
Next Steps for Outreach: Keeping the Focus on Enrolling Children and Families in Health Insurance

Donna Cohen Ross
Center on Budget and Policy Priorities
Washington, DC
202-408-1080; cohenross@cbpp.org
Presentation for:
Hawai'i Covering Kids
March 18, 2005

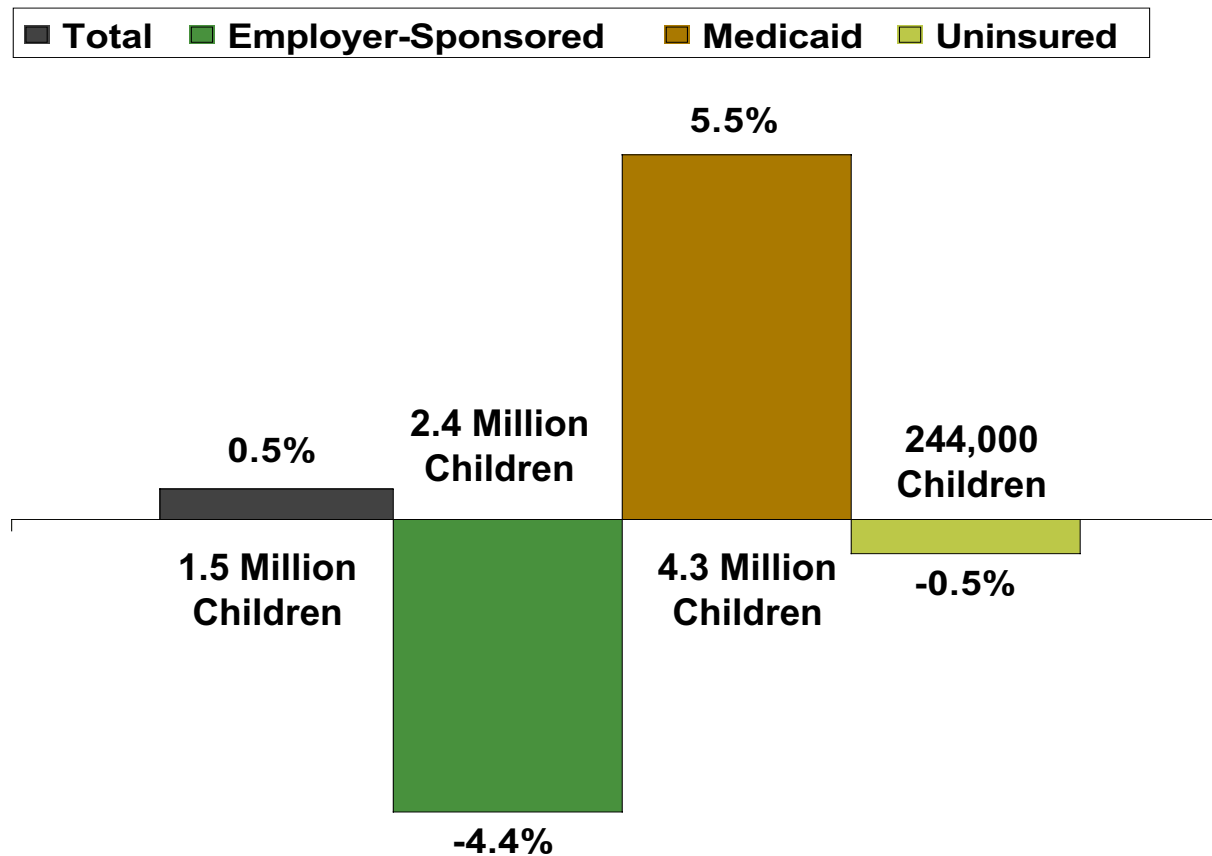
Where We've Come From

- **A trio of effective strategies has helped boost enrollment in Medicaid and SCHIP**
 - Expanding eligibility
 - Simplifying enrollment and renewal procedures
 - *Conducting outreach*
 - **States were making steady progress since late 1990s.**
 - **Signals that the trends may be reversing began to emerge last year.**
 - Parent health insurance was retracted in some states
 - Simplified procedures were retracted in some states — **although in others, like Hawai'i, simplification moved forward**
-

Medicaid and SCHIP Have Prevented Millions of Children from Becoming Uninsured

Health Insurance Trends for Children

Percentage Point Change from 2000-2003



Note: 2000 data included implementation of a 28,000 household sample expansion.

Source: Georgetown Health Policy Institute analysis based on March 2001-2004 Current Population Survey. Data for Medicaid include SCHIP.

Keeping the Third Key Strategy in the Mix: Future Directions for Outreach

- Continue to keep procedures simple.
 - Pay special attention to groups that may be more likely to remain uninsured.
 - Build on other public benefit programs and integrate outreach into existing systems.
-

Continue to keep procedures simple.

Where Does Hawai'i Stand?

- **Hawai'i has adopted many of the key simplification strategies, including:**
 - No asset test for children
 - Mail-in application
 - Family application
 - Reduced verification (at application and renewal)
 - 12-month renewal for children and families

 - **Strategies to explore:**
 - 12-month continuous eligibility
 - Remove asset test for parents
-

**Pay special attention to groups
that may be more likely
to remain uninsured.**

Adolescents: What Do We Know?

