



Colorado Covering Kids and Families

A CASE MANAGEMENT APPROACH TO MEDICAID AND CHP+ ENROLLMENT

RECOMMENDATIONS FOR COLORADO'S INVESTMENT IN MEDICAID AND CHP+ OUTREACH

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SUMMARY

Health insurance makes a real difference in children's lives. When they have it, children are more likely to have a medical home, access preventative care services, and get the care they need. Uninsured children, by comparison, are less likely to receive primary care or have access to vision, hearing, dental, and immunization services. Having health insurance improves social and emotional development, fosters school readiness and performance, and minimizes health disparities.¹ Studies published in *Pediatrics* and by the Robert Wood Johnson Foundation found that Colorado children newly enrolled into Colorado's State Children's Health Insurance Program (the Child Health Plan *Plus* or CHP+) experience dramatic increases in access to all types of care while Colorado's uninsured children are eight times more likely than insured children to miss out on needed medical services.^{2,3} Despite the availability of public health insurance coverage through Medicaid and CHP+, 100,000 Colorado children are eligible but not enrolled in the programs.⁴ The questions then are why, if they are eligible for Medicaid and CHP+, are so many of our children uninsured and how can we in Colorado make sure that our eligible children are enrolled in the programs?



Applying for public health insurance coverage in Colorado is an arduous process. Families face many barriers to enrolling and retaining Medicaid and CHP+. Once children have coverage, their families face additional barriers to understanding how to use it and to finding a medical home. To ensure that eligible children can and do get the care they need, Colorado Covering Kids and Families (CKF) proposes a case management approach to enrollment. A case management approach to enrollment supports families and the sites that assist them through the public health insurance system. A case management approach to enrollment informs families about Medicaid and CHP+, facilitates successful enrollment, and promotes retention in the programs. It ensures that applicants can find accessible and culturally and linguistically appropriate assistance in their communities at a variety of sites and includes an explicit dedication to family support. It educates families about the appropriate use of benefits, facilitates access to a medical home, and empowers families to take responsibility for their health care. A case management approach also meets the needs of workers and sites that provide enrollment assistance by including consistent training and technical support, encouraging local innovation, facilitating best practice sharing, and adequately compensating sites for the services they provide

Colorado's State Fiscal Year 2009 budget allocates \$1.4 million in new funds to the Department of Health Care Policy and Financing for Medicaid and CHP+ outreach. These funds are a tangible manifestation of Governor Ritter's promise that Colorado's 100,000 eligible but not enrolled children can and will get health care coverage and in turn get the health care they need. Covering Kids and Families recommends that the new funds be used to implement a case management approach to enrollment. CKF recognizes that a case management approach to enrollment will not solve all of Colorado's enrollment problems. However, if combined with action that simplifies and coordinates our current system for Medicaid and CHP+ eligibility and enrollment, a case management approach will likely help more eligible Colorado children and families successfully enroll in public health insurance coverage.



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ABOUT COVERING KIDS AND FAMILIES

Colorado Covering Kids and Families (CKF) is a coalition of 190 organizations and over 500 individuals from across Colorado with experience and expertise in outreach and enrollment for Medicaid and CHP+. CKF's mission is to ensure that eligible children and families can enroll and remain enrolled in Medicaid and CHP+ by supporting and facilitating effective outreach, simplifying the enrollment process and increasing retention, and improving coordination between the programs. CKF's coalition and active work groups provide a unique opportunity to bring the experiences of families and outreach workers to policy and regulatory discussions. For over six years, the CKF coalition has worked in partnership with outreach and enrollment sites to assess the ongoing needs of the state and local communities and inform policy recommendations regarding issues related to Medicaid and CHP+ outreach, enrollment, and retention.

ACKNOWLEDGMENTS

A case management approach to enrollment is a model developed over time and based upon the experience of many people in Colorado's outreach and enrollment community. The recommendations found in this report are largely the result of several years of CKF Agency Partner Work Group meetings and many conversations with work group members who provide the day-to-day help that families need as they apply for Medicaid and CHP+. Work group members are relentless advocates for families at every step of the way. They assist families from application to renewal and with all the countless steps in between. CKF is grateful to each of our Agency Partners Work Group members for their ongoing dedication and participation in the CKF coalition. Particular thanks go to Maria Zubia, Brenda LaCombe, Rob Hendershot, Carol Sharp, and to Dan and Kathy Chavez.

Many thanks also to CKF's Health Policy Work Group members who provided invaluable input into this report. The Health Policy Work Group serves as a forum for translating the experience of the Agency Partner Work Group members to inform the policy debate. In particular, we thank Liz Whitley, Kim Erickson, and Deb Federspiel.

