

Simplification:

The Make or Break Issue for Achieving Full Enrollment of Eligible, Uninsured Children

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About Covering Kids

Covering Kids is a national health access initiative for low-income, uninsured children. The program was made possible by a \$47 million grant from The Robert Wood Johnson Foundation of Princeton, New Jersey, and is designed to help states and local communities increase the number of eligible children who benefit from health insurance coverage programs by: designing and conducting outreach programs that identify and enroll eligible children into Medicaid and other coverage programs; simplifying the enrollment processes; and coordinating existing coverage programs for low-income children. Covering Kids receives direction and technical support from the Southern Institute on Children and Families, located in Columbia, South Carolina.

The views expressed in this report are those of the authors, and no official endorsement by The Robert Wood Johnson Foundation is intended or should be inferred.

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SIMPLIFICATION: THE MAKE OR BREAK ISSUE FOR ACHIEVING FULL ENROLLMENT OF ELIGIBLE, UNINSURED CHILDREN

INTRODUCTION

There is no doubt there would be a significant reduction in the number of uninsured children across the United States if all children who are eligible for government sponsored child health coverage programs were enrolled. For Medicaid alone, the number of children who are eligible but are not enrolled is estimated at 4.5 million, which is 40% of all uninsured children.¹ In addition, it is estimated that there are 2.9 million uninsured children who are eligible for the new State Child Health Insurance Program (CHIP).

The full extent to which eligibility barriers are responsible for the significant underenrollment of eligible children is unknown, primarily because most states are not analyzing the type of eligibility data that are relevant to an analysis of access to coverage issues. However, a number of studies have shown that policies and procedures governing the initial application process and the redetermination process do present significant barriers to health coverage for eligible children.² There is also considerable firsthand information from community and advocacy organizations across the nation regarding the barriers presented by eligibility policies and procedural requirements.

For public and private partnerships working on enrollment initiatives, simplification of the eligibility process must be a central task. Without simplification, efforts to enroll eligible children become far more difficult, more expensive and less productive. Simplification of the child health coverage enrollment process is one of three goals of *Covering Kids* and, as such, is a primary focus for all grantees.³

¹Frank Ullman, Brian Bruen and John Holahan, *The State Children's Health Insurance Program: A Look at the Numbers*, (Washington, DC: The Urban Institute, March 1998).

²Sarah C. Shuptrine and Vicki C. Grant, *Assessment of the Medicaid Eligibility Process in Chatham County, Georgia*, (Columbia, SC: Sarah Shuptrine and Associates, June 1991); Sarah C. Shuptrine, Vicki C. Grant, and Genny G. McKenzie, *Improving Access to Medicaid for Pregnant Women and Children*, (Columbia, SC: Sarah Shuptrine and Associates, February 1993); Sarah C. Shuptrine, Vicki C. Grant, and Genny G. McKenzie, *Southern Regional Initiative to Improve Access to Benefits for Low Income Families With Children*, (Columbia, SC: Southern Institute on Children and Families, February 1998); Peter Feld, Courtney Matlock and David R. Sandman, *Insuring the Children of New York City's Low-Income Families*, (New York, NY: The Commonwealth Fund, December 1998)

³*Covering Kids*: A National Health Access Initiative for Low-Income, Uninsured Children is a \$47 million program of The Robert Wood Johnson Foundation, with direction and technical assistance provided by the Southern Institute on Children and Families. As of March 1999, *Covering Kids* grants had been awarded to public/private partnerships in 27 states and the District of Columbia. Application review and site visits are ongoing for the remaining applications from public/private partnerships in 22 states.

Families have described the experience of applying for Medicaid coverage and maintaining that coverage as confusing and demeaning. The complicated eligibility rules and regulations for children's Medicaid coverage also thwart efforts at efficiency, deplete the energy of overburdened eligibility staff and significantly restrict the ability of community organizations to be effective in helping families to enroll their children. For these and other reasons, it is highly likely that the eligibility process itself contributes significantly to the reported stigma associated with Medicaid.

