

# Unintended Consequences:

The Impact of the Citizenship/Identity  
Documentation Requirements on  
Virginia Children

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# Deficit Reduction Act

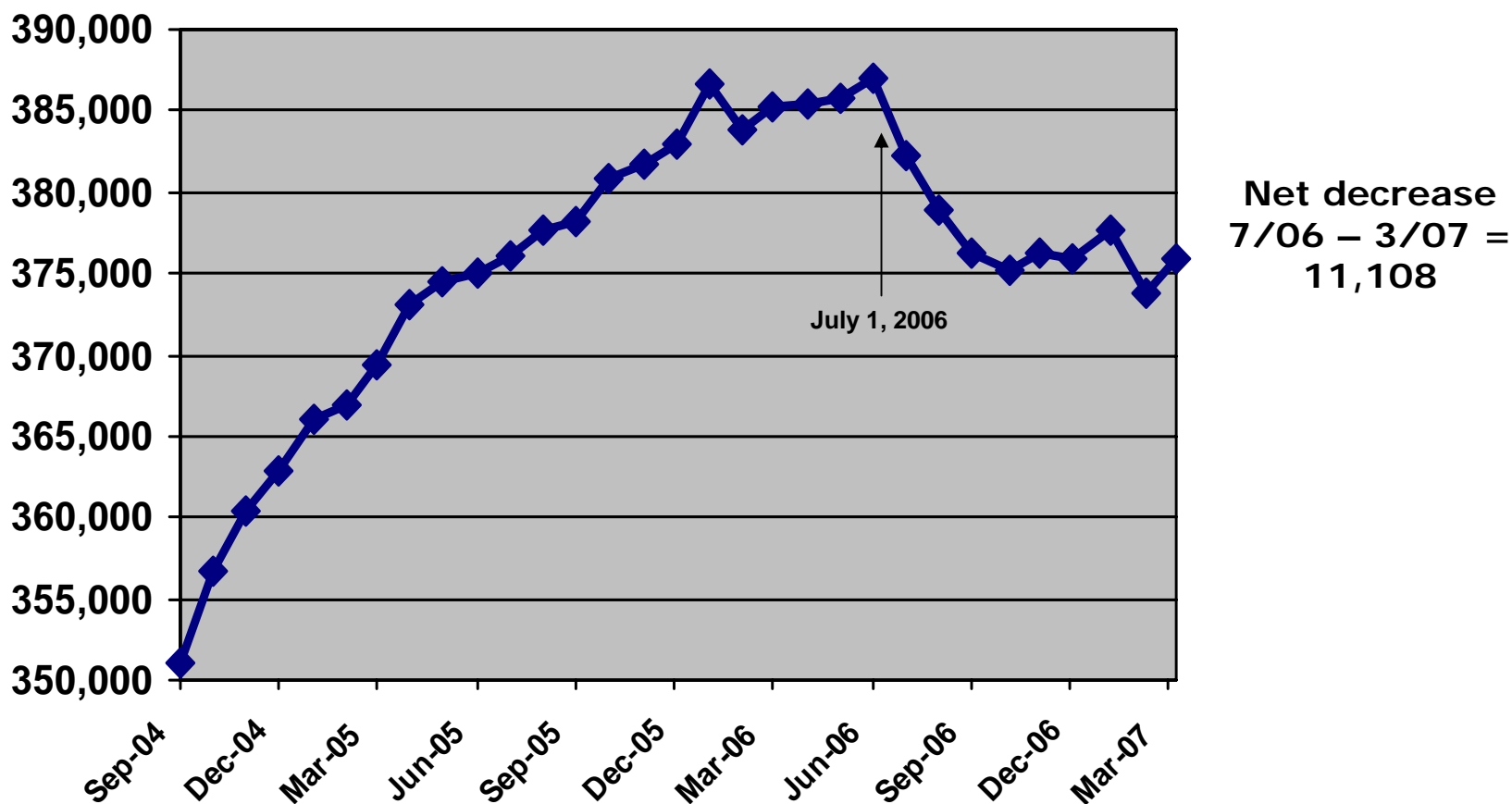
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- Signed 2005
- CMS guidance June 2006
- Implemented in Virginia July 1, 2006
- Required actual documentary evidence
  - Birth certificate
  - Passport
  - Other



