

HARRIS INTERACTIVE
111 6th Ave. 6th Floor
New York, NY 10013

Project Manager: J.C. Punzalan
email: jpunzalan@harrisinteractive.com
Phone: 212-539-9511

Job 27901_B

March 1, 2007

J:\US\NYC\27xxx\279xx\27901 CMWF Leaders Year
2\27901_CMWF_B_3.07\Questionnaire\J27901_EM_survey B_v5_QA.doc

The Commonwealth Fund Panel of Expert March 2007 (The Commonwealth Fund)

TITLE FOR INITIAL SURVEY PAGE: The Commonwealth Fund Health Care Opinion Leaders Survey

Field Period: March 2007

SUBJECTS FOR QUESTIONNAIRE

400: Preloaded variables
500: Introduction
600: Survey on SCHIP
1000: Demographics

Proprietary Questions Not To Be Released: ALL

Harris Interactive-approved Results Items: N/A

Use of Instant Results System: NO

Harris Interactive-approved Soft Exit Items: N/A

Survey Progress Bars: Dynamic

Number of Response Equivalentents (REs): 20

Estimated Survey Duration: 5 minutes

Survey Template: HI CORPORATE

TTT Code (Q23): 359999

Survey Description: Survey on opinion leaders in the health care field

Demographics Template: CUSTOM

[PROGRAMMER NOTE: PLEASE ENSURE THAT ALL MISSING DATA IS REPRESENTED IN SPSS DATA SET AS OUT OF RANGE NEGATIVE NUMBERS]

SECTION 400: PRE-LOADED VARIABLE

BASE: ALL RESPONDENTS

Q400 (QV7) Fund List

- 1 Academic and Research Institution
- 2 Government
- 3 Health Care Delivery
- 4 Other Industry/Business Setting
- 5 Pharmaceutical Industry
- 6 Professional Trade, Consumer Organization
- 99 MISSING

BASE: Preloaded all respondents

Q403 (QV8) email address

BASE: preloaded all respondents

Q404 (QV9) Full Name

BASE: All RESPONDENTS

Q405 (QV10) Sample ID

BASE: ALL RESPONDENTS

Q75 998 **General Client Sample**

BASE: ALL RESPONDENTS

Q99 SCREENER QUALIFICATION IDENTIFICATION QUESTION (DOES NOT APPEAR ON SCREEN)

- 1 SCREENER QUALIFIED RESPONDENTS, **(all are eligible who have answered at least 1 question and have gone through entire survey)** QUOTA OPEN
- 6 NOT SCREENER QUALIFIED (other)

SECTION 500 INTRODUCTION

PROGR. NOTE: BANK Q505 AND 600]

BASE: ALL RESPONDENTS

Q505 <center><l>The progress bar below indicates approximately
what portion of the survey you have completed.</l></center>

Thank you for participating in the Commonwealth Fund Health Care Opinion Leaders Survey. We would like to ask for your input on the State Children's Health Insurance Program. Your responses will be reported in the aggregate only and will never be linked to you personally.

The State Children's Health Insurance Program (SCHIP) was enacted in 1997 and was authorized for 10 years. The program is scheduled for reauthorization in 2007, which presents an opportunity to reflect on the successes and challenges of the program.

| |
|-------------------------------------|
| SECTION 600: Survey on SCHIP |
|-------------------------------------|

BASE: ALL RESPONDENTS

Q600 How successful has the SCHIP program been in accomplishing the following?

BASE: 170 RESPONDENTS

| | Unable to Judge | Unsuccessful | Moderately Successful | Successful | Extremely Successful |
|---|-----------------|--------------|-----------------------|------------|----------------------|
| Overall in meeting its goals | 6 | 2 | 31 | 44 | 16 |
| Reducing the rate of uninsured, low-income children | 5 | 3 | 26 | 42 | 24 |
| Increasing access to health care for low-income children | 4 | 1 | 24 | 48 | 22 |
| Improving preventive care and quality of services for children | 11 | 5 | 28 | 46 | 9 |
| Stimulating state innovation in designing delivery models for children | 12 | 11 | 43 | 26 | 8 |
| Improving health outcomes for children | 26 | 5 | 26 | 35 | 7 |
| Providing working families with peace of mind knowing that their children have coverage | 11 | 5 | 32 | 37 | 15 |

BASE: ALL RESPONDENTS

Q605 SCHIP was designed to cover children in families that had incomes too high to qualify for Medicaid, but that could not afford private coverage. Specifically, the program targeted children younger than 19 years of age, in families with income between 100-200 percent of the federal poverty level. States that had already expanded their Medicaid eligibility to this level were allowed to cover children up to 50 percentage points higher than their Medicaid limit.

What is your opinion about who SCHIP should cover going forward?

