



Maximizing Enrollment: What Have We Learned About Enrolling Kids in SCHIP and Medicaid?

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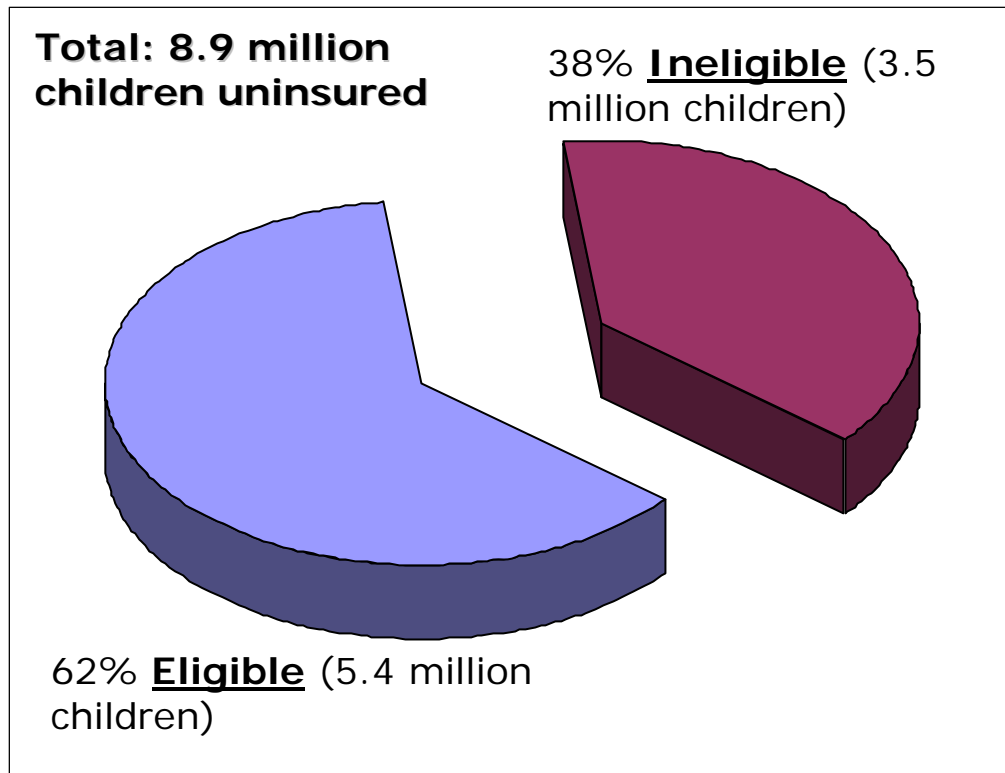




Retracing “Seven Steps” to Help States Enroll More Kids

- *Seven Steps Towards State Success in Covering Children Continuously (2006)*
- Goal: Sharpen picture of what we know about what works to enroll kids based on research, state experiences, expert views
- Methodology: Literature Review, Interviews with State and National Experts
- Funded by Robert Wood Johnson Foundation

Uninsured Children Eligible for Medicaid or SCHIP but Unenrolled



Source: Julie Hudson and Thomas Selden, "Children's Eligibility and Coverage: Recent Trends and a Look Ahead," *Health Affairs* 26, no. 5 (2007): w618–w629 (published online August 16, 2007; 10.1377/hlthaff.26.5.w618)

Why are Eligible Children Not Enrolled?

TABLE 2. *Reasons Low-Income Uninsured Children Were Not Enrolled in Medicaid or SCHIP Programs in 1999*

Reason Child Not Insured	Percentage of Low-Income Uninsured Children
Knowledge gaps	32.4 (2.1)
Had not heard of Medicaid/SCHIP	12.4 (2.0)
Did not inquire or apply because did not think child was eligible	17.7 (1.3)
Did not inquire or apply because lacked sufficient information about program	2.3 (0.4)
Administrative hassles	9.5 (1.2)
Enrolled in past year but not at present	17.8 (1.7)
Applied for coverage but not enrolled	11.0 (1.0)
Not needing or wanting program	22.1 (2.1)
Other main reason given	7.3 (1.0)
Sample size	2,485

Source: 1999 National Survey of America's Families.

Note: Standard errors are in parentheses.