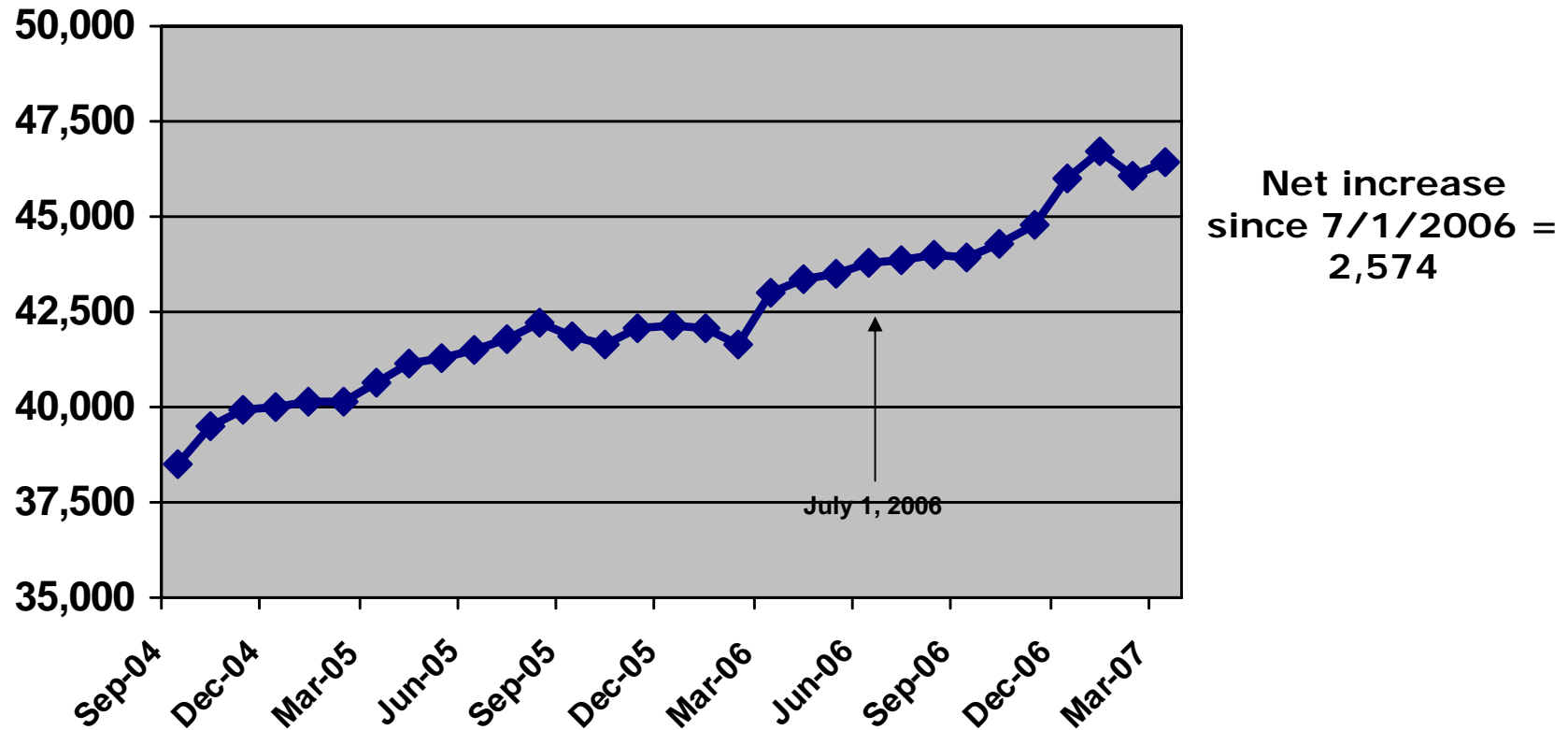
# Immediate Impact on Enrollment

Monthly Net Enrollment of Children in Medicaid (2004 – 2007)



# SCHIP Continued to Grow

Monthly Net Enrollment of Children in SCHIP (2004 – 2007)



# Immediate Executive Response

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- In September, 2006, Governor Tim Kaine authorized several actions to try to “stop the hemorrhaging.”
  - Extending the timeframe for processing applications to give Medicaid applicants “reasonable opportunity” to provide documentation
  - Coordinating with Bureau of Vital Records to certify copies of Virginia birth certificates for local DSS offices at no cost to applicants;
  - Deputizing outreach organizations to certify that they viewed applicants’ original documents.

# Executive Response (con't)

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- Allowing eligibility workers to accept *copies* of Virginia birth records and immediately enroll eligible individuals pending certification of the birth record by BVR;
- Revising the application to include an affidavit of identity; and
- Paying the fees for out-of-state birth certificates, and assisting with requests.

# Implementing Change and Monitoring Impact: Challenges

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- ❑ 121 local departments of social services
- ❑ Central Processing Unit
- ❑ Inadequate data systems
- ❑ Inadequate staffing at both state and local levels



# Impact on State Systems

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- Call center volume doubled
- Abandoned calls increased from 3.7% to 23%
- Number of applications processed each month cut in half
- "Pending" cases at the end of month increased from 50 to 2,500.