BASE: 170 RESPONDENTS

| | Unable to Judge | Strongly Oppose | Oppose | Favor | Strongly Favor |
|--|-----------------|-----------------|--------|-------|----------------|
| SCHIP should be limited strictly to children under 200% of the federal poverty level | 7 | 37 | 41 | 11 | 3 |
| States should be allowed to cover children up to 300% of the federal poverty level under SCHIP | 3 | 1 | 8 | 44 | 45 |
| SCHIP should be open to all uninsured children regardless of income | 4 | 9 | 36 | 29 | 22 |

| | | | | | |
|---|----|---|----|----|----|
| In the absence of comprehensive action on the uninsured, states should be allowed to extend coverage to include parents of children covered under SCHIP | 3 | 5 | 12 | 42 | 38 |
| After covering low-income children, states should be allowed to extend coverage to childless adults under 100% of poverty | 5 | 5 | 15 | 39 | 34 |
| SCHIP should be open to legal immigrant children if they are income-eligible | 3 | 2 | 3 | 32 | 59 |
| Families with higher incomes should be allowed to buy into SCHIP | 4 | 3 | 11 | 49 | 32 |
| Drop the requirement that children be uninsured to enroll if they are otherwise eligible | 12 | 4 | 30 | 36 | 16 |

BASE: ALL RESPONDENTS

Q610 The original SCHIP legislation included a 10-year federal cap of \$39 billion for FY 1998-FY 2007 for the program, and annual allotment levels (\$5B in 2007) to be allocated to the states. States' allocations take into account the ratio of uninsured to low- income children in the state and geographic variation in wages.

What is your opinion about the overall SCHIP funding level, state allocations, and program structure?

BASE: 170 RESPONDENTS

| | Unable to Judge | Strongly Oppose | Oppose | Favor | Strongly Favor |
|---|-----------------|-----------------|--------|-------|----------------|
| Index allocation with health care costs | 9 | 3 | 12 | 56 | 17 |
| Keep SCHIP structured as a capped entitlement, but with sufficient funds to cover all children currently meeting the eligibility criteria | 7 | 8 | 32 | 44 | 8 |
| Change SCHIP to an entitlement with sufficient federal matching funds to cover all children meeting the eligibility requirements | 8 | 6 | 16 | 32 | 35 |
| Change state allocation formula to reflect better data available on uninsured children that were not available in developing the original formula | 12 | - | 2 | 62 | 22 |

| | | | | | |
|--|----|---|----|----|----|
| Create one federal matching rate for children under Medicaid and SCHIP and allow the program to grow based on need | 12 | 3 | 17 | 47 | 19 |
| Require states to adopt proven use best practices for outreach and enrollment | 11 | 1 | 8 | 51 | 29 |
| Require parents to provide proof of their children's' insurance coverage status prior to enrollment in school | 11 | 8 | 30 | 42 | 8 |

BASE: ALL RESPONDENTS

Q615 SCHIP gave the states the option of providing children’s health insurance in a standalone SCHIP program, through their Medicaid program or through a combination of the two. Under the Medicaid expansion option, the SCHIP benefit package would mirror the Medicaid benefit package. Under a standalone SCHIP program, states have more flexibility but must meet certain standards.

What is your opinion about using SCHIP benefit design to improve quality of care and health of children in each of the following ways?

BASE: 170 RESPONDENTS

| | Unable to Judge | Strongly Oppose | Oppose | Favor | Strongly Favor |
|--|------------------------|------------------------|---------------|--------------|-----------------------|
| Establish federal performance standards and outcome measures for all children in SCHIP | 8 | 1 | 9 | 52 | 28 |
| Require states to reward managed care plans/providers that meet benchmark levels of performance on developmental screening, preventive care, and follow-up treatment | 6 | 2 | 13 | 58 | 21 |
| Measure and report on the frequency and quality of developmental screening and growth to parents in child health practices that cover SCHIP children | 15 | 2 | 13 | 51 | 19 |
| Set aside a percentage of SCHIP funds to encourage states to adopt benefit standards to make SCHIP more responsive to public health issues such as childhood obesity | 16 | 3 | 15 | 47 | 18 |
| Allow states to design packages that wrap around other coverage (i.e., translation services and care coordination) | 11 | 2 | 2 | 56 | 27 |

BASE: ALL RESPONDENTS

Q620 It has been estimated that it would cost an additional \$12 billion to \$14.5 billion over five years to maintain the current level of services provided under SCHIP. Conversely, if the \$5 billion cap per year is kept in place, the Administration estimates that enrollment in SCHIP would drop from 4.4 million in FY 2006 to 2.5 million in FY 2016.

**How should the money to support additional SCHIP expenditures be financed or raised?
Please select one.**

| | <u>Total</u> (n=170) |
|--|---------------------------------------|
| Don't raise allocation | 3 |
| Redirect funds from other programs | 27 |
| Raise federal taxes or fees | 37 |
| Make an exception to the "paygo" rule for coverage of children | 25 |
| Other | 4 |

BASE: RESPONDENTS WHO RESPONDED RAISE FEDERAL TAXES AND FEES (Q620/3)

Q625 You said that you wanted to raise federal taxes and fees to finance expenditures of SCHIP. Which federal taxes or fees?