Finally, Covering Kids and Families thanks the parents of Colorado's uninsured children who spoke with us about their challenges in Colorado's health care enrollment system and shared with us the hopes they have for their children. It is their experience that we represent and all of our children whom we serve.





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INTRODUCTION

The mission of Colorado Covering Kids and Families is to ensure that eligible children and families can enroll and remain enrolled in Medicaid and CHP+. Recently, that mission has become a state objective. In his “Colorado Promise,” Governor Ritter asserted that health care for Colorado’s children should be an immediate priority and promised to ensure that all eligible children are enrolled in Medicaid and CHP+.⁵ The state agency that administers the programs, the Department of Health Care Policy and Financing (HCPF), quickly established the goal to enroll more eligible children. In early 2008, the Governor reinforced this commitment in his “Building Blocks for Health Care Reform” plan which focuses on children’s health and administrative efficiencies.



Since Governor Ritter’s promise, progress toward simplifying access to Medicaid and CHP+ for eligible children and families has been achieved. Beginning in January 2008, children who appear eligible have access to temporary coverage while their applications are processed through the Presumptive Eligibility (PE) program. Later this year, Colorado will implement a policy that allows verification of work income through an existing state database rather than requiring a family to submit proof of income when they apply for or renew coverage in the programs. Measures that address current infrastructure weaknesses, including the eligibility determinations process and computer system (Colorado Benefits Management System or CBMS) are under consideration. Finally, an expanded commitment to enrollment is evident in the additional \$1.4 million allocation for Medicaid and CHP+ outreach.

All of these steps put Colorado on the road to enrolling more eligible children; however, much work remains. To achieve meaningful gains, an ongoing, concerted effort to facilitate the enrollment and retention of Colorado’s eligible children and their eligible parents in health coverage is required. To further promote the enrollment and retention of eligible families, a commitment to ensuring that they can make the best use of their benefits is also required. For these reasons CKF proposes a comprehensive definition of outreach to guide future work. This definition is centered on a case management approach to enrollment that informs families about the existence of Medicaid and CHP+, facilitates successful enrollment, retention, and reenrollment in the programs, and helps clients make the best use of their benefits. Furthermore, CKF recommends that the \$1.4 million appropriated for Medicaid and CHP+ outreach be used to implement a case management approach to enrollment.





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UNDERSTANDING THE PROBLEM

While Colorado saw a modest increase in children's overall enrollment over the past several years, CHP+ gains were tempered by Medicaid losses.⁶ Ongoing policy changes between July 2006 and June 2008 had both cumulative and individual effects on Medicaid and CHP+ enrollment. While the effect of a particular policy change is difficult to track due to the limitations of Colorado's data reporting capabilities, a review of enrollment trends over the past two years does highlight the programs' complexities. Of note is Colorado's recent recovery from the enrollment declines experienced in 2006 and 2007 when total enrollment hit a low of 251,161 children. Graph 1 identifies total children's Medicaid (excluding foster care) and CHP+ enrollment from July 2006 through June 2008.

Enrollment numbers for each program during this period reveal that although CHP+ enrollment increased, until January 2008 Medicaid enrollment declined (Graph 2 and Graph 3). To better illustrate the factors influencing enrollment numbers, known policy changes are highlighted. Although a comprehensive analysis of Medicaid and CHP+ enrollment trends is beyond the scope of this paper, the graphs reinforce the point that policy changes influence program enrollment and that analyses of enrollment trends for one program must consider the enrollment trends of the other.

In this environment of constant change, families face many obstacles to accessing and retaining public health insurance coverage. Ongoing policy changes combined with enrollment problems caused by the State's eligibility determination process, including county-based determinations and Computerized Benefits Management System (CBMS), increased verification requirements, and complex and uncoordinated eligibility rules for Medicaid and CHP+ all conspire to make the application process difficult and confusing. Families experience application processing delays, inconsistent implementation of eligibility rules by enrollment sites, poor customer service, confusing notices, incorrect denials, and fears about immigration status.