Source: Genevieve Kenney and Jennifer Haley, *Why Aren't More Uninsured Children Enrolled in Medicaid and SCHIP?* (Washington, D.C.: The Urban Institute, 2001)

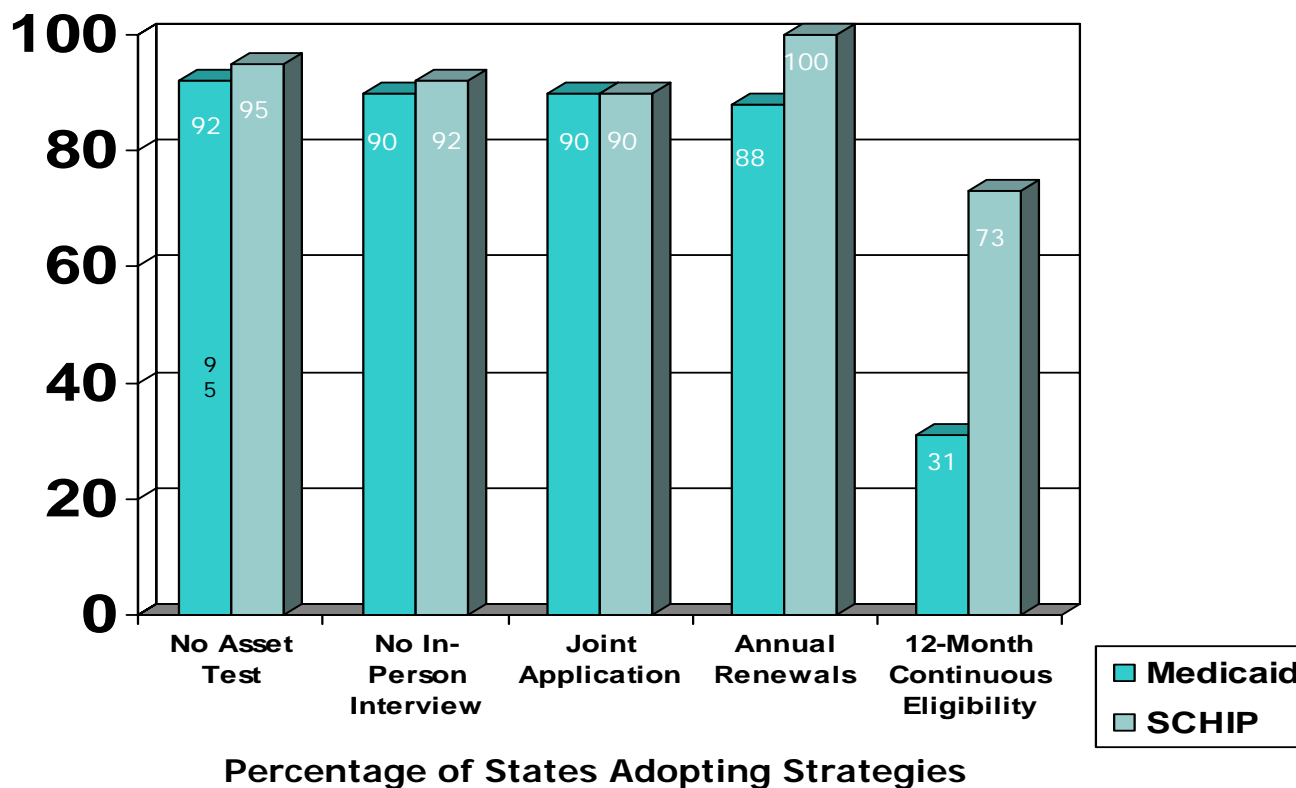


Seven Steps

1. Simplify enrollment and renewal
2. Conduct community-based outreach
3. Use technology
4. Change agency culture
5. Engage leaders
6. Build partnerships
7. Implement marketing strategies