[TEXT BOX]

BASE: RESPONDENTS WHO SAID OTHER (Q620/5)

Q630 What other way should SCHIP expenditures be financed or raised?

[TEXT BOX]

SECTION 1000: Demographics

BASE: ALL RESPONDENTS

Q1100 How would you describe your current employment position? Please select all that apply.

| | Total (n=170) |
|--|--------------------------|
| | % |
| Policy analyst | 25 |
| Researcher/Professor/Teacher | 32 |
| Dean or department head | 4 |
| Policymaker or policy staff (federal) | 1 |
| Policymaker or policy staff (state) | 2 |
| CEO/President | 25 |
| Management/Administration | 19 |
| Lobbyist | 3 |
| Consultant | 10 |
| Regulator | - |
| Physician | 18 |
| Other health care provider (not physician) | 2 |
| Consumer advocate | 6 |
| Health care purchaser | 6 |
| Foundation officer | 8 |
| Investment analyst | - |
| Retired | 4 |
| Other | 4 |

BASE: RESPONDENTS WHO ARE IN "OTHER" EMPLOYMENT POSITION (Q1100/96)

Q1101 Please describe your current employment position.

[TEXT BOX]

BASE: ALL RESPONDENTS

Q1110 Which of the following best describes the type of place or institution for which you work or, if retired, last worked? Please select all that apply.

[PROG. NOTE: DO NOT RANDOMIZE]

[MULTIPLE RESPONSE]

| | Total n=170 |
|--|------------------------|
| | % |
| Academic and Research Institutions | 49 |
| Medical, public health, nursing, or other health professional school | 22 |
| Think tank/Health care institute/Policy research institution | 15 |
| University setting not in a medical, public health, nursing, or other health professional school | 8 |
| Foundation | 7 |
| Medical publisher | - |
| Government | 5 |
| Staff for a state elected official or state legislative committee | 2 |
| Staff for a federal elected official or federal legislative | 1 |

| | |
|---|-----------|
| committee | |
| Non-elected state executive-branch official | 1 |
| Non-elected federal executive-branch official | 1 |
| Staff for non-elected state executive-branch official | - |
| Staff for non-elected federal executive-branch official | 1 |
| Professional, Trade, Consumer Organizations | 21 |
| Medical society or professional association or organization | 7 |
| Allied health society or professional association or organization | - |
| Hospital or related professional association or organization | 5 |
| Health insurance and business association or organization | 5 |
| Pharmaceutical/Medical device trade association organization | 1 |
| Financial services industry | - |
| Labor/Consumer/Seniors' advocacy group | 5 |
| Health Care Delivery | 23 |
| Hospital | 12 |
| Nursing home/Long-term care facility | 1 |
| Clinic | 5 |
| Physician practice/Other clinical practice (patient care) | 5 |
| Health insurance/Managed care industry | 9 |
| Pharmaceutical Industry | 2 |
| Drug manufacturer | 2 |
| Device company | 1 |
| Biotech company | - |
| Other Industry/Business Settings | 17 |
| CEO, CFO, Benefits Manager | 1 |
| Polling organization | 1 |
| Health care consulting firm | 6 |
| Health care improvement organization | 6 |
| Accrediting body and organization (non-governmental) | 2 |
| Other | 2 |

BASE: RESPONDENTS WHO WORK FOR "OTHER" INSTITUTION (Q1110/96)

Q1111 What other type of place or institution do you work for?

[TEXT BOX]

BASE: ALL RESPONDENTS

Q1500 All responses to this and future surveys will be kept confidential. Results will be reported to the Commonwealth Fund in such a way that no responses can be attributed to any individual.

In reporting the results of these surveys, the Commonwealth Fund would like to highlight the fact that the survey sample is made up of an authoritative collection of experts with a wide range of affiliations and perspectives.

For that purpose, may the Commonwealth Fund list your name as a participant in this survey?

| | <u>Total</u> |
|-----------|---------------------|
| | n=170 |
| | % |
| Yes | 82 |
| No | 17 |
| No answer | 1 |

BASE: ALL RESPONDENTS

Q60 Status of Respondent (Does not appear on screen)

[PROGRAMMER NOTE: EVERYBODY MEETS CRITERIA FOR STUDY]

(159)

- 1 Qualified Complete (RESPONDENT who went through entire survey and answered at least 1 question)
- 6 Not Qualified (ALL OTHERS)

[PROGRAMMER NOTE: PLEASE USE STANDARD HARRIS TEXT FOR RESPONDENTS WHO SUSPEND BEFORE COMPLETION OF SURVEY]

[PROGRAMMER NOTE: PLEASE INCLUDE THIS TEXT ON THE THANK YOU PAGE WITH NO LOYALTY OR RETENTION LINKS.]

This completes the survey. Your answers have been recorded. <p>

Thank you very much for taking the time to participate in this survey.

[ALSO INCLUDE THE SURVEYHELP DESK AND UNSUBSCRIBE LINKS BUT NO HARRIS POLL ICONS.]