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## CONNECTING KIDS TO COVERAGE: *Ten Things Community Health Centers Can Do*

*Millions of children in the United States are uninsured, yet nearly two-thirds are eligible for health coverage under Medicaid or the Children's Health Insurance Program (CHIP). To close this coverage gap, outreach and enrollment efforts are needed.*

*Community health centers are in a good position to find and enroll eligible children, as most children getting care from community health centers are likely to qualify for Medicaid or CHIP. Health centers are reimbursed for the care they provide to enrolled patients. These funds can help health centers maintain quality care and enrich the health services they offer.*

### Community health centers may want to consider the following activities:

- 1. Train staff to alert patients about Medicaid and CHIP and how to apply.** Receptionists and other “point of entry” staff can steer families with uninsured children to health coverage information and application help.
- 2. Provide Medicaid and CHIP information in waiting areas.** Posters, flyers, brochures, and videos can provide basic information. Clinics can have a “Red Phone” patients can use to connect to staff who can help them apply. Or, staff or volunteers can visit the waiting room frequently to help.
- 3. Work with your State to comply with the Medicaid “outstation” requirement.** Under federal law, States must station eligibility workers in certain health centers and hospitals or show they have an alternative plan for providing application help for children and pregnant women. (See Policy Tools, below.)
- 4. Train staff to help with applications and renewal.** Health center staff can complete all aspects of the application process except final eligibility determination. In States that have adopted the presumptive eligibility option, health centers can directly enroll eligible children or pregnant woman temporarily. (See Policy Tools, below.)
- 5. Set up an online application station.** Many States have online Medicaid and CHIP applications, some with the ability to transfer data automatically to the State or county agency to determine eligibility. Families may be able to apply online on their own or may need help from staff.
- 6. Integrate outreach activities with neighboring programs.** Health centers housed with other programs that serve families with eligible children can offer to provide information and application help to families using those services. (For example, a Community Action Agency may sponsor the health center, as well as a WIC clinic or afterschool program.)
- 7. Partner with other community institutions serving children likely to qualify for Medicaid or CHIP.** Community health centers may provide health education or screening programs at schools, housing authorities or other community sites. Include enrollment and renewal help in the menu of activities. This brief [video](#) shows a vibrant health center partnership in Rhode Island.
- 8. Conduct outreach at special events.** Community health centers can provide information about Medicaid and CHIP at health fairs, Back-to-School events, and other activities. Invite families to come to the health center to sign up and to take advantage of health services.



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9. **Customize enrollment help for special populations.** Community health centers may have special programs to provide care for migrant farm workers or people who are homeless. These individuals may not have ready access to needed documents and may need help verifying information on their applications.
10. **Provide application help to community health center employees.** Staff may have children who qualify for Medicaid or CHIP. (Children do not need to be uninsured to qualify for Medicaid.)

### Michigan Primary Care Association Uses Tech-Savvy Approach to Outreach and Enrollment

The Michigan Primary Care Association (MPCA) is using a variety of technological tools to expand the outreach and enrollment capacity of its 13 Americorp members who are working as “community navigators” throughout the state. Through its partnership with Michigan Association of United Ways, MPCA is connected to 2-1-1, the human services resource and referral system. When a 2-1-1 caller asks for health coverage, the call is transferred directly to a community navigator. Navigators, equipped with lap top computers, can use Michigan’s on-line application to help families faster and more accurately, give on-the-spot feedback about eligibility, and link newly enrolled children to a medical home.

Google Map and Voice technology has enhanced the services MPCA offers. Google Maps is used to plot the locations of health clinics throughout the state, helping refer families to a nearby source of care. Google Voice allows MPCA to advertise one phone number that rings on both the land-line and cell phone of the navigator closest to the caller. This saves the expense of running an 800-number and ensures access to navigators when they are traveling—which is most of the time. Finally, an online case management system has enabled the navigators to go paperless, but maintain access to case files 24/7. A secure database with all case information allows enrollment to proceed and follow-ups to be scheduled. The system is HIPPA compliant and costs only about \$100 per month per user. In its first year, MPCA’s “community navigator” project has enrolled over 600 eligible children in Medicaid and CHIP. This brief [video](#) shows the work of the MCPA-United Way partnership.

### Policy Tools

- **Presumptive Eligibility (PE).** Under the PE option, states can authorize “qualified entities,” including community health centers, to enroll children temporarily in Medicaid and CHIP if they appear to qualify. Families get time to complete the full application process, but meanwhile children can get needed health care, including prescription medicine. To learn more and to find out if your state has adopted the [PE option](#).
- **Outstationed Eligibility Workers.** States are required to out-station Medicaid eligibility workers in federally qualified health centers (FQHCs). A range of possible ways to meet this requirement is described in [federal guidance](#).