1. Simplify Enrollment and Renewal

Most Common Enrollment and Renewal Simplification Strategies for States



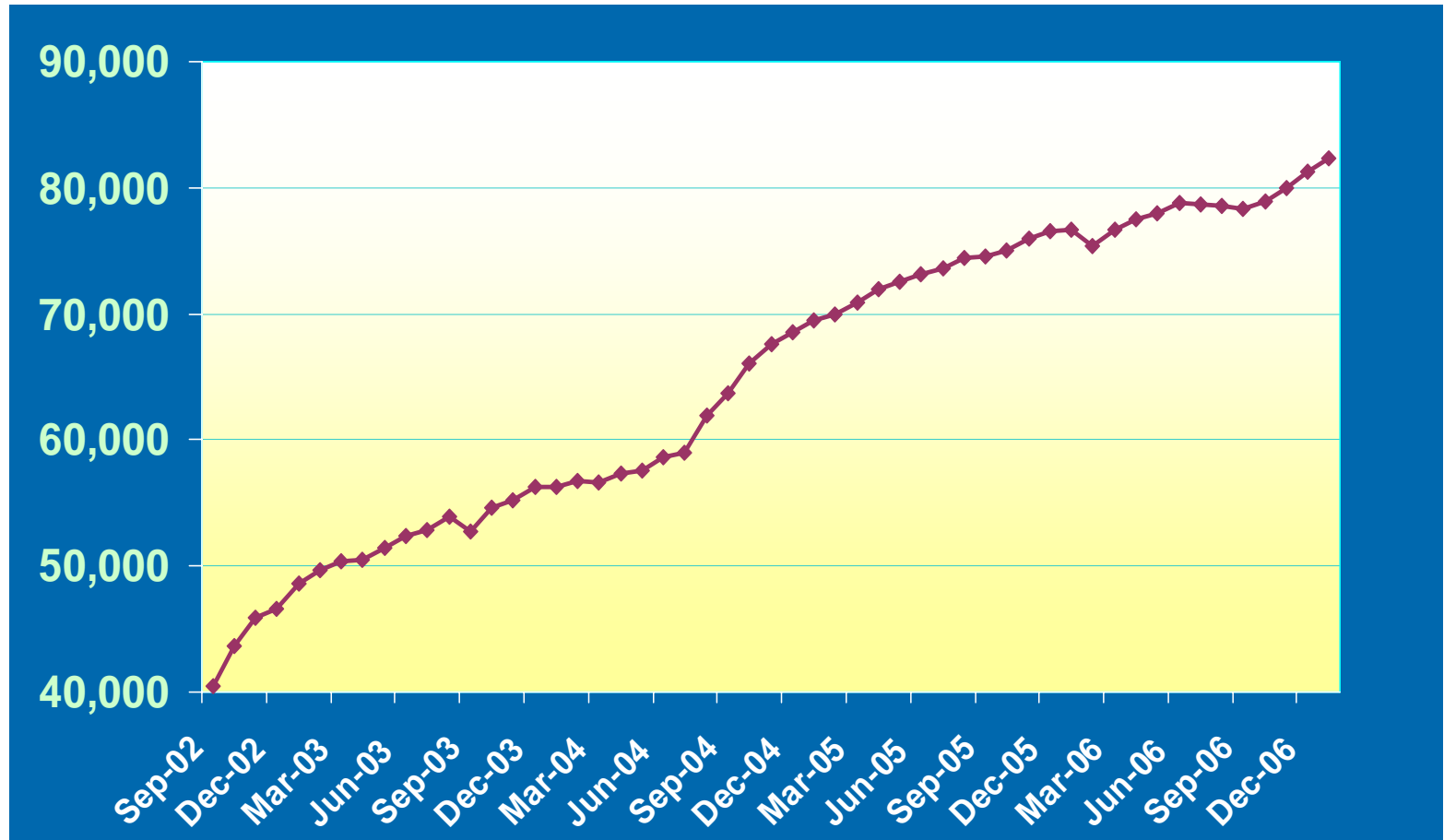
Source: Donna Cohen Ross, Aleya Horn and Caryn Marks, Health Coverage for Children and Families in Medicaid and SCHIP: State Efforts Face New Hurdles, Kaiser Commission on Medicaid and the Uninsured, January 2008.
NASHP, May 2008



Enrollment Simplification Strategies

- Simplified Application Process
- Reducing Documentation Burdens
- Eliminating Asset Tests
- Aligning Medicaid and SCHIP
- Presumptive Eligibility
- Premium Payment Flexibility
- Eligibility Expansions