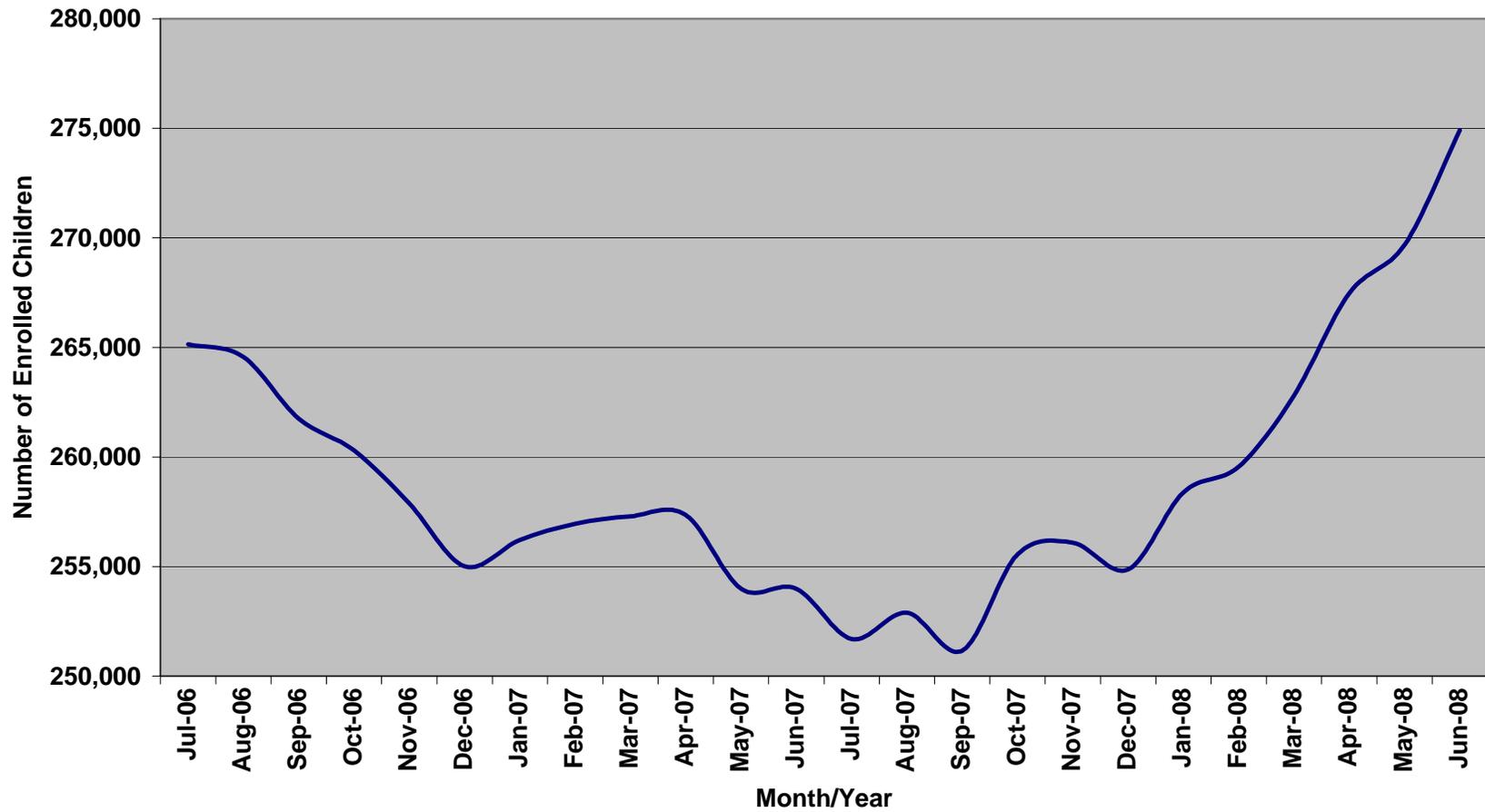
Getting enrolled, staying enrolled, understanding how to use benefits, and finding a medical home is an iffy proposition for many Colorado children and families and will remain so until comprehensive infrastructure improvements and a commitment to a comprehensive outreach strategy that emphasizes enrollment assistance are made. It is imperative that Colorado simplify and streamline eligibility and enrollment processes if enrolling eligible children is truly a priority. CKF will continue to work with our partners to ensure that those changes are made. In addition, CKF proposes implementing a case management approach to enrollment in order to assist families through the complicated maze that is the current state of Medicaid and CHP+ eligibility and enrollment.