# Impact on Local Medicaid Eligibility Workers

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- Increased volume
- More calls; calls last longer
- More written correspondence sent to families
- Regularly reviewing files slows the process
- More “traffic” at LDSS front desk
- Challenge to keep up with policy/procedural changes – “constant meetings”

# Survey of Medicaid Applicant Families

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- Telephone survey
- 800 interviews: parents who had applied for Medicaid for their children July, 2006 through January, 2007
  - 509 recently enrolled
  - 291 still pending
- Predetermined likely eligible for Medicaid
- Reported US citizenship

# Survey of Medicaid Applicant Families (con't)

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- 97% children were born in the United States
- 69% born in Virginia
- 93% could name the U.S. hospital



# Survey of Medicaid Applicants: Key Findings

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- ❑ Processing of applications was significantly delayed
- ❑ Parents were unable to obtain needed care for their children
- ❑ Health care was unaffordable and emergency department usage increased



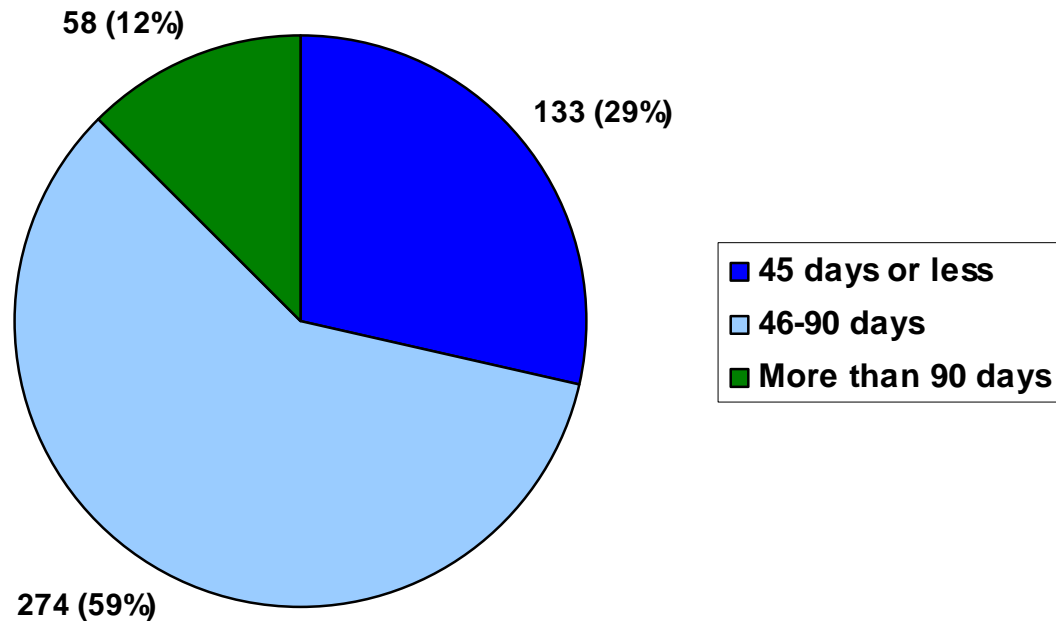
# Processing Applications was Significantly Delayed

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## ***Enrolled Children***

***\* Average 64 days to enroll***

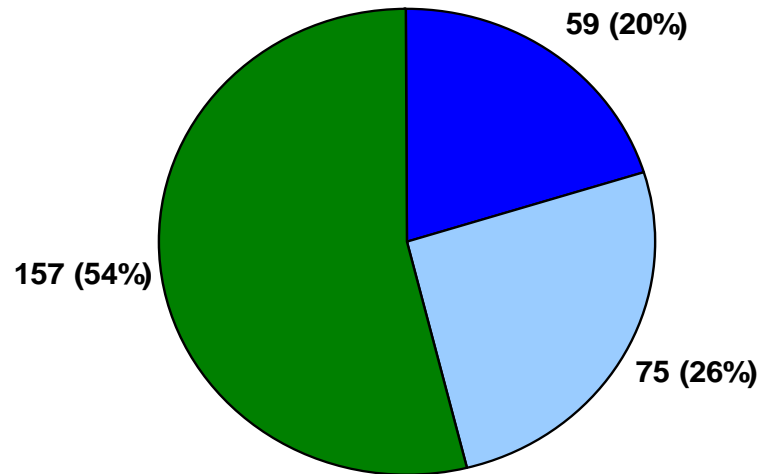
***\* Range 14-278 days***



# Processing Applications was Significantly Delayed (con't)

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## *Children with Applications Pending*



- Pending approx. 45 days or less
- Pending approx. 46-90 days
- Pending approx. more than 3 months