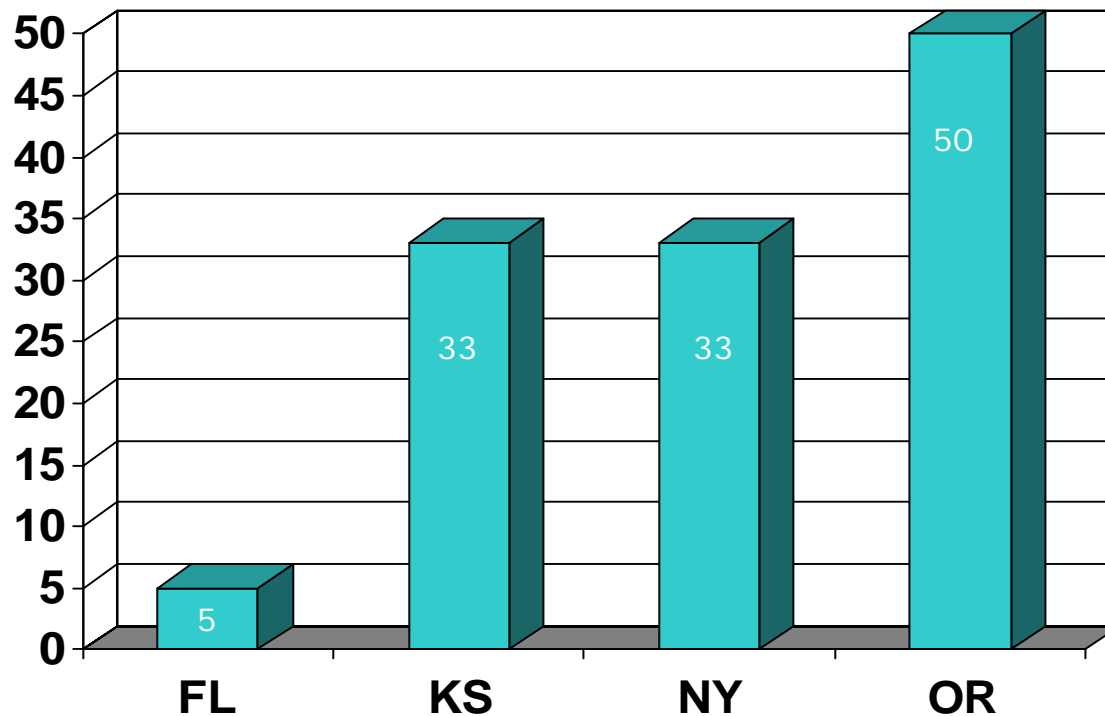
Quarterly Net Enrollment of Children in Virginia SCHIP, 2002-2007



Source: Presentation by Linda Nablo at the Alliance for Health Reform and the Robert Wood Johnson Foundation Briefing: *Enrolling and Keeping Kids in the SCHIP Program* (Washington, D.C.: Kaiser Network, February 2007)

Administrative Renewal

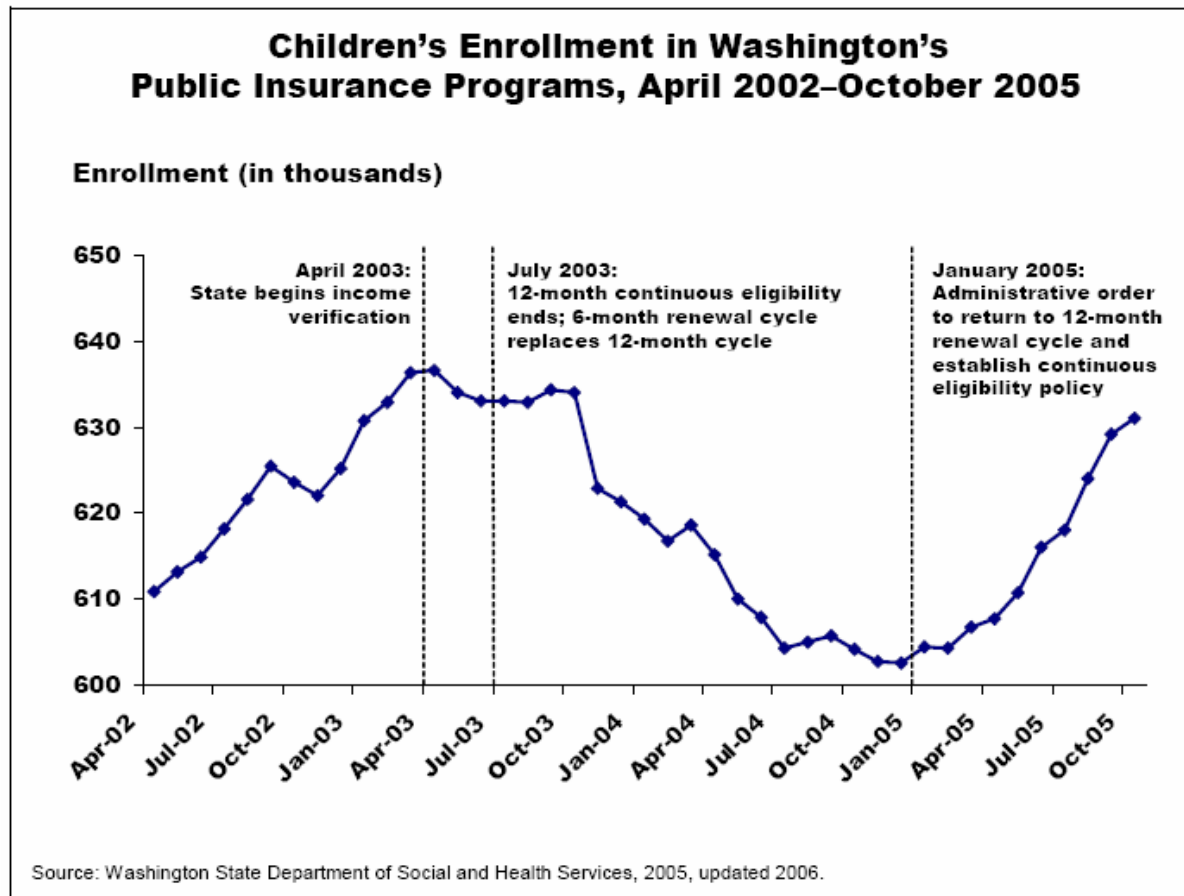
Percentage of Children Disenrolled at First Renewal (1999-2001)



