids program and to download an application. One member got the information that was needed, but did not qualify for the insurance. The other member said she had a good experience on the site and found the information that was needed. Both of them found the web site easy to use. One member said:

"It was very interesting. It made me want to get more information."

VII. Recent Awareness of the Programs

Some of the group members indicated they had talked about the Healthy Kids or KidCare program with friends and/or family. One member mentioned that she only tells people about the program who she thinks will qualify. The group members indicated they said positive things about the program to friends and/or family.

When the group members were asked what else the program could do to get the word out about the program, they said the following: advertise more, go through the schools to give information to parents at the beginning of the school year, mail the information from the schools instead of giving it to the kids, placing information at the urgent care centers, through hospitals and through pediatricians. One member said:

“I get the feeling they don’ t want to advertise because it is a government program and it is probably limited because no one knows about it.”

Most of the group members felt the name Florida Healthy Kids was a good name. However, one member mentioned the name sounded like an eating healthy program, not a healthcare program. Another member said it did not sound like the name of a type of insurance. Most group members did not feel the name needed to be changed although one member said that “health care” should be in the name. One member suggested that the name be changed to Florida Kid Health Care. When the group members were asked why the name should be changed to Florida Kid Health Care they said that it tells you what it is, who it is for and that it sounds affordable.

The group members were asked if they had any other suggestions they would like to offer the program. One member said:

“They need to make it affordable; in other words, more people should qualify for it.”

Another member said:

“I think number of dependents as well as household income should be taken into consideration.”

IV. SUMMARY OF FINDINGS

A. Current members – Tallahassee and Miami

I. How members became aware of the programs

The current members became aware of the programs in several ways. The English speaking Tallahassee group found out about the programs from a doctor, a friend, the CMS Network itself, from seeking a program similar to one in another state and from general awareness of the programs. The Spanish speaking

group in Miami said they found out about the program at work, through the WIC program and from a friend.

Both groups said that their initial reaction to the programs was appreciation that their children would have health coverage. However, one of the Miami mothers said that she felt at first she needed to find out more about the programs to see what it was all about before she felt confident with it.

II. The enrollment process

The English speaking Tallahassee group felt that the enrollment process was generally easy but one woman had problems because they kept switching her back and forth from one program to another. Among the Spanish speaking Miami group, two women said it was very easy to enroll, one woman said it entailed a great deal of paperwork and requirements and was too strict in terms of income and another woman said her social worker filled the forms out for her.

In both groups, the women complained about the time they had to wait to hear whether their applications were approved or not. One woman expressed apprehension about the wait.

Women in the Tallahassee group complained that the programs were not well organized as they had to send documents to them more than once and that the programs' computer systems did not transfer information from one to the other. The Miami group said that individual attention would help the enrollment process.

III. Satisfaction with the programs

The women in both groups rated the programs highly on a scale of 1 to 5 with 5 being an excellent score. All the women who said they would rate it, gave the programs either a rating of 4 or 5. All of the women also rated the doctors, specialists and

dentists they had seen with their children highly. Only one woman said she was not satisfied with her child's doctor. The women generally were satisfied with the hospitals, especially in Tallahassee. In Miami, one woman did not like Palmetto West Hospital and another woman did not like the hospital her child was admitted to, although she did not give its name.

With regard to customer service, the groups did not feel as enthusiastic about the programs. The entire group in Tallahassee said they had trouble getting a response when they called the customer service number. They said the wait time is too long. Two of the Miami woman said they often cannot get a customer service representative on the phone. However, in Miami, the women said that when they do get a representative on the phone, they are very helpful and pleasant.

The women seem to understand that they are paying \$15 or \$20 a month for their children's coverage. In Miami, the women reported that they do not have co-payments.

A suggestion was made to let parents know more clearly what health benefits their children are entitled to in terms of care and medications.

IV. Discussion of the renewal process

The Tallahassee women said they had not had to renew their coverage as of yet. The Miami woman said renewal was as easy as their first application. However, there was some suggestion that there was a long wait for renewal and that coverage for children was lost during that time. If their children needed care during that period they felt their doctor would let them pay what they could until the coverage was continued.