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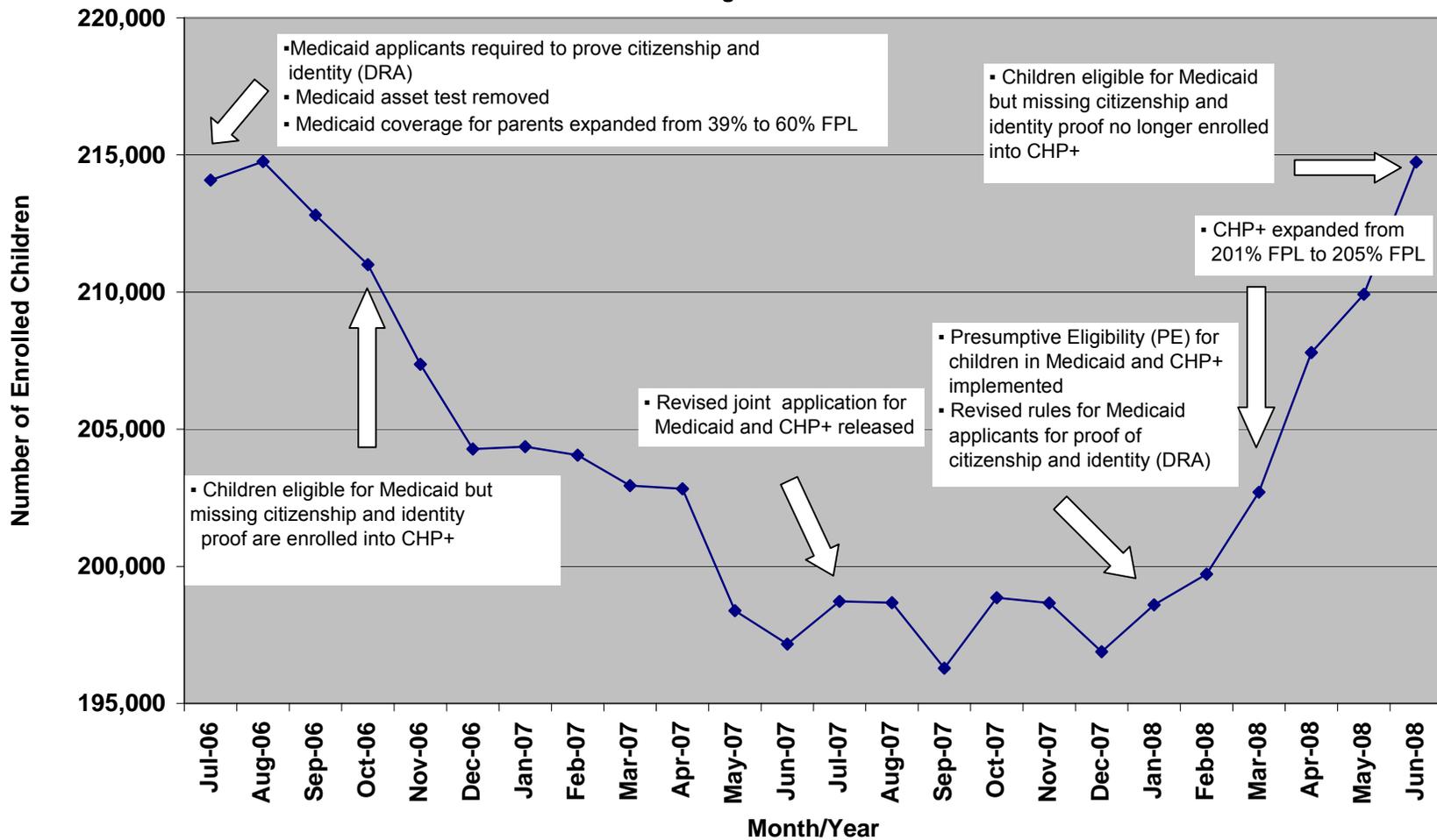
Graph 1. Total Enrollment in Children's Medicaid* and CHP+
July 2006- June 2008
*exlcuding Foster Care