Note: Florida had administrative renewal in effect for SCHIP during review.

Source: Karen VanLandeghem and Cindy Brach, *Issue Brief No. 1: SCHIP Disenrollment and State Strategies* (Rockville, MD: The Child Health Research Initiative, Agency for Healthcare Research and Quality, 2002)

Children's Enrollment in Washington's Public Insurance Programs, April 2002-October 2005

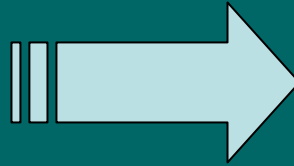


Source: Laura Summer and Cindy Mann, *Instability of Public Health Insurance Coverage for Children and Their Families: Causes, Consequences, and Remedies*, (New York, NY: The Commonwealth Fund, June 2006).

2. Community-Based Outreach: State Experience

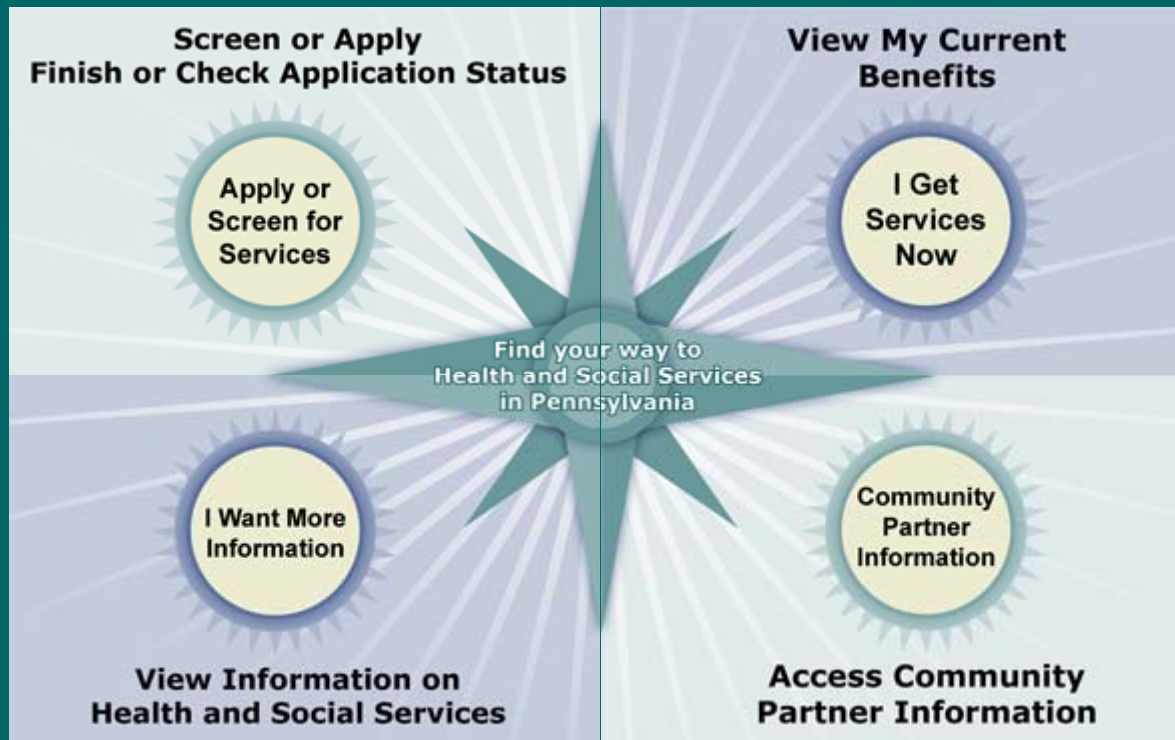
- **California:** 6% increase in enrollment
- **New York:** application assistors submitted more than 500,000 applications.
- **Boston, MA:** application assistance increased likelihood Latino families would be covered - 96 percent vs. 57 percent without assistance.
- **Mississippi:** outstationing eligibility workers on reservations led to increased applications from American Indian families