# Parents Were Not Able to Obtain Care for Their Children

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- While waiting for Medicaid enrollment **90% had *no other health coverage.***
- **65% of children who did not have other coverage *needed health care while waiting.***

# Parents Were Not Able to Obtain Care for Their Children (con't)

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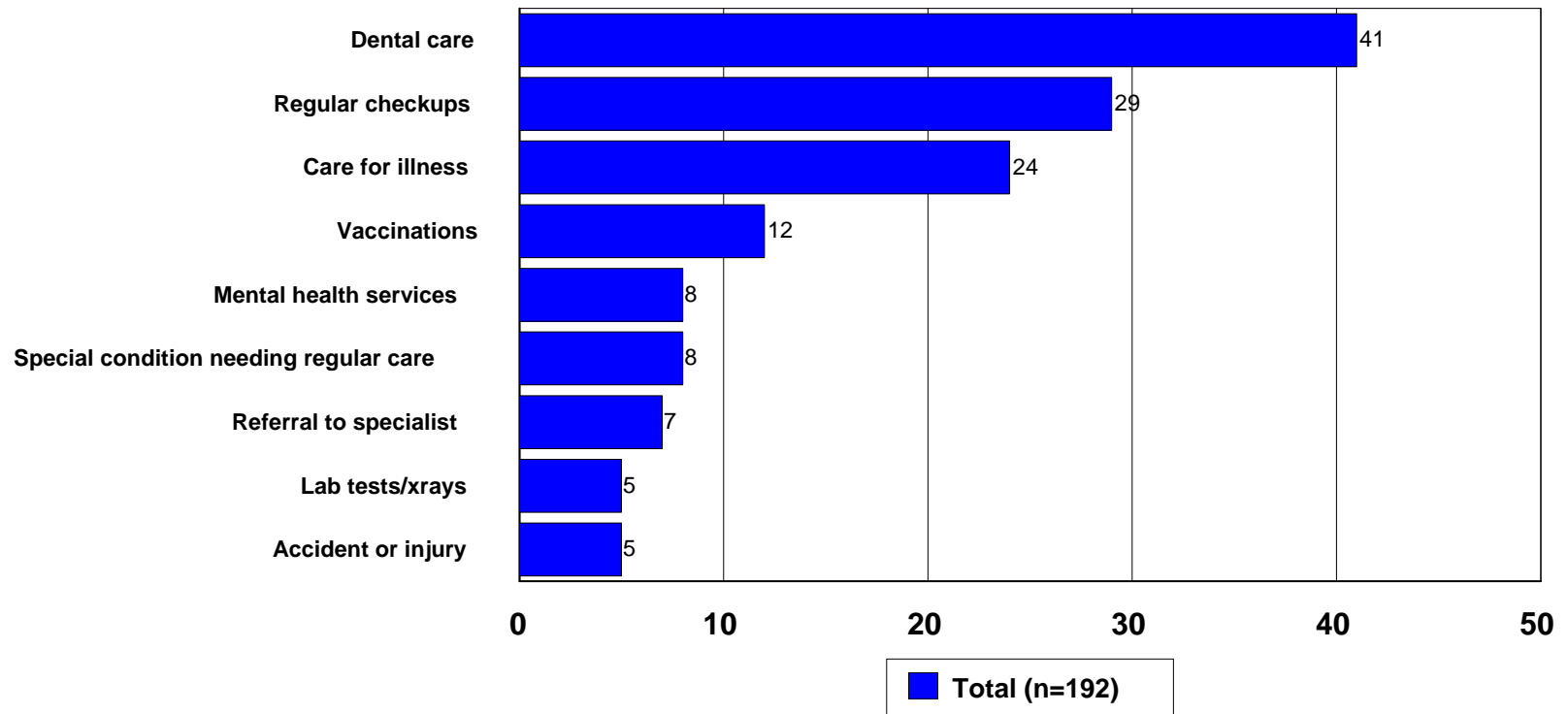
- **Almost 40% of children who needed health care while waiting for coverage were *not able to get all of the care they needed.***



## VHCF Study

# Types of Health Care Not Able to Get While Waiting for Coverage

% among all who were not able to get health care while waiting



MATRIX MARKETING RESEARCH  
April 2007

# Other Access Problems

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- **Nearly half (47%) of young children (*birth through age 2*) were unable to get immunizations.**