A new environment has emerged since the passage of CHIP. State efforts are now being directed to the need to make the child health coverage eligibility process more "family friendly." While CHIP has been the focus of simplification efforts in many states, more states are now recognizing that it is necessary to remove eligibility barriers under both Medicaid and CHIP if efforts to significantly reduce the number of low income uninsured children are to be successful.

The connection between a separate state child health insurance program and the Medicaid program is inescapable. The CHIP legislation clearly states that children who are eligible for Medicaid cannot be enrolled in CHIP. Anecdotal information on families being referred to Medicaid as a result of CHIP outreach programs indicate that some families whose children appear to be eligible for Medicaid instead of CHIP are refusing to apply for Medicaid. The reasons are not documented, but it is clear that a complicated, demeaning Medicaid eligibility process, as opposed to a more dignified and user friendly CHIP eligibility process, sends a strong message to families that runs counter to all efforts to remove the welfare label from Medicaid.

The question for public/private partnerships is how they can work effectively together to identify and address eligibility policies and procedures that impede access to child health coverage. Most studies and other information available on simplification strategies are related to the Medicaid program, but many of the "lessons learned" apply to other child health coverage programs for low income children.

The purpose of this paper is to provide guidance for undertaking a comprehensive statewide child health coverage eligibility assessment, developing action steps to address identified issues and tracking eligibility outcomes. Although implementing selected components of the comprehensive assessment will be useful to simplification efforts, the best results will be achieved if the complete assessment is undertaken.

Specific simplification issues and strategies are discussed in reports available on the *Covering Kids* website: www.coveringkids.org. Refer to the attached recommended reading list for a number of reports that will be useful to simplification initiatives.

CONDUCTING A COMPREHENSIVE ELIGIBILITY ASSESSMENT

A comprehensive assessment of the eligibility process will identify eligibility policies and procedures that impede access to health coverage for children in low income families. It will also help identify new opportunities to work with public and private sector partners to improve access to child health coverage. This section outlines the components of a comprehensive examination of the application and redetermination process.

The objective of a comprehensive eligibility assessment is to simplify the process for both families and eligibility agencies while taking reasonable measures to control for errors. With regard to quality control/error rate concerns that have stymied state efforts to simplify the eligibility process, it should be noted that in recent years the Health Care Financing Administration has adopted a more flexible approach to quality control.⁴ Additionally, the national quality control error rate for Medicaid has been below the 3% tolerance level for over a decade.⁵

The leadership to initiate an eligibility assessment can come from either the public or private sector. There are strengths in each approach. The most important determinant of success, however, is not who takes the lead but rather the level of commitment of the key public and private sector players.

Six steps to provide a framework and guide a comprehensive eligibility assessment are outlined below. The overriding goal is to assure that all eligible children have the opportunity to become enrolled for coverage and to maintain coverage as long as they remain eligible under program criteria. From the outset of the assessment, there must be a resolve to see that the eligibility process is not used as a way to control program expenditures.

Step #1 Convene Key Players And Assign A Lead Entity: Organize For Results

To initiate a comprehensive assessment of child health coverage eligibility policies and procedures will require leadership and commitment from key public and private organizations. It is a substantial undertaking and will require dedication of staff and resources.

The initiative is more likely to produce results if the following policymakers and other representatives are included in the initial discussions:

- Governor's representative
- Legislative representative(s)

⁴Sarah C. Shuptrine and Kristine Hartvigsen, *The Burden of Proof: How Much Is Too Much for Child Health Coverage?*, (Columbia, SC: Southern Institute on Children and Families, December 1998).

⁵*Ibid.*, 18 and Shuptrine, *Southern Regional Initiative to Improve Access to Benefits for Low Income Families With Children*, 38-39.

- Medicaid director/key policy staff
- CHIP director/key policy staff (if separate from Medicaid)
- Temporary Assistance for Needy Families (TANF) director/key policy staff
- *Covering Kids* statewide lead organization
- Advocacy representative

The initial meeting of the key players should clarify the goals, expected outcomes, the lead organization, staffing, time line and a list of organizations that should be on the assessment team. For an organization to be the “lead” means the organization is willing to accept the primary responsibility to convene and provide staffing for the assessment team.

