

Retention Initiative: Achieving Stability in Medicaid and SCHIP Coverage

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Simplified and Streamlined Medicaid and SCHIP Correspondence

Florida, in the effort to improve readability and eliminate duplication and inconsistencies of its correspondence for children's Medicaid and SCHIP programs, conducted a comprehensive review of its numerous written communications. A state task force was organized to simplify and streamline the content and number of correspondence.

Task Force to Simplify Florida's KidCare Correspondence

In 2007, Florida's SCHIP Program was preparing to implement operations under a new Third Party Administrator (TPA). Since this transition would require a new vendor to re-program all letters, Florida KidCare (SCHIP) seized the opportunity to conduct a comprehensive review of its outgoing communication. Nine years of SCHIP operations had led to inconsistency of communications. Sixty different letters, representing four separate entities within Florida KidCare, could conceivably be sent to an SCHIP applicant or enrollee without even factoring in letters, member cards, handbooks and other communications from health plans. Letters from Florida KidCare had become overspecialized and thus vulnerable to error. Family feedback frequently was "I didn't read that letter; you send so many I have stopped paying attention."

The Florida Healthy Kids Corporation (FHKC) KidCare administrator assembled a Correspondence Task Force (CTF) with representatives from each of the four programs under the KidCare umbrella - Healthy Kids, Children's Medical Services Network, MediKids and Medicaid. In addition, representatives from the *Covering Kids & Families* Coalition and the TPA were invited to participate.

The CTF distributed a comprehensive set of KidCare letters (60) to each member for review. The CTF met every other week for three hours at the same location. Out-of-town CTF members participated in the meetings through teleconference. At the kick-off meeting, the group developed guiding principles to achieve the two primary goals:

Goal One Principles for Eliminating Duplicative Correspondence

- Send letters to families instead of individual children
- Consolidate messages

Goal Two Principles for Improving Effectiveness of Correspondence

- Align readability of letters with health literacy principles
- Use consistent terminology
- Limit letter length to one page

As the group met and began letter-by-letter analysis, a CTF member projected the letter onto the wall and made real-time changes. The group's discussions were documented to capture the rationale for decisions and record questions that needed to be researched.

As each letter was reviewed, the group analyzed the effectiveness of the letter in accordance with the core principles designed to improve the correspondence. The group sought technical advice from the TPA representative regarding the TPA's ability to incorporate the suggested changes. Input also was sought from the representatives of the four KidCare programs regarding the letter's acceptability in conjunction with their programs. A health literacy specialist provided suggestions for writing the letters at the average Florida KidCare family's reading level (fifth grade). The proposed changes were monitored by a representative of the fiscal agency for consistency with the state plan.

It soon became apparent that meetings every other week were not sufficient to meet the target completion date. Also, the task force was faced with increasing absenteeism from the group as members needed to attend to priorities at their home offices. The group elected to hold a two-day retreat which would give them a concentrated, committed timeframe to complete their tasks. The "locked-in" retreat allowed the group to work relatively insulated from their day-to-day responsibilities and to focus on completing the work at hand.

After the initial letter revisions had been completed, focus groups representing both English and Spanish-speaking families were convened to review the letters from the perspective of a parent. Each family recruited for the focus groups was actively enrolled in the KidCare program, and all participants were given a cash stipend as incentive for their involvement. FHKC contracted with a social marketing firm to conduct the focus groups and to document the

results. The focus group participants reviewed each letter for clarity and understanding. The social marketing firm then recorded all results, providing FHKC with a transcript and final report of the families' comments. Feedback from these focus groups was incorporated into the final letter revisions.

The task force achieved its goals to eliminate duplicative letters and improve effectiveness of correspondence. Sixty different letters were reduced to 19. Letters were re-written in plain language to make them easier for families to read and understand. Most letters were modified so that one letter could include information regarding all children in a family as opposed to one letter per child.

IMPACT MEASURES

The CTF's work resulted in cost savings, reduction of paper, postage and resources. These savings in resources was redirected toward outreach and other retention work.

The rate of retention of SCHIP enrollees is anticipated to increase as a result of the CTF's work. The premise is that families who typically "tune out" the correspondence in the belief that "they (KidCare) send the same letter over and over" are now more apt to read and comprehend the reduced, simplified letters. In 2007 alone, 2.8 million letters were mailed out to KidCare families. By eliminating duplicate messages, FHKC anticipates the reduction of nearly 800,000 letters and cost savings on paper, postage and envelopes. Families will be notified of the correspondence improvements in the quarterly family newsletter distributed by FHKC to all KidCare families.

RESOURCES NEEDED

The most critical resource to a task force's success is the support and buy-in of the leadership of each partnering agency represented. If a partner is missing, the technical and programmatic reviews are incomplete, leading to less effective letters. The CTF needs persons fluent in the various languages into which letters will be translated - for Florida, that meant Spanish and Creole. Persons with expertise in health literacy principles, plain language writing, and analyzing reading levels also are essential resources.

KEY PARTNERS

The Florida Healthy Kids Corporation coordinated the CTF. Collaborative partners included the Department of Children and Families (Medicaid component of Florida's program), Agency for Health Care Administration (representing the SCHIP fiscal agent and the MediKids program), the Department of Health (Children's Medical Services Network), Lawton Chiles Center for Healthy Families and Children (*Covering Kids & Families Coalition*) and the contracted TPA.

LESSONS LEARNED

Preparation on the front end helps the group's time be used more effectively over the course of the project. Get the group together in a concentrated amount of time, separated from their offices in order to get more accomplished. Stick to the basic principles or the task force could lose its focus and get bogged down.

Utilize electronic communication to preserve paper and allow for digital storage of meeting archives.

Coordinate the timing of the CTF schedule with the entity producing the letters. In this case, the majority of the letters are produced by the TPA. The danger in failing to synchronize the timing is that the TPA may not be prepared to meet the target timeline for implementing the changes, or the original letters already may have been programmed and it will be more time consuming to make the revisions.

CONTACT INFORMATION

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The goal for the Retention Initiative is to increase the rate of retention of eligible children and adults in Medicaid and SCHIP. The Southern Institute is assisting state teams from Alabama, Florida, Iowa, New Hampshire, New Mexico, Pennsylvania, Texas and Washington through specialized consultation and technical assistance designed to help the state teams: (a) adopt simplified eligibility policies and processes focused on retaining eligible children and adults, and (b) ensure accuracy of the eligibility determination processes at renewal to decrease inappropriate Medicaid and SCHIP closures.

For additional information about the Retention Initiative please contact
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