## Other Access Problems (con't)

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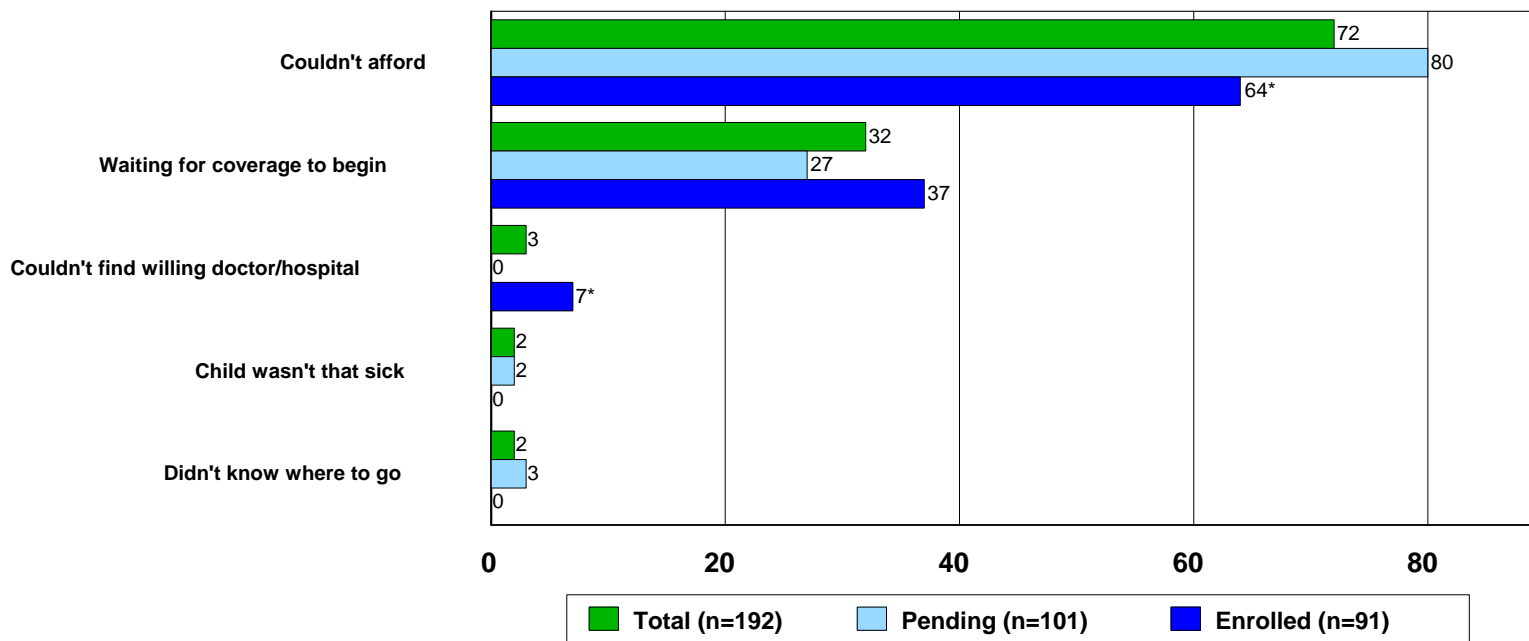
- Of the children who needed a prescription while waiting for coverage, **17% *were not able to get the medicine needed.*** The leading reason given for why survey respondents were unable to get their child's prescription was that they could not afford it (91%).

# Without Coverage, Health Care was Unaffordable

VHCF Study

## Reasons Not Able to Get Health Care for Child While Waiting

% among all who were not able to get health care while waiting



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April 2007

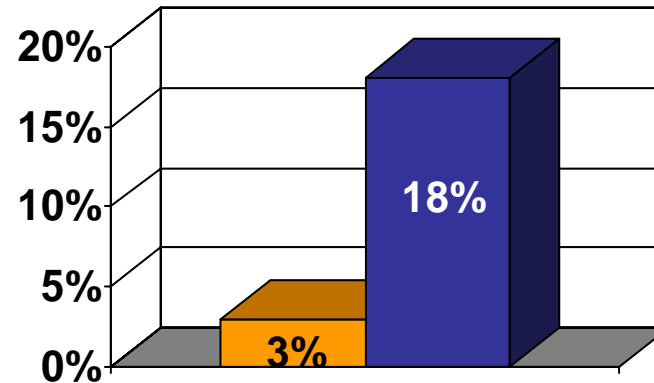
\* Indicates significant difference between Pending & Enrolled Applicants at the 90% confidence level.

# ER Usage Increased

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- Six times as many parents (18%) indicated that their children had to use an ER for primary care while the processing of their application was delayed.