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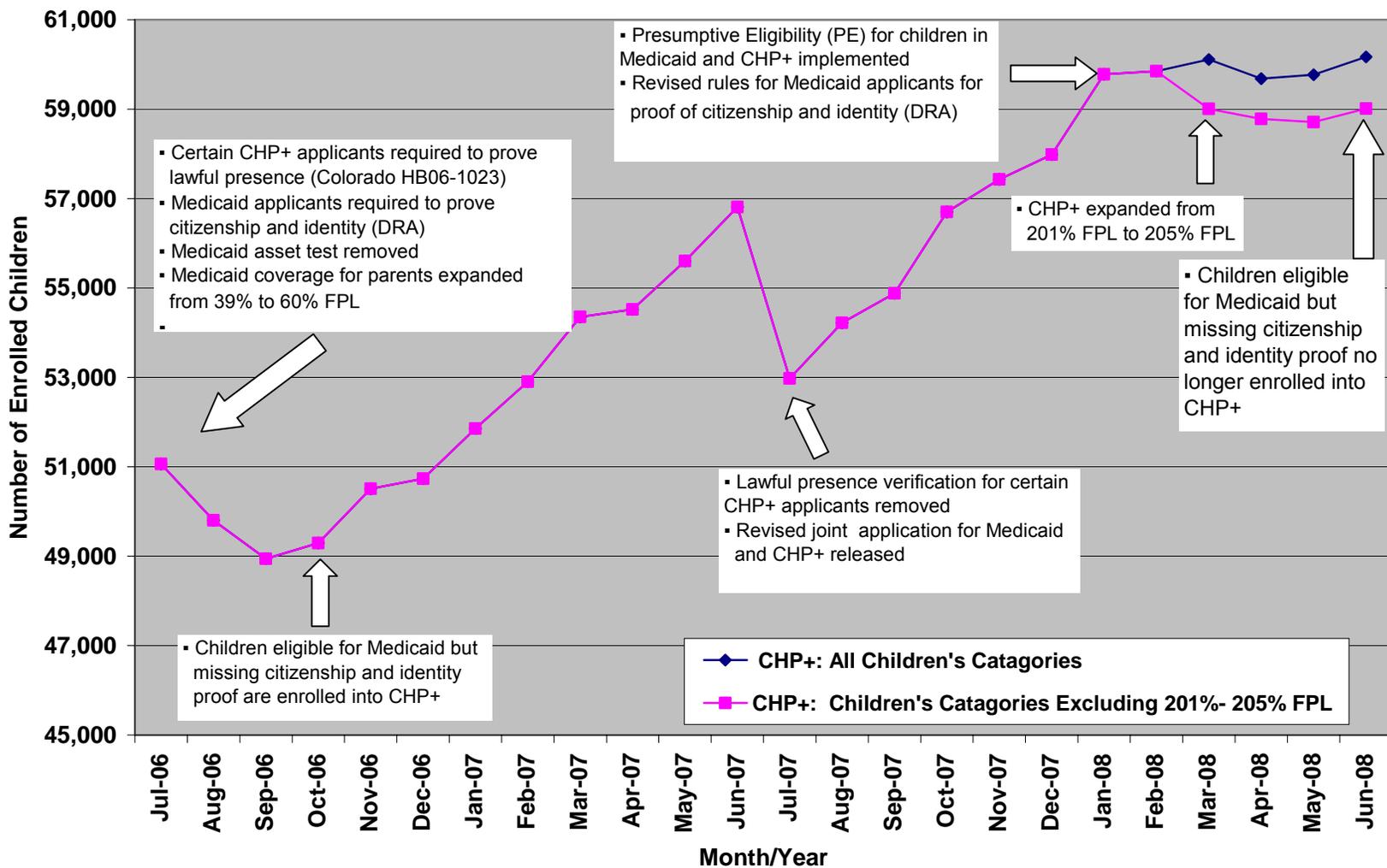
Graph 2. Children's Medicaid Enrollment*
July 2006- June 2008
*excluding Foster Care





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**Graph 3. Children's CHP+ Enrollment
July 2006- June 2008**





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GETTING KIDS COVERED: A CASE MANAGEMENT APPROACH TO ENROLLMENT

A case management approach to enrollment supports families and the sites that work with them. It informs families about Medicaid and CHP+, facilitates successful enrollment, and promotes retention in the programs. It ensures that applicants can find accessible and culturally and linguistically appropriate assistance in their communities at a variety of sites and includes an explicit dedication to family support. It educates families about the appropriate use of benefits, facilitates access to a medical home which helps empower families to take responsibility for their health care. A case management approach also meets the needs of workers and sites that provide application assistance by including consistent training and technical assistance, encouraging local innovation, facilitating best practice sharing statewide, and adequately compensating sites for the services they provide.



SUPPORT FOR FAMILIES

Finding Families

A case management approach to enrollment finds eligible children and families where they are likely to be. Schools and health care settings, particularly Community Clinics, Federally Qualified Health Centers, School-based Clinics, local Health Departments, and Women, Infants, and Children (WIC) offices are obvious choices. Colorado already has a strong base on which to build that includes a network of community-based organizations (CBOs) and Presumptive Eligibility (PE) sites skilled in providing assistance.⁷ Nonetheless, the number of current sites is not adequate to meet the need. For example, there are no sites that provide application assistance, determine presumptive eligibility, or that are certified to verify citizenship and identity documents for Medicaid applicants in Douglas County where the CHP+ enrollment rate is just 27.3%.⁸ Service gaps in other counties occur because many established CBOs and PE sites only have the capacity to provide assistance to applicants who use their services.