Staffing is key. Because of the complexity of the issues, the person assigned to take the lead responsibility for staffing the assessment team should have public or private sector experience in Medicaid policies related to children. Additionally, administrative support is essential to the ability of the assessment team to be productive. More often than not, staffing needs for public/private sector collaboratives are underestimated and undervalued. It is one of the primary reasons for a failure to meet expectations.

Step #2: Establish A Technical Assessment Team: Be Inclusive

When establishing the membership of the eligibility process assessment team, include individuals and organizations with technical expertise. The first meeting of the assessment team should be focused on research design and data needs. The assessment team should be as small as possible, but inclusive enough to bring different perspectives to the analysis of policies and procedures.

Eligibility agencies on the assessment team should be represented by both state and local staff. Entities that should be represented are:

- Medicaid policy and technical staff
- CHIP policy and technical staff (if separate from Medicaid)
- TANF policy and technical staff
- Health department policy and technical staff
- *Covering Kids* statewide lead organization representative
- Community/advocacy representative

Step #3: Design An Eligibility Assessment To Capture Both Hard Data And Perceptions: Seek A Comprehensive Understanding

To thoroughly understand how the eligibility process works, it is necessary to examine the system from all perspectives. It is especially enlightening and useful to examine policies and procedures from the viewpoint of families attempting to access child health coverage. Local and state eligibility and nongovernmental organizations that provide assistance to families in enrolling children for health coverage should also be consulted. It is also useful to observe application and redetermination interviews.

In addition to collecting firsthand information from those experiencing the eligibility process, the assessment team should collect the hard data needed to measure eligibility processes and outcomes. Methodologies for collecting and analyzing eligibility outcomes data are discussed in a paper titled “Guidelines for Collecting, Analyzing and Displaying Child Health Coverage Eligibility Outcomes Data,” available soon on the *Covering Kids* website.

Experience gained from conducting personal interviews, focus groups, meetings on eligibility issues and interview observations has produced some lessons learned. “Pointers” are shared below on the following:

- Interviewing families
- Meeting with eligibility staff
- Meeting with other groups providing enrollment assistance
- Observing application and redetermination interviews
- Questions to guide a comprehensive eligibility assessment

Interviewing Families

Listening to the views of families who have experienced the eligibility process is essential to a comprehensive review of the child health coverage eligibility process. Because confidentiality must be protected, it is necessary for the eligibility agency to handle initial communications with families regarding their willingness to participate. Additionally, families must be assured that any information shared with interviewers will be kept confidential and that the report on findings will not identify individual respondents.

Families should be compensated for their participation in eligibility research activities. A small stipend indicates to them that their participation is valued.⁶ However, it is necessary to work with the Medicaid and TANF agencies to ensure that family “earnings” from a small participation stipend do not endanger the family’s Medicaid benefits or cash assistance payments.

It is important to be sensitive to the schedules of working families and families in need of child care and/or transportation to participate. It may be necessary to provide child care and transportation to assure adequate participation.

In attempting to understand the eligibility process from the perspective of families, the best results are attained through personal interviews conducted by persons knowledgeable of eligibility rules. An interview questionnaire should be used. Open ended questions are especially helpful in identifying issues from the perspective of families. Opportunities can be missed by attempting to fit all of their responses into predetermined survey boxes. Efforts should be made to record their responses in their own words.

⁶ In previous southern state studies, stipends between \$25 and \$40 have been offered.

Focus groups are another method to gain insight and explore perceptions of the eligibility process. However, individual questionnaires should be administered before conducting the focus group in order to gain personal opinions prior to the group discussion. As with personal interviews, focus groups should be conducted by persons knowledgeable of eligibility rules.

Regardless of how information is gathered, generally accepted research techniques should be employed in the design of interview instruments and selection of family participants so as to lend credibility and engender confidence in the results. Professional assistance in the research design should be utilized, if needed to assure quality. Additionally, the full assessment team should be given the opportunity to participate in the research design so that any concerns are addressed prior to conducting the research.

With respect to the application process, the families interviewed should be representative of the following groups:

- Families whose CHIP or Medicaid applications were denied for procedural reasons;⁷
- Families who are denied TANF for procedural reasons (in states that deem TANF families as Medicaid eligible); and
- Families who withdrew their children's CHIP or Medicaid application.
- Families who have recently been approved for CHIP, Medicaid or TANF.