**Use of the Emergency Room**



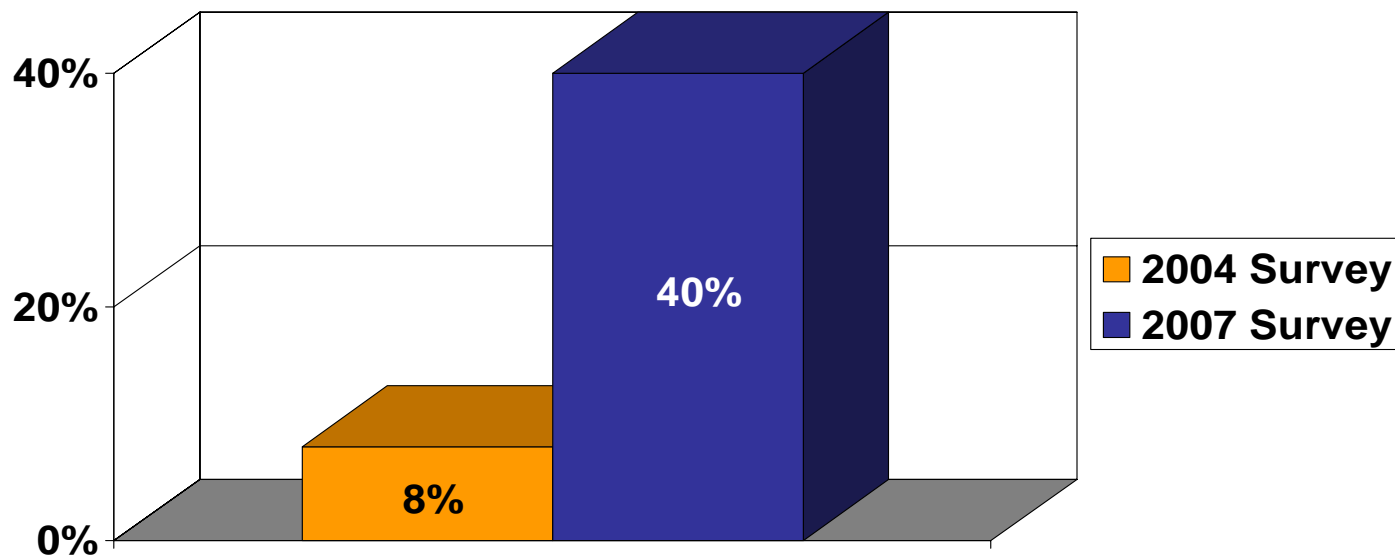
■ ER as Normal Source of Care

■ Use of ER as Source of Care While Application Delayed

# Application Process No Longer “Easy”

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- **40% of respondents reported the Medicaid application process to be difficult, compared to only 8% in a similar survey conducted in 2004.**