Colorado can recruit additional locations that have established trusted relationships with potentially eligible families based on a comprehensive analysis of current sites and where eligible children live. Additional schools and community based settings like, Head Start sites, Family Resource Centers, refugee centers, churches, child care assistance programs and providers, and pharmacies are all likely candidates. These sites could step beyond information sharing and referrals and guide families through eligibility determination, accessing health care services and renewal to ensure that families get covered, stay covered, and know how to use their coverage.

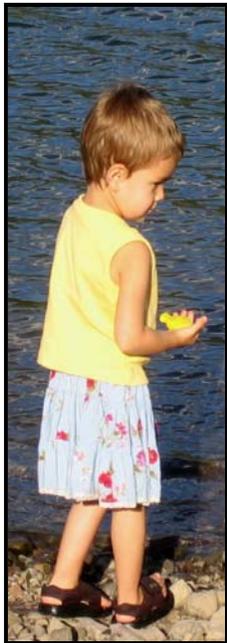


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Recommendations

- Perform a comprehensive analysis of current support systems available to applicants to better understand who is doing what and where in Colorado (CHP+ Regional Outreach Coordinators (ROCs), CBOs, PE sites, eligibility determination sites). The analysis should include the distribution of sites compared to the distribution of potentially CHP+ and Medicaid eligible children and families.
- Identify gaps in local support systems and recruit additional sites, particularly PE sites, in underserved areas that have established relationships with potentially eligible families.
- Develop and implement methods to assess the effectiveness of each support system in finding eligible families and helping to successfully enroll.
- Evaluate and expand the school-based enrollment system based on a partnership with the Free and Reduced School Lunch program and explore automatic enrollment and renewal for school lunch participants.

Communicating with Families



A case management approach to enrollment educates families about the enrollment process and provides clear, timely communication that readily explains options, applicant responsibilities, deadlines, and renewal requirements. It provides assistance in the language with which applicants and clients are most comfortable and at times when applicants and clients are able to access it. In a series of conversations with parents of children enrolled in Head Start programs, CKF learned that families are often not clear how the enrollment process works. For example, parents told us that they often call their eligibility technician to follow-up on the status of applications before the 45-day application processing deadline. Parents told us that they spend a half hour or more on hold only to be disconnected, that if they get through they are often faced with voice mail, and that the messages they leave often go unreturned. Increased client understanding about eligibility rules and procedures could help alleviate this kind of frustrating customer service issue and reduce the burden on eligibility technicians.

A case management approach to enrollment requires an application and renewal process that promote enrollment and retention in the programs. Although an improved version of the combined Medicaid and CHP+ application, the Application for Colorado Health Care Coverage, was implemented on July 1, 200, it was not tested with families prior to implementation. As a result problematic areas remain. For example, neglecting to choose a managed care organization (MCO) by potentially CHP+ eligible applicants causes enrollment delays. MCO selection is easily overlooked on the application because it is not in a prominent place and is not formatted like the other sections. Although HCPF does not track application denials for lack of MCO choice, based on reports from CKF Coalition members CKF staff believe that a significant number of enrollment delays and denials occur for lack of MCO choice.



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Recommendations

- Continue to improve the Application for Colorado Health Care Coverage and ensure that changes are tested with families prior to implementation.
- Revise CBMS communications with input from families, family advocates, and application assistance and presumptive eligibility sites. Ensure that the process includes adequate time to test the new communications with families and make necessary changes before implementation.
- Ensure that applicants have adequate time to respond to notices.
- Ensure that client correspondence, fact sheets, brochures, and customer service representatives are available and tested in languages other than English at the same time that English language materials and English speaking customer service representatives are available.
- Ensure evening and weekend customer service hours so that working parents can access assistance.
- Encourage and support local sites to assist in the communication with families (i.e. reminder phone calls on missing information or annual redetermination).
- Establish a system for families to communicate information via phone, including phone message, as an alternative to paper, such as phone renewals.



Helping Families to Understand Their Health Coverage Benefits and to Find a Medical Home

A case management approach to enrollment facilitates access to a medical home and appropriate use of benefits. Using Early Periodic Screening, Diagnosis and Treatment (EPSDT) coordinators as a starting point, CKF recommends developing a more robust program that helps both Medicaid and CHP+ enrollees find a medical home, explains what services are available, solves access problems, and provides referrals to other community resources. For example, new enrollees often have difficulty finding a provider that will accept new Medicaid and CHP+ clients because provider lists are out of date.⁹ Giving additional assistance to families as they search for an available provider could help make medical home a reality. Ultimately, strengthening the medical home model requires a larger provider network, an endeavor that is beyond the scope of this proposal. As an adjunct to ensuring network adequacy, CKF supports HCPF's efforts to increase access to a medical home for Medicaid and CHP+ children including the use of local EPSDT coordinators to help families find a medical home. In this capacity EPSDT coordinators can serve as a bridge between enrollment in health insurance coverage and access to health care.



