
Optimizing the Role of Community-based Organizations in Public Health Insurance Outreach and Enrollment

Grantmakers in Health

May 7, 2013

Background



- Focus on expanding enrollment of low-income children and youth
- Too many eligible children and youth left behind

Scope of the problem

Nationally

- Between 2008 and 2009, witnessed an increase in Medicaid and CHIP (Children's Health Insurance Program) participation (82.1% to 84.8%); between 2008-2010, uninsured rate for children fell from 9.7% to 8.5%
- Reduced eligible but not enrolled (EBNE) by 340,000
- Still an estimated 4.3 million EBNE children (total 6.6 million uninsured in 2009)

Sources: Urban Institute, *Gains for Children: Increased Participation in Medicaid and CHIP in 2009*, August 2011
SHADAC, *Keeping Kids Covered: Number of Children with Health Coverage Increases During Economic Downturn*, August 2012

Colorado

- In 2010, 132,000 (10.3% of Colorado's children) were uninsured, 82,000 EBNE children
- Hispanic children disproportionately affected
 - Hispanic children comprise 31% of all Colorado children but account for nearly 2/3 of EBNE children

Source: Colorado Health Institute

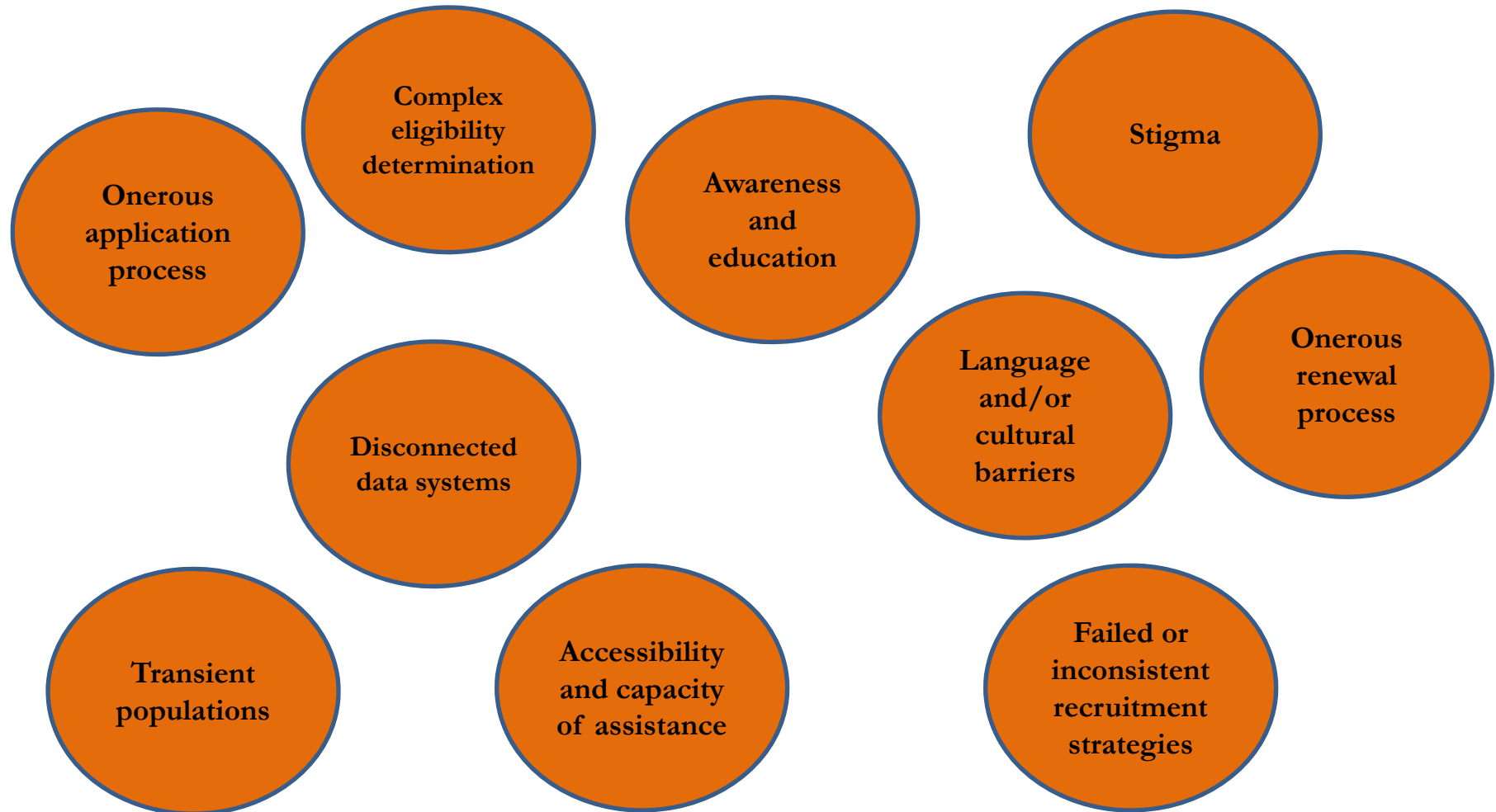
Lack of health insurance

Uninsured children

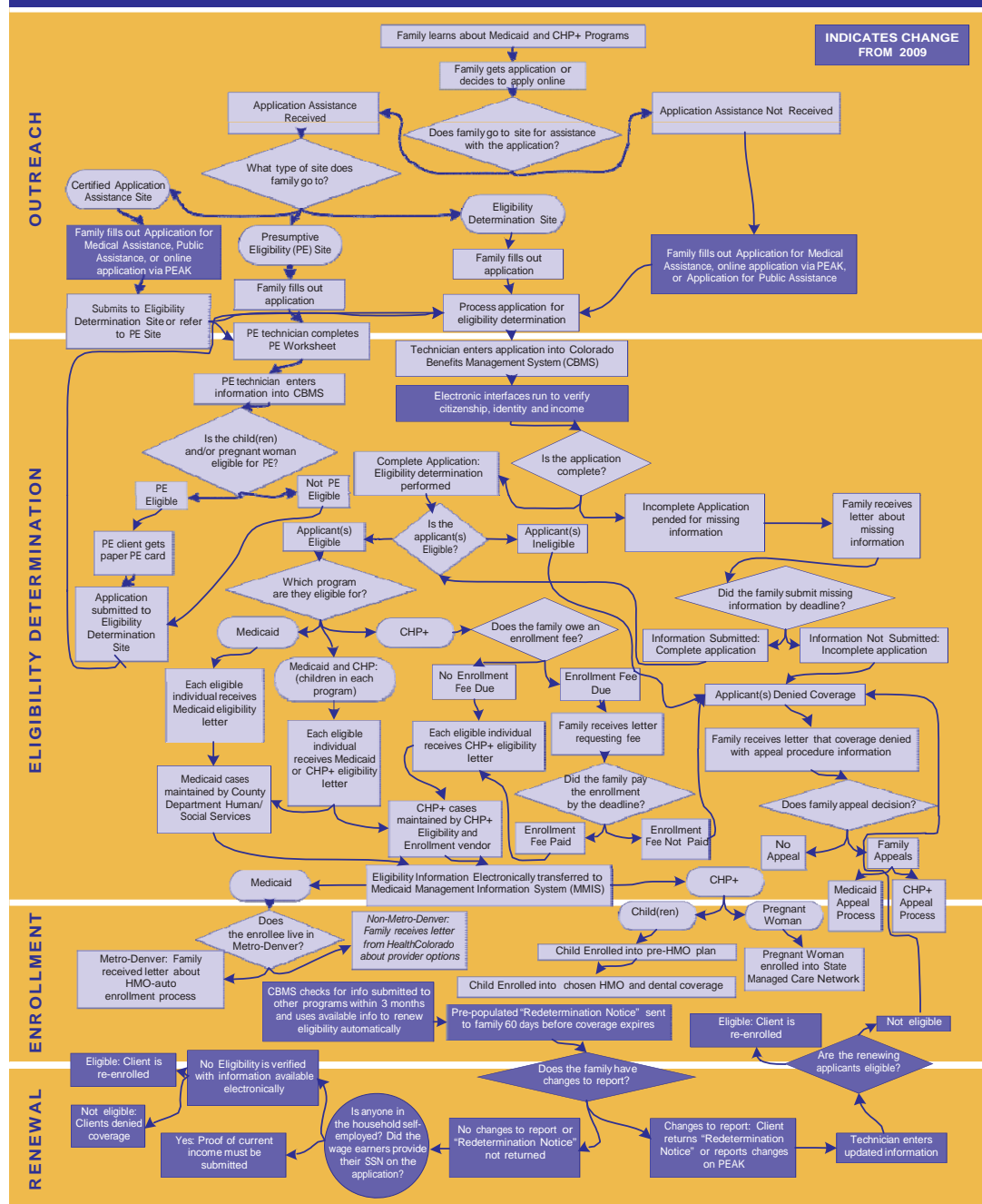
- 5x more likely to have an unmet need for medical care, especially heightened with special needs children
- 3x more likely not to get a needed prescription drug
- Less likely to receive preventive services (immunizations, dental and vision care)
- Almost 1/3 less likely to receive medical treatment if they're injured