V. Correspondence from the programs

The women in both groups felt the correspondence was easy to understand but at times gave contradictory information. Some women in both groups said the program

asks the mothers for information they have already sent to them. The Tallahassee group felt that much of the correspondence was unnecessary.

VI. Switching programs

Two women in Tallahassee have had to switch programs and one woman has three children in three different programs. The women who switched programs said the process was easy. The woman with children in three programs said they all had different doctors and she was not happy with that situation.

VII. Healthy Kids web site

Four of the five mothers in Tallahassee use the Healthy Kids web site. In Miami, none of the mothers said they were aware of it, but this is probably because they do not have computers at home.

. The Tallahassee women used the web site to make payments online, to enroll their children and to check the status of her child's application. In both groups, the women believe that giving false information on the application forms to gain admission to the program is wrong and that people who do this make it more difficult for those people who meet the criteria of the program.

VIII. Recent awareness of the programs and name recognition

The Tallahassee women said they had recently seen advertisements for the programs other than on TV and radio. In Miami, the women said they had only seen the ads on TV. In Tallahassee they said they saw billboards, flyers at their doctors' offices and at their children's schools. The Miami women said the programs should be made to appear more approachable to Hispanic women in their commercials. For example, they suggested that the commercials should say, "Se Habla Espanol" so parents would feel

more comfortable about calling the eight hundred number given in the commercial. And another suggestion was to personalize the mail outs.

The women in both groups said that they mention the programs to their friends and family. They said that they discuss the programs with these friends and family and exchange ideas about the programs including whether they should enroll or not. Some of the women said they tell others that the programs are great and affordable.

The women in both Tallahassee and Miami felt that the names Healthy Kids and KidCare are excellent program names. They felt that the word “healthy” makes the name sound good, that they all want “Healthy Kids.”

IX. Online Access and Wrap Up

When asked if they would use a chat option if it were available on the Healthy Kids web site, two of the five women in Tallahassee would use it and all of the women in Miami said they would use it if they had a computer. In Tallahassee three of the five women reported that they have used the call back features but only two said they received a call back within 24 hours. The other woman said she never received a call back.

With regard to suggestions to Healthy Kids, one Tallahassee women suggested that the programs give them notice before their child was dropped from the program and, therefore, enable the parent to get the necessary money to continue the program.

Both groups of women felt that the programs are always trying to improve and they appreciate that and they also appreciate being asked for their input and very much like to give it.

B. Former members - Tallahassee**I. How members became aware of the programs**

The members of the group said they first heard about the program in the following ways: at their children's school, on billboards, by word of mouth, through an ad on a bus and in commercials.

They said their initial reaction when they heard of the program was that at last my children can finally have health coverage, that it might be inexpensive and that they wanted their child to be included. One woman, however, said her first reaction was that she would not qualify for the program.

II. The enrollment process

Seven of the eight women felt that the application process was easy and that the paperwork was not too heavy. One woman, however, did not find it easy to apply because she had a separate income and therefore needed to file more paperwork. Generally the group did not feel that they were alerted quickly of acceptance after they applied but they did not feel the amount of lag time was unreasonable. Each member gave a different story about what they were told when they heard back, from a simple approval, to what the payment would be, to asking for more information, to conflicting information about whether her child was enrolled or not.

Five mothers filled out the application online and three did it via mail. The five who did it online felt the online application was easier to fill out but the ones who did it via mail were satisfied with that approach. They all felt the process was rather easy. Only two of the eight women knew that enrollment was open all year.

III. Satisfaction with the program

Six members of the group rated the programs and five of the six gave it a 4. The other mother gave it a 5. A seventh member said CMS is a five and the rest of the programs are a 4. The eighth mother said it depended on the city because care varies from city to city.

One mother was not satisfied with the primary care doctors in the program, one mother said the specialist she took her child to would not take the insurance on a second visit and two mothers were not happy with the hospital service they received.

One member also said she was only given the choice of one dentist in town and she didn't think that was enough. There was also mention that doctors were switched by the plan without telling them and sometimes the doctor would tell them at a visit that their child was no longer insured.

The reasons why they were no longer in the program were as follows: too busy to fill out the paperwork, never filled out the renewal forms, didn't fill out the paperwork in time, didn't like having to renew every six months, difficult to get proof of income because it changed often, hard to provide child support information from different states, children now covered by father's insurance, sent papers and thought they were received but was canceled anyway and filled out paperwork and never received info about enrollment.