- **Teens have lower rates of enrollment in health insurance programs than younger children.**
 - 75% of children age 5 and under vs 58 % of teens ages 13 -17
 - **Uninsured teens are nearly twice as likely to be non-citizens as uninsured younger children (23 percent vs 12 percent).**
 - **About one-third of low-income 16- and 17-year-old hold jobs.**
-

What Can We Do?

- **Promote health insurance to the audience.**
 - Use images that depict 13 – to 18-year-olds on posters, brochures and other materials. Target radio spots to stations that play music popular with teens.
 - **Provide information and application assistance where teens seek health care:**
 - school-based health clinics
 - family planning clinics
 - **Incorporate outreach into “life skills” training for teens and teen parents.**
 - **Look for teens where they are employed and where they go after school.**
-

Wilmington Health Access for Teens: North Carolina

- WHAT treats teens for everything from sore throats to sexual health issues and depression.
 - Clinic views getting health insurance as a “life skill” young people need to master.
 - Staff explains long-term benefits of health insurance, assists with applications, and assures privacy.
 - WHAT has succeeded in making sure between 80% and 90% of its patients are insured — close to 60% by Medicaid.
-

Children in Immigrant Families: What Do We Know?

- Nationally, about half of non-citizen children living in families with income below 200 percent of the federal poverty line are uninsured.
 - 27 percent of citizen children live in families with mixed immigration statuses.
 - The proportion of the US population that has limited English proficiency (LEP) has grown in the last decade from 8% to 11%. In Hawai'i the proportion is about 16%.
-

What Can We Do?

- Partner with organizations that have longstanding, trusting relationships.
 - Promote health insurance in the non-English media.
 - Enlist industries that employ low-wage workers — hotels, restaurants, and home health care.
 - Include outreach as part of ESL classes for children *and* adults.
 - Work with and help develop lay health worker programs.
 - Provide help through health care providers to LEP population.
-

Addressing the Needs of People with Limited English Proficiency (LEP)

- Under Title VI of the Civil Rights Act recipients of federal funding must take reasonable steps to ensure people with LEP have meaningful access to their programs and services. Includes:
 - State Medicaid agencies
 - Health services providers
 - Medicaid and SCHIP funds can be used for language interpretation services.
 - Hawai'i is one of 10 states that offers Medicaid matching payments for language interpretation for services provided to Medicaid and SCHIP enrollees.
 - What about outreach and enrollment activities?
-

Fiesta Mart, Inc: Houston, Texas

- Children's Defense Fund, working with outreach groups, spearheaded enrollment events in Fiesta stores.
 - Fiesta carries groceries, clothing, and other items that cater to a diverse ethnic community.
 - Events promoted in Spanish language media; advertisements explain what documents to bring.
 - Over 16,000 children have been enrolled since this effort began in 2000.
-

Low-Wage Workers (Especially Self-Employed): What Do We Know?

- Less likely to be insured or have health insurance for dependents.
 - Health insurance may be lacking in necessary benefits, especially if the family has special health care needs.
-

What Can We Do?

- **Reach out to businesses that employ low-wage workers:**
 - Paycheck stuffers
 - Information to new hires
 - **Reach out through businesses and organizations that cater to families under financial stress:**
 - Discount stores
 - Utility company mailings
 - Free tax filing assistance sites
 - Consumer Credit Counseling
-

Two Business/Employer Approaches: Louisiana and New York

- **Louisiana:** Distributed flyers promoting children's health insurance programs — and applications — at tax preparation businesses and check cashing/payday loan centers. Stamped to track progress.
 - **New York City:** The Taxi and Limousine Commission (TLC) conducts a massive outreach campaign to let drivers know about free and low-cost health insurance for themselves and their families. Information is posted on the website and is given to new hires. Enrollment assistance is provided at two main licensing offices.
-

A Comprehensive Approach to Outreach: Families Need a Variety of Benefits

- **Capitalize on opportunity to inform working families about benefits other than health insurance:**
 - Food Assistance
 - Energy Assistance
 - Child Care
 - **Benefit calculators can be a great tool.**
 - After providing basic information about income and family circumstances, families can learn about benefits for which they qualify — including the value of benefits they may be able to get.
 - Some programs allow applications to be completed — and filed!
-

Real Benefits: Massachusetts

- Community health centers, hospitals, community-based organizations, and government offices are using Real Benefits software — designed by Community Catalyst in Boston — to help families learn if they are eligible for a host of possible health insurance programs, food stamps and energy assistance.
 - Applications are automatically “populated” and then printed, signed, and submitted.
 - Later in 2005, Massachusetts is scheduled to begin accepting electronic applications from Real Benefits.
 - The program also is being used in Chicago Public Schools.
-

Build On Other Benefit Programs and Existing Systems

Jump-Start Medicaid Enrollment for Children With Special Health Care Needs

- **Children with special needs on SSI generally qualify for Medicaid but often they wait a long time for an SSI determination.**
 - Average delay is 107 days for initial decision; appeal process can take up to 439 days
 - **Children whose SSI determination is delayed or denied may qualify for Medicaid anyway — and may be losing out on health insurance.**
 - 87% of children are denied SSI due to medical factors
 - Less than 10% of children are denied because they do not meet SSI income and resource tests
-

How Can We Overcome Risk of Losing or Delaying Health Insurance?