Source: InsureKidsNow.gov

Why the EBNE challenge exists?



MAP OF COLORADO'S MEDICAID AND CHP+ ELIGIBILITY & ENROLLMENT PROCESS



Source: Colorado Covering Kids and Families, *Colorado's Maze to Enrollment in Medicaid and CHP+*, June 2012

EBNE Efforts

Federal

- CHIPRA 2009 reauthorization provisions
- Affordable Care Act
 - Under full ACA implementation, Medicaid enrollment expected to increase by 39% BUT even with this increase, an estimated 38% of those uninsured would be eligible for Medicaid or CHIP but not enroll (Urban Institute, *Gains for Children: Increased Participation in Medicaid and CHIP in 2009*, August 2011)

State

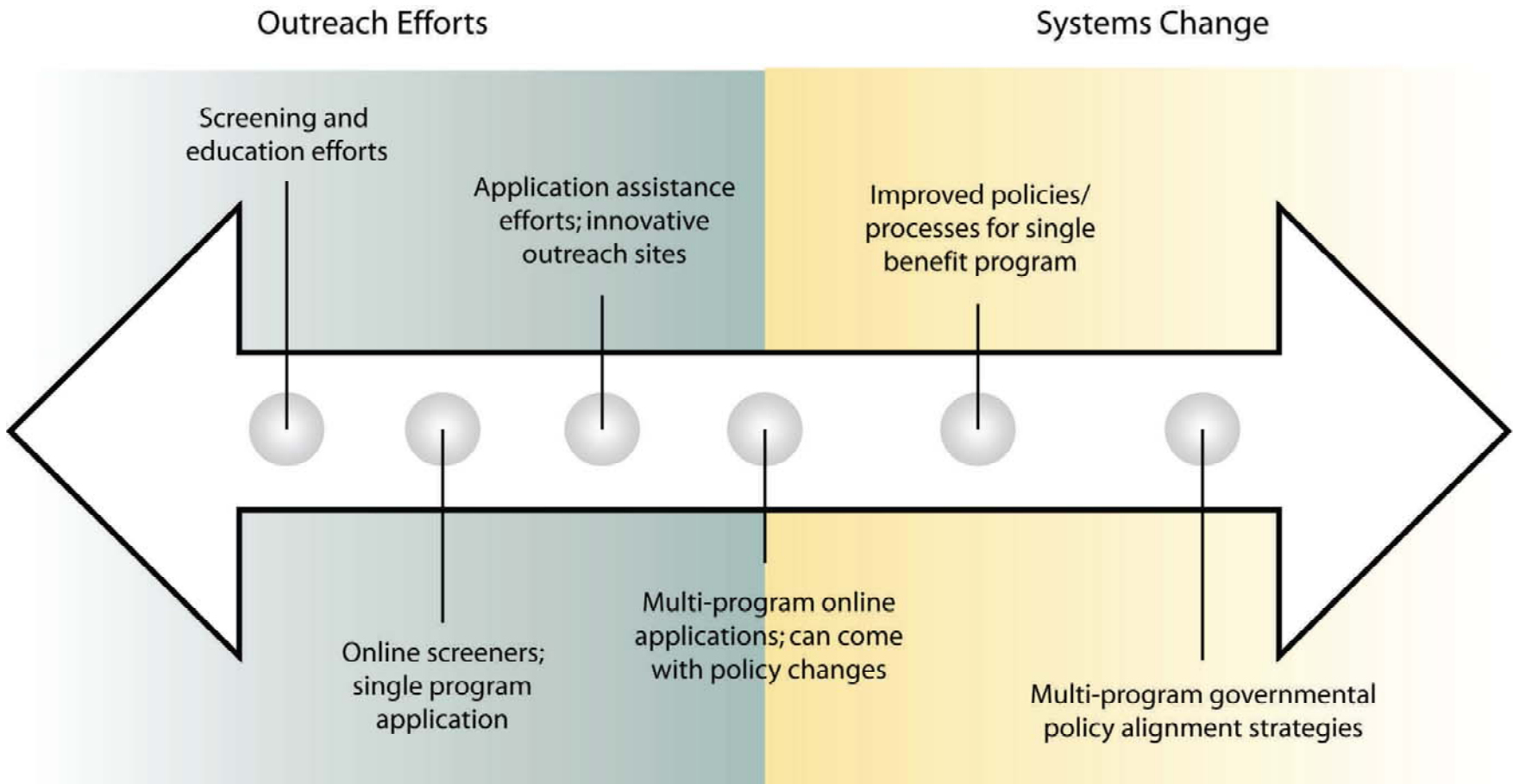
- Enrollment simplification
- Presumptive eligibility
- Continuous eligibility
- Express lane enrollment

Foundations

- RWJF – MaxEnroll and Covering Kids and Families
- Local and state foundations

Partnering with “community”

Continuum of Benefits Access Efforts



Source: Waters-Boots, Shelley, *Improving Access To Public Benefits*, April 2010

Trusted Hands Strategy



- \$3.3 million investment over 3 years (2009-2011)
- Grantee Partners - Trusted community organizations with established relationships with the target EBNE population

“Go where the kids are”

Trusted Hands Strategy

- **19 CBOs received 3-year grants**
 - Community Clinics
 - School District
 - Head Start
 - County-wide collaborations
 - Drop-in/After-School Programs
 - Agencies Serving Low-Income Families, Homeless Families and Abused Children
 - Affordable Housing Provider

- **Services - Comprehensive enrollment assistance including:**
 - Eligibility Determination
 - Application Assistance Throughout the Enrollment Process
 - Utilization of Services
 - Redetermination Assistance

Trusted Hands Strategy

Technical Assistance

- Department of Health Care Policy and Financing (Colorado Medicaid)
 - Community Outreach Specialist
 - Department point of contact for 19 grantees
 - Provided training and certification to 381 community-based enrollment assistance sites in 50 counties. With this training, these sites are better able to outreach to families and help them successfully complete applications.

Evaluation

- University of Colorado Denver
- Reach, Implementation and Impact

Overall

- Grantees reached more than 35,000 children to determine eligibility
- Grantees provided application assistance to 30,812 families applying for Medicaid or Child Health Plan *Plus*
 - *85% Medicaid Applicants*
 - *15% CHP+ Applicants*