Connecting Kids TO Coverage

State Medicaid programs and the Children's Health Insurance Program (CHIP) play a crucial role in providing coverage for low- and moderate-income children. Together, they provide access to preventive and primary care services to over one-third of all children and nearly 60 percent of low-income children (KCMU 2011; First Focus 2011).

Enrollment in Medicaid and CHIP has increased substantially over the last decade. In 2008, 1.7 million children were covered through the programs (Cassidy 2011). Despite the great strides Medicaid and CHIP have made in increasing the number of children with access to health coverage, more than 7 million children remain uninsured. Of these children without health coverage, nearly two-thirds, or 4.7 million, are eligible for public coverage (Kenny et al. 2010).

Common reasons for children being eligible but unenrolled in public health insurance programs include knowledge gaps among parents, as well as confusion regarding a child's enrollment status; reluctance among caregivers to deal with the administrative hassles of enrolling and maintaining enrollment; parents indicating that public health insurance coverage is not wanted or needed; and "churning" among enrollees, or losing coverage because of re-enrollment barriers despite remaining eligible for coverage (Devoe et al. 2011; Haley and Kenny 2001).

INCENTIVES TO ENROLL

Through targeted outreach and enrollment efforts, the federal government and states have significantly increased the number of children participating in public health insurance programs. Contributing to this expansion are a number of program and financing changes that went into effect when the Children's Health Insurance Program Reauthorization Act (CHIPRA) was signed into law in 2009.

- Children's participation rates in public health coverage vary across states from 55 percent (Nevada) to 95 percent (District of Columbia and Massachusetts).
- 39 percent of eligible but uninsured children (1.8 million) live in California, Texas, and Florida.
- 61 percent of eligible but uninsured children (2.9 million) are concentrated in Arizona, California, Florida, Georgia, Illinois, North Carolina, New York, Ohio, Pennsylvania, and Texas.

Source: Devoe et al. 2011

First, CHIPRA authorized $100 million to help boost program awareness and encourage further simplification of enrollment and renewal processes. A portion of the grants went toward targeted outreach to Native American children, while the remainder was allocated to outreach campaigns at the state, local, and community level, with a particular focus on rural areas and underserved populations (Herz et al. 2009).

In addition, CHIPRA allows for extra financial support or "performance bonuses" to states if: 1) they have succeeded in enrolling Medicaid-eligible children above target levels, and 2) they have implemented at least five of eight policies outlined in the law (KCMU and CCF 2009). The eight measures are intended to simplify enrollment and renewal and include:

- 12-month continuous coverage,
- no asset test (or simplified asset verification),
- no face-to-face interview requirement,
- joint application and the same information verification process for separate Medicaid and CHIP programs,
- administrative or *ex parte* renewals,
- Express Lane eligibility,
- presumptive eligibility, and
- a premium assistance option.

In 2010, 15 states were awarded a total of $206 million in bonuses (KCMU and CCF 2009).

In a further push to get kids connected to public health insurance programs, U.S. Department of Health and Human Services Secretary Kathleen Sebelius recently issued a challenge to stakeholders and advocates to find and enroll approximately 5 million uninsured children eligible for Medicaid and/or CHIP. The Connecting Kids to Coverage challenge identified potential strategies based on successful state experiences, including using new technologies to reduce paperwork and administrative burdens, creating numerous enrollment opportunities for families, and partnering with other public agencies to maximize the use of existing family data to determine program eligibility. For more information, see http://challenge.gov/hhs/54.

FOUNDATION ACTIVITY

A number of foundations have put tremendous effort into getting eligible but unenrolled children connected with public health insurance programs.

- The Maximizing Enrollment Project is a $15-million initiative of the Robert Wood Johnson Foundation, launched in 2008 and directed by the National Academy for State Health Policy. The four-year program encompasses five core areas: enrollment, identification, retention, systems assessment, and using data. The project aims to increase enrollment and retention of eligible children into Medicaid and CHIP and to establish and promote best practices. Through technical assistance and individual analysis, the project helps states improve their systems, policies, and procedures by providing in-depth assessments of the strengths and weaknesses of their current enrollment and retention systems. Maximizing Enrollment also works with states to implement proven strategies to cover more eligible children and evaluates their progress. The states to receive awards include: Alabama, Illinois, Louisiana, Massachusetts, New York, Utah, Virginia, and Wisconsin.
- Insuring America's Children (IAC): States Leading the Way is a multiyear, multistate effort supported by The David and Lucile Packard Foundation. Launched in 2007, the project has four major components that provide peer-to-peer training and tailored technical assistance to state-based advocacy groups, child health program administrators, and policymakers working to advance children's coverage. Aims of the initiative include shifting state and national policy discussions to a more positive, proactive framework, and informing, seeding, and supporting children and family coverage improvements in states and at the federal level. The project also includes a multistate evaluation project designed to measure the progress of the grantmaking strategy, identify effective advocacy activities, and inform decisionmakers about promising coverage strategies and programs. IAC grantees and participants are in Arkansas, California, Colorado, Iowa, Illinois, Kansas, New Jersey, North Carolina, Ohio, Oregon, Texas, Utah, Washington, and Wisconsin. Findings from the initiative are published in *State-based Advocacy as a Tool for Expanding Children's Coverage: Lessons from Site Visits to Six IAC Grantee States* and *Strategic Engagement of Policymakers Is Key to Advancing a Children's Health Care Coverage Policy Agenda*, and are available at http://www.mathematica-mpr.com/health/iac.asp. (For additional background on IAC, read the essay "From Soda Pop to Creating a Healthier Future for Children and Families" written for Grantmakers In Health by the Packard Foundation's Gene Lewit).
- The Colorado Trust is dedicated to achieving access to health for all Coloradans. Through several main program areas, the foundation is working to ensure that all residents have health coverage by 2018. The Increase Outreach and Enrollment program area supports 19 grantees to identify and enroll eligible but uninsured children and youth in Medicaid and Child Health Plus. Grants and initiatives are focused on simplifying and streamlining eligibility and enrollment processes; developing and implementing systems and policies that effectively support expanded, continuous enrollment; and assessing program effectiveness and identifying models for replication. Grants under the foundation's Expand Health Coverage program support researching, developing, and implementing policy options to increase access to health; strengthening the advocacy community and consumer voice in Colorado; and increasing public awareness about health care access.

As states continue to deal with strapped budgets, as well as move forward with implementation of the Affordable Care Act, it will be important for advocates and policymakers to sustain the innovations and progress in coverage made to date.

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