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Recommendations

- Continue to grow and enhance current efforts by HCPF to ensure a medical home for Medicaid and CHP+ enrollees.
- Evaluate medical home navigation model and modify as needed.
- Strengthen the EPSDT coordinator program by funding more EPSDT coordinator positions.
- Co-locate EPSDT coordinators with application assistance and PE activities.
- Provide services comparable to EPSDT coordinator services to CHP+ recipients.

SUPPORT FOR APPLICATION ASSISTANCE SITES

Technical Support and Communication

A case management approach to enrollment provides support to sites that assist families through the eligibility, enrollment, and renewal process. Establishing sites is only the first step. In order to be successful, CBO and PE site workers must be adequately trained and provided with opportunities to meet and share outreach and administrative best practices. They need assurance that eligibility rules will be applied correctly and uniformly by all eligibility determination sites. In order to troubleshoot applications, they need reliable access to the eligibility determination site staff and the ability to look-up cases. Standardized training, timely and uniform dissemination of policy and procedure changes to both application assistance and eligibility determination sites, and consistent application of eligibility rules would go a long way toward improving enrollment and retention.



Sites cannot successfully assist applicants to enroll and renew if they lack accurate information on program rules and procedures. Recent experience reinforces the need for timely, detailed communication and training. For example, revisions to Medicaid's citizenship and identity verification requirements were posted online via "Agency Letter" one day before implementation. Sites did not have adequate time to implement the significant changes the revisions imposed, especially in the absence of training before implementation. CKF staff developed comprehensive training materials and hosted HCPF staff to provide training at a monthly CKF meeting. The tripled attendance at CKF's meeting clearly demonstrates the current training and communication gap. Technical assistance and training provided by outside entities should supplement and not replace that provided by the Department of Health Care Policy and Financing.



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Recommendations

- Devise a standardized and coordinated communication and training strategy to ensure that all affected sites (CBO, PE, eligibility determination) receive information regarding policy and procedure changes. This strategy would serve as a template for any necessary communication, ensure adequate and timely notice, and include deadlines for posting agency letters, and disseminating communications, and providing training for affected sites.
- Ensure that HCPF's Statewide Outreach Coordinator and Outreach Specialist support both Medicaid and CHP+ eligibility and enrollment and renewal issues.
- Develop fact sheets on policy and procedure changes for all affected sites.
- Develop template client education materials in English and Spanish for use by all affected sites.
- Annually provide an updated, combined Medicaid and CHP+ policy and procedure manual to all affected sites.
- Sponsor regional, annual training conferences to review eligibility rules and processes that include CBO, PE, and Medical Assistance (MA) site staff. Training conferences would also foster relationships between sites and allow for sharing outreach and administrative best practices.
- Collaborate with community and advocacy organizations (like CKF) to provide training

Financial Support for Application Assistance Sites

A case management approach to enrollment provides adequate financial support to application assistance and presumptive eligibility (PE) sites. Sites currently absorb either all or most of the cost of providing application assistance and determining PE. The implementation of PE for children in Medicaid and CHP+ in January 2008 increased both the demand for assistance and the time it takes to provide it. For example, determining PE adds 10-15 minutes per applicant to the screening process. PE determinations coupled with the demands of citizenship and identity document verification, and application troubleshooting creates an unsustainable level of demand on PE and other application assistance sites. Preliminary estimates by CKF partners indicate that the average cost per application for a PE site is about fifty-five dollars. In the coming months CKF will be able to provide better information based on a survey of enrollment assistance costs at a variety of sites. The current result of inadequate support is that some sites are reconsidering their commitment both to making PE determinations and providing application assistance.

Recommendations

- A tiered system of reimbursement based on a comprehensive analysis of costs associated with outreach, application assistance, and determining presumptive eligibility.
- Ensure that Colorado maximizes federal administrative matching opportunities in order to help fund payment for application assistance and PE determinations.



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KEEPING THE PROMISE

At the time budget requests were made, HCPF estimated that Medicaid enrollment would decline during State Fiscal Year 2009. Economic times have since changed and it is reasonable to assume that as families face job insecurity, and rising prices for food and fuel, they will also struggle to meet their health care needs. The take-up of Medicaid coverage by an additional 17,858 children since December 2007 may be a harbinger of things to come. Additionally, the number of Colorado families with employer sponsored coverage is eroding every year. In Colorado, employers offering insurance to their workers declined by over 12% from 2001-2005 and even if coverage is offered fewer employees are able to take advantage of it.¹⁰ This combination of factors means that an ongoing, concerted effort to facilitate the enrollment and retention of eligible Colorado children and families in health coverage is more pressing than ever.