3. Technology



- On-Line Applications
 - Data Sharing Among Agencies
 - Electronic Verification of Vital Information
- Some evidence of state savings, improved enrollment

Pennsylvania's COMPASS: On-line applications for Medicaid, SCHIP and social service programs.





4. Change Agency Culture: Key Ideas

- ✓ Make goals of program clear
- ✓ Change terms – “customers” not “beneficiaries”
- ✓ Train staff and keep informed of changes
- ✓ Implement and monitor new policies
- ✓ Give eligibility workers tools to perform well

Louisiana Transformed Caseworker Culture



- Policy changes 2000-2005:
 - “Ex parte” renewals
 - Internal marketing
 - Caseworkers do outreach
 - Worker accountability
 - Goal: Avoid disenrollment of eligible kids
- Led to:
 - 1% disenrollment rate for eligible kids
 - Faster application processing, lower burdens

5. Leadership

- Clear vision
- “Setting the goal”
- Governor, state legislators, officials
community leaders
- State experiences



6. Build Partnerships

- Community groups, hospitals, providers support enrollment
- Schools are key
- Hospital ERs:



In Virginia, applications given in 5 ERs (2001-2002) associated with SCHIP enrollment increase 3 months later, including for minority children.

Examples of Community-Based Partners That Collaborated with States to Conduct SCHIP Outreach

Educational

- Schools and School Districts
- School-Based Health Clinics
- After-School Programs
- Local Universities
- Private K-12 Schools
- Professional Associations Representing Educators

Community-Based Organizations

- Big Brother and Big Sister Programs
- Children's Advocacy Organizations
- Local Philanthropic Organizations
- Legal Aid Offices
- Local Park Associations
- Neighborhood Associations
- Parent-Teacher Associations (PTAs)
- Voluntary Organizations Serving Immigrants and Refugees

Health Care Providers

- Community Health Centers
- Hospitals
- Immunization Clinics
- Individual Physician Offices
- Professional Associations (e.g., State Pediatric Association, State Dental Association)
- Minority Health Groups (e.g., the Interagency Farm Workers Coalition and the African-American Health Committee)

Private Businesses

- Chambers of Commerce
- Child-Care Providers
- National Chains (e.g., Wal-Mart, K-Mart)
- Restaurants (e.g., McDonald's Franchises)
- Supermarkets
- Shopping Malls

Public Agencies

- Local Fire and Police Departments
- City Parks and Recreation Departments
- Municipalities
- National School Lunch Program
- Public Libraries
- State Department of Education
- State Department of Health
- State Department of Economic Security
- Women, Infants, and Children (WIC) Program

Faith Communities

- Ecumenical Groups
- Faith-Based Charities
- Local Churches

Other

- County Fairs and Rodeos
- Tribal Organizations
- Covering Kids and Families Coalitions

NOTE: SCHIP is State Children's Health Insurance Program.

SOURCE: Williams, S.R. and Rosenbach, M.L.: Data from Federal fiscal years 2000-2004.

Source: Susan Williams and Margo Rosenbach, "Evolution of State Outreach Efforts Under SCHIP," *Health Care Financing Review*, 28 no. 4 (2007)

7. Marketing: Targeting Engagement



States shift to more targeted approach

Targets =

- eligible kids
- policymakers
- public

States Finding their Way Forward

- Further evaluation
- Support for states
- Federal policy issues
 - SCHIP Reauthorization
 - 8/17 CMS Directive
 - Medicaid Rules
 - Citizenship Documentation



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