

Appendix A. The 2011/12 NSCH Survey Questions for Insurance Adequacy and Consistency Variables

Insurance Adequacy Questions

1. “Does the child’s health insurance offer benefits or cover services that meet his or her needs?”
2. “Does the child’s health insurance allow him or her to see the health care providers he or she needs?”
3. “Not including health insurance premiums or costs that are covered by insurance, do you pay any money for the child’s health care?” A positive answer to the third question led to a follow-up question:

4. “How often are these costs reasonable?”

- If a parent or guardian indicated that the out-of-pocket costs were “always” or “usually” “reasonable” and responded as “always” or “usually” to the other questions listed above, then the child was considered to have adequate insurance coverage.

* The combination of these survey questions led to an outcome variable that consisted of two categories: adequate (current insurance is adequate for child’s needs, n=61,268), and not adequate or underinsured (n=17,913).

Insurance Consistency Questions

1. “Does the child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?”

- IF YES, “Is that coverage for him/her insured by Medicaid or the Children’s Health Insurance Program, CHIP?”

- IF YES, “During the past 12 months, was there any time when he/she was not covered by any health insurance?”

- IF NO, “During the past 12 months, was there any time when he/she had health care coverage?”

* The combinations of these survey questions resulted in the dichotomous variable (yes/no) for consistency of health insurance in the past 12 months: consistent (child had consistent health insurance coverage during the past 12 months, n=75,509), and not consistent (n=3,541).