Despite current enrollment problems, CKF is optimistic about potential improvement. Increased investment in outreach gives Colorado the chance to realize Governor Ritter's promise to enroll eligible children in Medicaid and CHP+. A case management approach to enrollment can help Colorado make that chance a reality. Given the limited funds available, such an approach may be incremental and will require strategic development and implementation. It also must be accompanied by a comprehensive evaluation strategy so that Colorado may effectively target scarce resources.

Colorado Covering Kids and Families (CKF) recommends that the \$1.4 million appropriated for Medicaid and CHP+ outreach be used to implement a case management approach to enrollment. The experience of other states shows that this kind of approach works. For example, New York launched a highly successful facilitated enrollment program in 2000. This state funded effort engaged more than 100 community based organizations to provide locally tailored outreach and enrollment assistance for New York's public health insurance programs. The result was that 250,000 more children were insured in 2005 than were in 2000.¹¹ Evaluation of a similar effort in California found that community based application assistance increased Medicaid enrollment rates. Furthermore, bilingual assistance provided to Hispanic families resulted in a 16 to 46 percent increase in the number of new Hispanic enrollees.¹² This finding is particularly significant for Colorado efforts since 72% of our eligible but not enrolled children are Hispanic.¹³

A case management approach to enrollment is only one part of the solution. There is more that can and should be done. A case management approach must be pursued in tandem with other measures that simplify the application process, maximize enrollment, and promote retention. CKF will continue to work with our Coalition, HCPF, and other partners to simplify and coordinate our current system for Medicaid and CHP+ eligibility and enrollment so that all eligible children and families in Colorado can get the health care they need when they need it.





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ENDNOTES

¹ “Why Health Insurance Matters for Children.” A report prepared by Families USA for Children’s Health Care. Washington, DC, July, 2006.

² “Changes in Access, Utilization, and Quality of Care After Enrollment into the State Child Health Insurance Plan. “ Allison Kempe, Brenda L. Beatty, Lori Crane. Johan Stokstad, Jennifer Barrow, Shira Belman, and John F. Steiner. Pediatrics, vol.115, no.2. February 2005.

³ “Going Without: America’s Uninsured Children.” A report prepared by the Robert Wood Johnson Foundation. Washington, DC, August 2005.

⁴ “Estimates of Colorado’s Uninsured Children Who are Eligible but not Enrolled in Medicaid and CHP. “ Report to the SB07-211 Advisory Committee on Covering All Children by 2010. Colorado Health institute. April 15, 2008.

⁵ “The Colorado Promise.” Bill Ritter for Governor Campaign. 2006.

⁶ Medicaid and CHP+ enrollment numbers are derived from the Department of Health Care policy and Financing reports to the Joint Budget Committee of the Colorado General Assembly. For the reports please see,

<http://www.chcpf.state.co.us/HCPF/Budget/JBC%20reports/BudgetPremExpen.asp>

⁷ For a list of Colorado’s Community-based organizations please see,

<http://www.cchp.org/materials/CBOList.PDF>

For a list of Colorado’s Presumptive Eligibility Sites please see,

<http://www.chcpf.state.co.us/HCPF/Web/UpdatedPESiteList-6-5-2008.pdf>

⁸ For a list of sites that can verify citizenship and identity documents for Medicaid applicants please see,

<http://www.chcpf.state.co.us/HCPF/refmat/DRATrainingdocs/ListofLocationsthatcanVerifyDocuments.pdf>

⁹ Children’s Basic Health Plan: Department of Health Care Policy and Financing, Performance Audit. Report of the State Auditor to the Legislative Audit Committee of the Colorado General Assembly. May 2008.

¹⁰ Blue Ribbon Commission for Health Care Reform. Final Report to the Colorado General Assembly. January 31, 2008.

¹¹ “Community-based Facilitated Enrollment: Meeting Uninsured New Yorkers Where They Are.” A report by the Children’s Aid Society and Children’s Defense Fund. New York, February 2005.

¹² “Advertising, Medicaid and Child Health. “ Anna Azier, Brown University, 2004.

¹³ “Estimates of Colorado’s Uninsured Children Who Are Income Eligible but Not Enrolled in Medicaid and CHP+.” A Report to the SB07-211 Advisory Committee on Covering All Children by 2010. Colorado Health Institute. April 15, 2008.