One mother has already reapplied, four said they will reapply. One person said she can never get through to a person to reapply.

IV. Discussion of the renewal process

Seven of the eight mothers said the renewal process was difficult. Reasons were short deadlines, frequency of time for renewal during a year, too much and repetitious

paperwork, difficult finding income documents and long waits on the phone for information. Suggestions made by the group were to only have to submit a renewal form if there was a change in any of the information previously supplied and that renewal should occur only once a year.

V. Correspondence from the programs

The group generally felt that the correspondence from the programs was too much, was repetitious, inaccurate, inconsistent and confusing. A suggestion was made to send a reminder to a parent that told them exactly when they had to renew their child's coverage.

VI. Switching programs

Two of the group members had children that had been switched from one program to another. They both felt the process was rather easy. One woman's child was switched to Medicaid and she said that it took a long time to switch her child back to Healthy Kids when she got another job. She was unhappy about that although both women said there was no gap in coverage.

VII. Healthy Kids web site

Two members of the group had used the web site. One of these women said she could not find the information she was looking for on it. The other woman used it to view her account. Another woman in the group thought this was a good feature and that Healthy Kids should let everyone know it was available.

With regard to fraud, one woman felt that it would be very hard for a person to get coverage in a fraudulent way because the documentation was so rigid. All group members felt it was wrong.

VIII. Recent awareness of the programs and name recognition

When asked if they had heard about the programs in the past six months other than on radio or TV they said the following: information was sent home from school, they saw a poster and pamphlet application at the health clinic, at the WIC office and through Department of Children and Families.

The group has discussed the programs with friends and family and told others it was inexpensive and good. The group felt that the programs should advertise more on billboards, commercials, through packets sent out through the schools at the beginning of the year, providing information at daycares, dentist's offices, doctor's offices and hospitals.

The group felt that the Healthy Kids and KidCare names were very good. They said they were widely known and that the name fits the program. They felt no other name would fit better.

IX. Online Access and Wrap Up

Many of the group members said they would use a live chat option on the web site. They said they have used the call back feature but did not receive return calls. Suggestions made were to make it clear to parents that payments will increase and let them know before they do and why. Someone said if payments were to increase, choice of benefits should increase as well. They all agreed that it was a good program and that it was important for everyone in Florida to know about it.

C. Uninsured Eligibles — Miami**I. Attitudes toward health insurance**

The group as a whole felt that having health insurance was very important but that it was too expensive and the deductibles and co-pays were so high that having

insurance coverage was not an option. They said that health insurance was low in their order of priorities. Generally, the group felt it was important to have health coverage but the group was undecided about whether the government should pay for it. They felt their children should have health coverage for them to be healthy, to prevent an illness from getting “out of hand” and for peace of mind.

Five of the members of the group have coverage for themselves for which they have to pay something. However, although their employers offer coverage for their children the cost is very high and they cannot afford it.

Many of the group members said their children had been covered in the past and two were covered by Healthy Kids. One person said her children were covered by a fantastic government program in Massachusetts. The reason the group members said they are not covered now is because of the high cost of insurance.

II. Current health care for their children

The group currently cares for their children when they get sick in the following ways: take them to the hospital, emergency room or clinic or to the doctor or treat them with over-the-counter medications. When they need to get prescription medications, they ask for samples from the doctor or hospital. Seven of the ten participants said they have taken their children to the emergency room, the emergency care center or a clinic for non-emergency care, but not for something minor like a cold.

III. Satisfaction with current health care

The group members rated their children’s health care lower than the other groups. The range was from 2 to 5. However, almost all of the parents said they were satisfied with the doctors their children see. Specialists were rarely used but three parents said they were satisfied with them and three said they were not. Eight

members of the group said their children see dental professionals. They appear to be satisfied with the hospitals in the area, especially Baptist and South Miami although they did complain about the waiting time for their children to be seen by a doctor. All of the members of the group said they would like either insurance or preventative care for their children.

IV. Awareness of Healthy Kids/KidCare programs

Four of the ten participants had heard of Healthy Kids or KidCare. They heard about it through work. Some parents thought was an HMO for kids that was available based on income and that families on welfare can get the care free of charge. One parent mentioned that it cost \$15 a month but the cost is higher if you don't qualify. Another parent said that it wasn't necessarily only for low income families but was coverage sponsored at a lower price than commercial insurance.