With respect to the redetermination process, the families interviewed should be representative of the following groups:

- Families whose CHIP or Medicaid cases have been recently closed due to procedural reasons;⁸
- Families whose TANF cases are closed for procedural reasons (in states that deem TANF families as Medicaid eligible); and
- Families who requested closure of children's CHIP or Medicaid application.

⁷Procedural application denials occur when requested verification is not returned to the eligibility office on time or when an interview appointment is not kept. When a child's application is denied for procedural reasons, the eligibility agency does not know if the child would have otherwise been eligible under program criteria. See *Guidelines for Collecting, Analyzing and Displaying Child Health Coverage Eligibility Outcomes Data* for a discussion of procedural denials and closures.

⁸Case closures due to procedural reasons occur when reporting or verification requirements are not met.

Meeting With Eligibility Staff

The environment of the eligibility agency meetings will determine the ease of sharing information. A clear message from state level policymakers that the agency is a full partner in identifying issues and exploring opportunities to improve access to child health coverage will help staff to feel free to share their thoughts.

To encourage open dialogue, it helps to set a tone of “just because it is done this way now does not mean it must always be done this way.” It’s a message eligibility staff rarely hear due to the “dot all the i’s and cross all the t’s” environment in which they work, but experience has shown that they can make valuable contributions when allowed to think outside the bounds of the rules and regulations they must abide by daily.

Eligibility discussions should be held with both state staff and local staff. Two meetings should be held with state staff, one prior to meetings with local staff and the other following local meetings to discuss issues identified at the local level. Representatives from the local level should be included in the second meeting with state staff. Additional meetings may be necessary to allow for further discussion and clarification of issues.

Careful attention must be given to designing the interview instrument to be utilized in meetings with eligibility staff to assure that questions are worded accurately regarding eligibility rule terminology. The discussions should be guided by an interview instrument with a substantial number of open ended questions to gain insight into the perspectives of eligibility staff. Additionally, persons conducting the meetings should be familiar with a state’s Medicaid, CHIP and welfare policies and procedures.

Meetings with local eligibility staff are generally more effective when conducted at the local level, and they should be conducted in both urban and rural communities. All levels of staff should participate in the eligibility meetings, including county directors, supervisors, frontline eligibility staff, reception staff and outstationed staff. If some staff only take applications and pass them on for processing, include staff who perform each function. Where possible, all staff should be present at the same time to assure a comprehensive discussion of policies and procedures.

State level staff can be included in the local meetings, but it is generally more effective to have only local agency participants. If state staff attend the local eligibility meetings, they should refrain from active participation in the discussions so as to allow local perceptions to be expressed. Misinformation or misperceptions can be clarified following the discussion. If state eligibility staff are not included in the local meetings, they should be interviewed after the local agency meetings to provide the opportunity for discussion and clarification of the issues identified at the local eligibility agency meetings.

Eligibility staff to attend both state and local eligibility meetings should include application and redetermination staff from the following areas:

- Medicaid
- CHIP (if separate from Medicaid)
- TANF

Meeting With Other Groups Providing Enrollment Assistance

Discussion sessions also should be held with community organizations, providers and others who provide assistance to families applying for child health coverage. Such organizations are in a unique position to observe the enrollment process and often can help identify problem areas that families are reluctant to discuss.

An interview questionnaire should be used for the meetings with community organizations. The questionnaire should include a number of open ended questions in order to encourage the sharing of impressions of the eligibility process as it affects the ability of families to gain access to child health coverage.

Observing Application and Redetermination Interviews

Observing application and redetermination interviews is a valuable learning experience for assessment team members. Cooperation of local eligibility agencies is required. It is also necessary to obtain the family's permission to observe their interview, but that is usually not a problem.

Observing interviews builds a better understanding of the application process. Take detailed notes when observing interviews. It is important to not ask the family any questions or to otherwise interfere with the interview process. Record questions for the eligibility staff to clarify after the interview.