- The Center on Budget and Policy Priorities is working in Pennsylvania with state administrators, SSA officials and advocates to explore ways to facilitate enrollment in Medicaid.
 - Identified possible risk points:
 - Pending applications
 - “Informal denials”
 - Developed special parent notices about health insurance that are triggered at risk points.
 - Also looking at feasibility of using SSA database (SDX) which contains much or all of the information needed for a Medicaid determination, including income and immigration status.
 - CMS letter (6/13/2000) encourages use of SDX for *ex parte* reviews.
-

Pilot Project Yields Promising Results

- Pilot was conducted in Philadelphia.
 - Of 267 children likely to be eligible, the project enrolled 101 or 38%.
 - Other family members enrolled as well.
 - State expected to expand pilot.
-

School Lunch Connection: A Second Bite at the Apple

- **Early outreach initiatives identified an apparent natural connection between health insurance programs and the School Lunch Program (SLP)**
 - Overlap of target populations and income eligibility
 - Federal legislation was passed in 2000 to allow data to be shared between SLP and Medicaid/SCHIP for the purpose of facilitating enrollment in health insurance programs
 - **Implementation was challenging so option was not widely used to full advantage**
 - Technicalities of eligibility rules posed barriers for creating smooth entry into health insurance programs
 - Lack of administrative funding within SLP to support implementation
 - Activities were beyond the scope of food service staff
-

New Provision of School Lunch Act Provides New Incentive for Health Insurance Outreach

- Schools must verify the information on a portion of school lunch applications. New requirements have been added making the verification process more complicated for the schools.
 - New “direct verification” provision relieves some of this burden by allowing schools to “count” children enrolled in other programs (like Medicaid) as having already been “verified.” Children enrolled in Medicaid with income within the SLP limits are considered eligible for SLP.
 - Schools can remove such children from the sample of applicants whose parents must provide income documentation, thereby reducing the paperwork schools have to manage and keeping more children in the SLP.
-

Answers the Question: “What’s in it for the schools?”

- **Schools that help children get enrolled in Medicaid will get a school lunch advantage:**
 - More children can be “directly verified” and the paperwork burden for families and the schools is reduced.
 - **Extra “bonus” for Hawai‘i State Department of Education:**
 - One of about 100 districts nationwide eligible for exemption from new verification requirements if new “direct verification” option is adopted for the 2005-2006 school year
-

Children Discharged from Foster Care Often Lose Health Insurance at Critical Transition

- While in foster care, children generally are enrolled in Medicaid.
 - 250,000 children are discharged from foster care annually:
 - 2/3 are reunited with family
 - 7% turn 18 and “age out”
 - Federal rules require children to be evaluated for continued Medicaid health insurance
 - Most continue to qualify based on family income
 - Many lose health insurance due to paperwork barriers at application or renewal; lack of coordination among relevant agencies
 - Health consequences can be dire for this group:
 - More likely to suffer chronic disabilities, birth defects, developmental delays, and serious emotional and behavioral problems than children in same SES not in foster care.
-

Strategies to Help Address the Needs of These Vulnerable Children

- **Adopt (and properly implement) 12-month continuous eligibility.**
 - **Use information from other sources to maintain children's health insurance.**
 - income and household info on file with Child Welfare Agency (CWA)
 - food stamps
 - wage and payment files
 - SSI
 - **Reach out to educate stakeholders and encourage coordination**
 - Child Welfare Agency
 - Dependency Court Judges — in some states judges can require steps be taken so child retains Medicaid or they may approve CWA discharge plan
 - Foster Parent Associations
-

Where It's Working

- **Oregon**

Children's Medical Project boosts coordination between CWA and Medicaid. With notice from CWA, Medicaid workers adds returning child to family's Medicaid case and uses food stamp record (if applicable) to assess family income and maintain child's eligibility. Worker provides application assistance to families not already on the program.

- **New York**

NYS Permanent Judicial Commission on Justice for Children created Children's Centers in courts as a safe haven for families during stress of court proceedings. Center staff offers referrals to vital services and health insurance enrollment assistance.

Young People “Aging Out” of the Child Welfare System Need Special Help

- 18,000 teens “age out” each year
 - Not likely to continue to qualify for Medicaid
 - Foster Care Independence Act of 1999 offers states federal matching funds to provide Medicaid to this group until age 21
 - AZ, CA, MS, NJ, SC, TX, WY have used the option.
 - States also can use the flexibility they have under Medicaid to expand health insurance to 19- and 20-year olds.
-

Help From the Center on Budget and Policy Priorities

- Materials
- Training
- Technical Assistance

Center on Budget and Policy Priorities

202-408-1080

cohenross@cbpp.org

www.cbpp.org