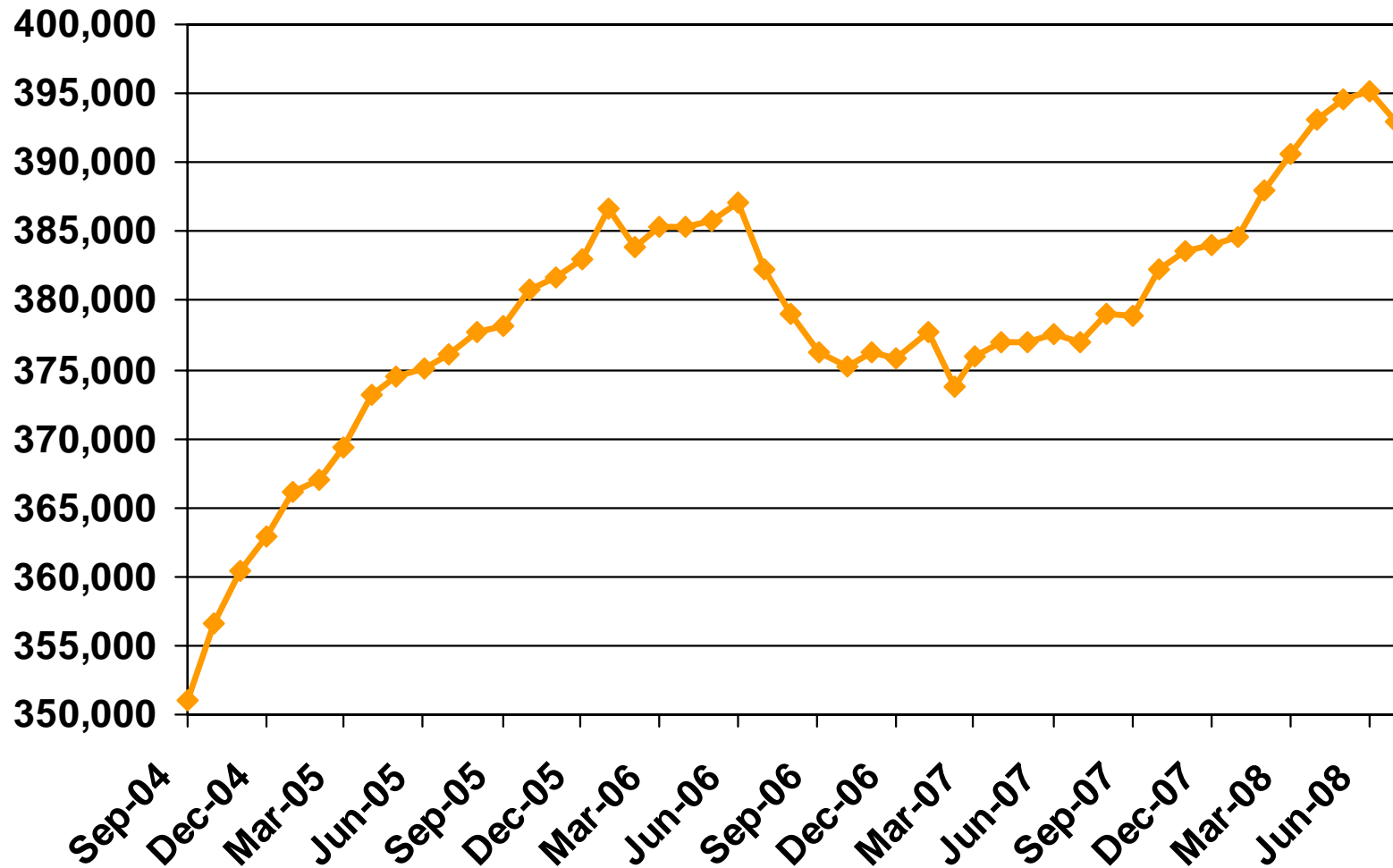


# Study Conclusions

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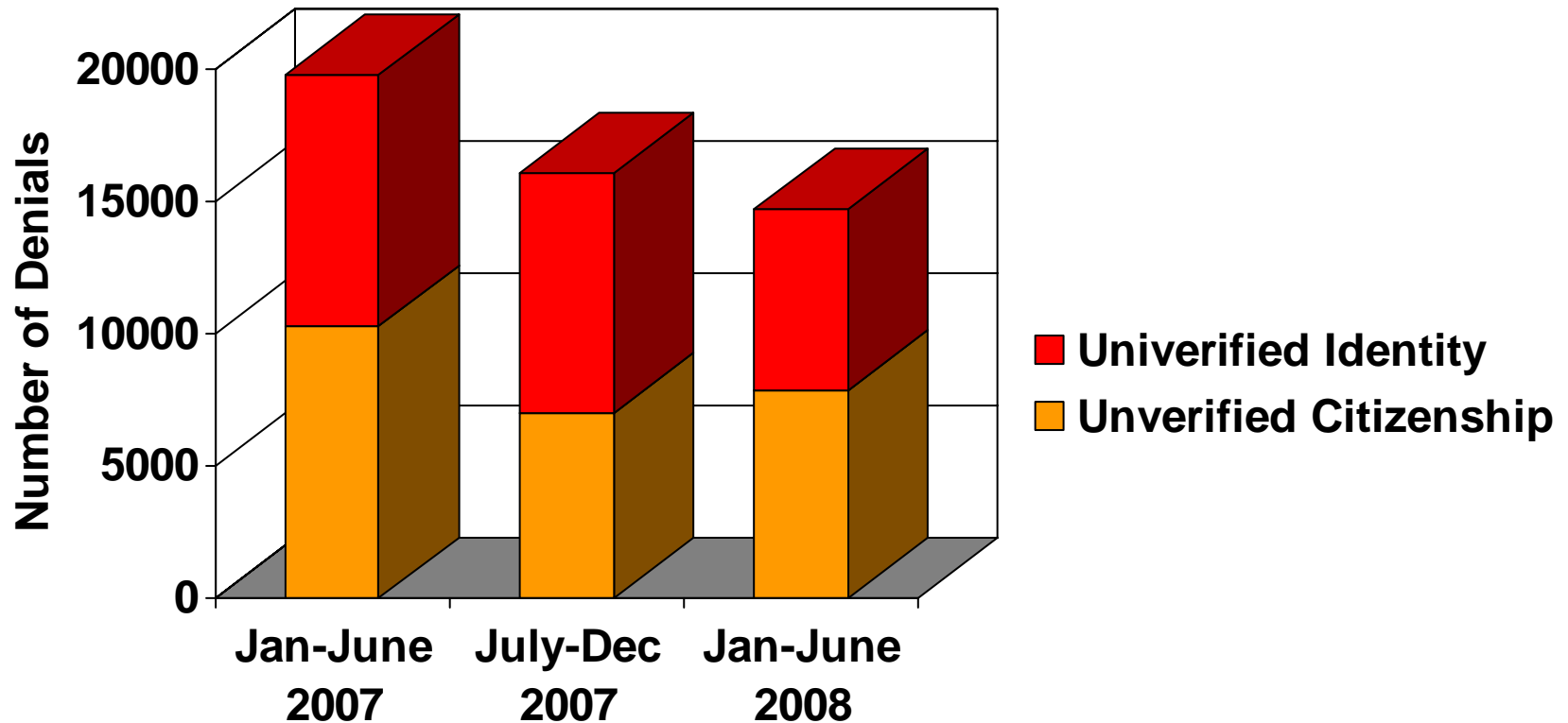
- ❑ Thousands of Virginia's US citizen children lost coverage and delayed care
- ❑ Enrollment took much longer
- ❑ State and local systems were severely overburdened