Questions To Guide A Comprehensive Eligibility Assessment

Collection of information from those experiencing the eligibility process from different perspectives and collection of hard data will help the assessment team conduct the type of analysis that is required to identify issues and intervention points. The following questions will help the assessment team collect the information needed for analysis:

Application Process

An analysis of the child health coverage application process should include the following questions:

1. What are the application policies and procedures for each of the child health coverage programs?
 - Face-to-face interview requirements
 - Appointment procedures and notices
 - Reappointment policies for missed appointments
 - Policies regarding transportation to application site if face-to-face interview is required
 - Mail-in procedures
 - Verification requirements, e.g., income, age, citizenship, other
 - Allowed time periods to return verification documents
 - Requirements for proof of disregarded expenses, e.g., child care
 - Policies regarding cooperation with paternity establishment and medical support collection (related to child health coverage only)
 - Processing time periods, e.g., time period processing goals, time period given families to return verification
 - Locations where applications are available
 - Locations where applications can be filed
 - Availability of staff to assist with off-site application filing
 - Availability of translation services
 - Referral procedures among child health coverage programs
2. Which application policies and procedures are required by federal laws or regulations versus state or local laws or regulations?⁹
3. From a quality control standpoint, what is the value of each verification document required by federal, state and local eligibility policies?
4. Which verification requirements currently requested of families could become the responsibility of government due to the potential for electronic information sharing? (Examine cost issues from both the family and agency standpoints.)
5. What are the policies and procedures for searching other eligibility categories before denying a family's application for child health coverage?
6. What policies and procedures are in place to assure a child health coverage search is conducted for children in families whose TANF applications are denied?

⁹Shuptrine, *The Burden of Proof* and Sarah C. Shuptrine and Genny McKenzie, *South Carolina Medicaid Eligibility Study*, (Columbia, SC: South Carolina Children's Hospital Collaborative, December 1998).

7. What are the age groups and associated income levels for each child health coverage program?
8. What are the income methodologies that affect countable income for each child health coverage program, e.g., income disregards?
9. Are there resource tests and, if so, what are they for each child health coverage program?

Redetermination Process

An analysis of the child health coverage redetermination process should include the following questions:

1. What are the redetermination policies and procedures for each of the child health coverage programs?
 - Face-to-face interview requirements
 - Appointment procedures and notices
 - Reappointment policies for missed appointments
 - Policies regarding transportation to redetermination interview if face-to-face interview is required
 - Mail-in procedures
 - Verification requirements, e.g., income, age, citizenship, other
 - Allowed time periods to return verification documents
 - Requirements for proof of disregarded expenses, e.g., child care
 - Policies regarding cooperation with paternity establishment and medical support collection (related to child health coverage only)
 - Redetermination locations
 - Availability of translation services
 - Procedures for determining whether children are eligible under another child health coverage category prior to closing the case
 - Period of eligibility by program, e.g., 12 months continuous eligibility versus specified time period with income reporting requirements
2. Which redetermination policies and procedures are required by federal law or regulations versus state or local laws or regulations?¹⁰
3. From a quality control standpoint, what is the value of each verification document required by federal, state and local eligibility policies?
4. Which verification requirements currently requested of families could become the responsibility of government due to the potential for electronic information sharing? (Examine cost issues from both the family and agency standpoints.)

¹⁰Ibid.

A valuable analysis tool for this type of information is a side-by-side comparison by program. Such a comparison tool allows for detailed analysis regarding the reasons for differences in policies and procedures across child health coverage programs. Differences from program to program add significantly to confusion on the part of families, community organizations and providers and contribute to frustration with the eligibility process. Differing rules across programs also create higher administrative costs. Therefore, there needs to be good reason for differences across child health coverage programs.

Step #4: Develop An Action Plan: Be Precise

Once the assessment is completed and issues and opportunities have been identified, a Draft Action Plan should be developed. The Draft Action Plan should outline specific issues identified by the assessment team and recommendations for action. It should also specify a lead entity/person responsible for implementation of each recommendation, each additional entity/person that will participate in implementation and timelines for completion.