They said when they initially heard about it they thought it was a great idea but it would be hard to qualify or it would not cover much of their children's medical costs. They said they did want to know more about it.

Two participants had previously applied to the Healthy Kids program but one was told on the phone they would not qualify for the \$15 a month benefit and felt she could not afford the \$90 per month she would have had to pay per child.

V. Healthy Kids web site

Two members of the group had been to the web site. Both found it easy to use and very interesting and said it made them want to get more information.

VI. Recent awareness of the programs and name recognition

One person said she had heard about the programs in the past six months from friends. The group said they had never seen the programs advertised on TV or in other

media. Suggestions made to increase awareness were to advertise more, distribute information in the schools at the beginning of the year, mailing information from the schools, placing information at the urgent care centers, hospitals and pediatricians' offices. Some of the group members felt that enrollment was probably limited and therefore, the program was not advertised heavily and thus awareness is low.

The group generally likes the name Florida Healthy Kids. However, criticisms were that it sounded like an eating program, not a type of insurance and that health care should be in the name. Florida Kid Health Care was one name suggested because it was more explicit and sounded affordable.

Generally, the group felt the programs should be more affordable so that more people could qualify for them. They suggested that number of dependents in the family should be taken into consideration as well as income as a qualification criterion.

V. CONCLUSIONS AND RECOMMENDATIONS

The Healthy Kids, CMS Network and MediKids programs are highly rated on the health care received for their children by the both the current and former members of the programs. They are, in general, very satisfied with the care their children receive or received from their doctors, specialists and hospitals. They also greatly appreciate receiving this insurance coverage for \$15 to \$20 a month. Generally, they feel that they have had very few problems with moving their children from one program to another and have had very few problems with enrollment process. However, they did report that they were informed very slowly of their status for enrollment and renewal and that waiting for this information made them very anxious.

In the areas of organization, communication and customer service, the programs were less well reviewed. It appears that papers have had to be submitted more than

once for renewal, correspondence is somewhat contradictory and, perhaps, too heavy, and customer service is hard to reach. The callback service needs to be improved as well.

The web site is appreciated and used by the English speaking mothers but the Spanish speaking mothers do not use it because of lack of computers in the home. Therefore, the web site should not be depended upon solely as a source of information as a large segment of the target audience, those without home computers, will be missed. The mothers were doubtful about the online chat option because communication through other means has been spotty and they don't feel that this option would be any better.

Awareness of the programs and of current advertising needs to be increased as those who are not now members but are eligible have not learned about the programs or seen advertising recently. And members told us they learned about the program primarily from doctors and friends, at work and through social service agencies.

The loss of members appears to be a result of difficulty in renewal. The reasons for non-renewal were short deadlines, requesting renewal information too often during a year's time, too much repetitious paperwork, difficulty getting income documents and long waits on the phone for information. Submitting a renewal form only once a year, and only if qualifying information has changed, might be ways to decrease loss of membership. Also, providing better customer service and less confusing correspondence would also help retention of members.

With regard to acquiring new members who are eligible, advertising needs to be improved. Parents of uninsured children should be made aware of the fact that they are eligible for the programs regardless of income and they should be made aware of the

monthly cost of the programs for differing income groups. The benefits of the programs would have to be communicated to them through the media and the image of the programs as only insuring low income children would have to be mitigated. Uninsured parents have real concerns about their children's health care and are currently using hospital emergency rooms and/or diagnosing and treating their children's illnesses themselves. The uninsured parents appear to want to have an insurance plan such as Healthy Kids for their children as they cite insurance coverage and preventative care as aspects of their children's health care they most wish for. Their major concern is cost of the insurance and, therefore, the cost of the coverage for middle income groups would have to be affordable.

The names Healthy Kids and KidCare are well established and liked by the members and former members. The uninsured eligible parents suggested that the phrase "Health Care" be added to the Healthy Kids name so that parents would understand that it was a health care insurance plan. This addition to the name, Healthy Kids Health Care, may be helpful if the programs' staff wishes to enlarge the pool of members.

APPENDIX.