# Where Are We Now: Medicaid Enrollment



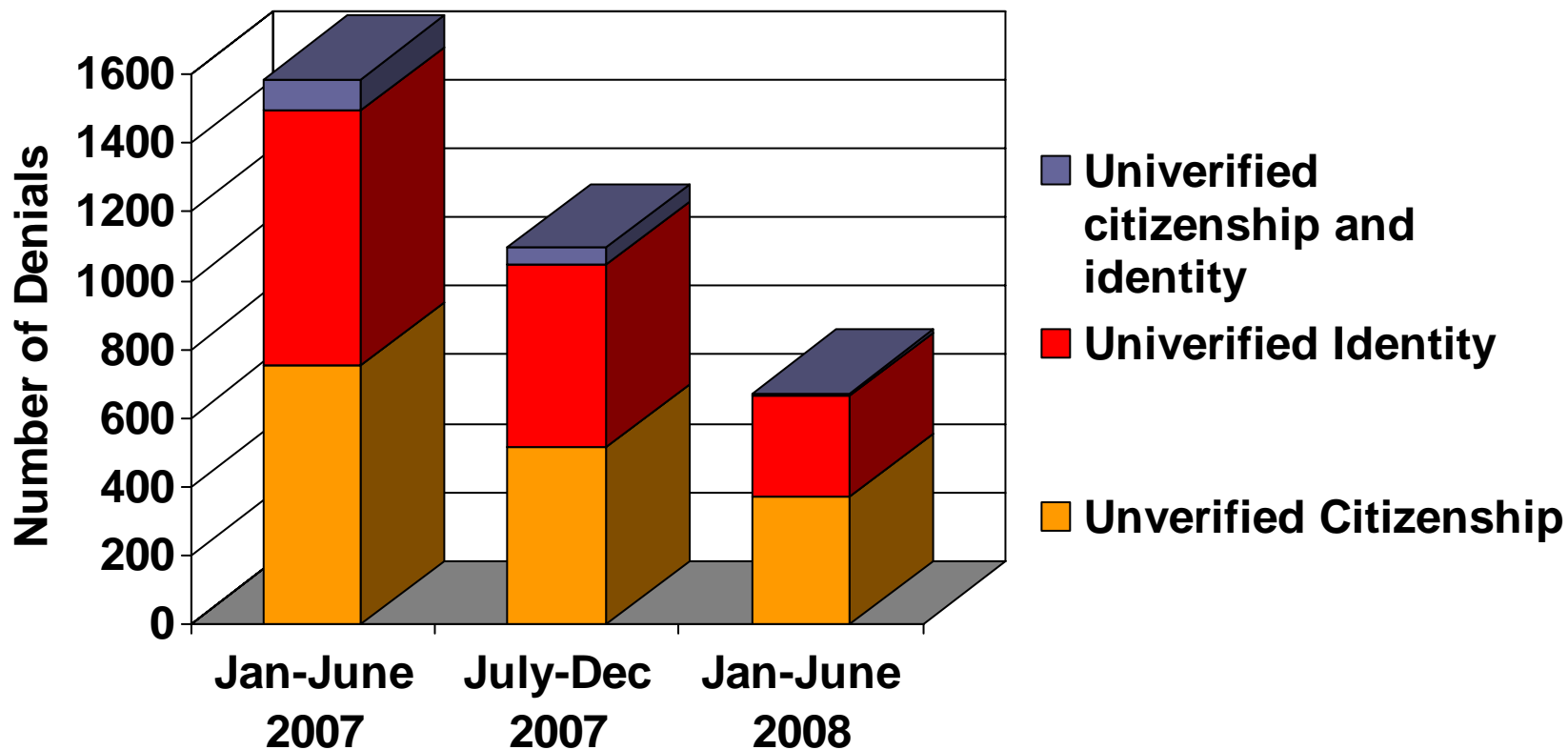
# Medicaid Denials Due to Unverified Citizenship and/or Identity

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# Children's Medicaid Cancellations Due to Unverified Citizenship and/or Identity

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# What's Next?

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- Continue monitoring and data collection
  - Outreach to enroll all eligible children
  - Improve data systems
  - Improve processes for out-of-state birth certificates

# Questions?

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