The Draft Action Plan should be presented to the public/private sector leadership group that originally supported the assessment (see Step #1). A thorough discussion will be required to assure that all parties understand the implications of the recommendations. Once consensus is reached, the Final Action Plan can be completed and implementation work can begin. The lead organization's role should be to maintain the leadership, work toward implementation of each recommendation and monitor outcomes.

Step #5: Implement the Action Plan: Remain Committed

To assure a sustained commitment to implementation, the public/private sector leadership group and lead agency should remain involved for at least a year. Regular meetings should be held to monitor the status of each recommendation. The leadership and momentum to accomplish implementation must be maintained if results are to be achieved.

It greatly facilitates accountability for the lead agency to prepare a quarterly status report outlining problems and progress in implementing each recommendation. Expect problems to occur during implementation. The ability to work through those problems will depend on the good working relationships established during development of the action plan recommendations.

Step #6: Design And Implement A System For Regularly Measuring And Reporting On Eligibility Outcomes: Be Accountable

To assure that the simplification efforts undertaken by the assessment initiative are sustained, a system for regularly measuring and reporting on eligibility outcome data must become an integral part of the administration of eligibility services. The eligibility outcomes data reports should be user friendly

and available to the public as well as administrators and policymakers on a regular basis, e.g., quarterly.

Specifically, the eligibility outcomes data system should identify indicators that measure process performance in connection with applications and redeterminations, and it should specifically note denial and closure reasons that track back to policy, e.g. income, resources, citizenship rules. Having examined the system inside and out, the assessment team is in the best position to design the components of an eligibility outcomes measurement system.

A paper prepared by *Covering Kids* provides information on the data that should be included in an eligibility outcomes measurement system. The paper is titled "Guidelines for Collecting, Analyzing and Displaying Child Health Coverage Eligibility Outcomes Data." Copies are available at no cost. The paper also can be accessed via the *Covering Kids* website.

CONCLUSION

Working to achieve simplification of the child health coverage process is laborious, time consuming and sometimes stressful due to the need to challenge the status quo. It is also important work. It is important to policymakers who want to see the intent of their policies carried out and to administrators who need to have their hands untied by red tape that originated in the welfare environment. It is important to community organizations and providers who seek to help low income families obtain government sponsored health coverage for their children because they otherwise could not afford it. And, most of all, it is important to low income families who want their children to have the opportunity for good health.

RECOMMENDED READINGS ON ELIGIBILITY SIMPLIFICATION

Supporting Families in Transition: A Guide to Expanding Health Coverage in the Post-Welfare Reform World (Washington, DC: Health Care Financing Administration, March 1999). <http://www.hcfa.gov/medicaid/wrdl3229.htm>

Cindy Mann, Donna Cohen Ross and Jocelyn Guyer, *Opening the Door: Improving The Healthy Families / Medi-Cal Application Process*, (Washington, DC/Oakland, CA: Center on Budget and Policy Priorities and the Medi-Cal Policy Institute, October 1998).

Donna Cohen Ross and Wendy Jacobson, *Free and Low-Cost Health Insurance: Children You Know Are Missing Out, An Outreach Handbook*, (Washington, DC: Center on Budget and Policy Priorities, December 1998).

Sarah C. Shuptrine and Kristine Hartvigsen, *The Burden of Proof: How Much is Too Much for Child Health Coverage?*, (Columbia, SC: Southern Institute on Children and Families, December 1998). www.coveringkids.org/verification.html

Sarah C. Shuptrine and Genny G. McKenzie, *South Carolina Medicaid Eligibility Study*, (Columbia, SC: South Carolina Children's Hospital Collaborative, December 1998). www.coveringkids.org/MedicaidEligStud.html

Sarah C. Shuptrine, Vicki C. Grant and Genny G. McKenzie, *Southern Regional Initiative to Improve Access to Benefits for Low Income Families With Children*, (Columbia, SC: Southern Institute on Children and Families, February 1998).

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Peter Feld, Ph.D. and Courtney Matlock, Global Strategy Group, *Insuring the Children of New York City's Low-Income Families: Focus Group Findings on Barriers to Enrollment in Medicaid and Child Health Plus*, (New York, NY: The Commonwealth Fund, December 1998).
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