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Promising Practices in Reaching, Enrolling, and Retaining Children in Coverage During Early ACA Implementation

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Key Findings

This brief shares strategies for finding, enrolling, and retaining children in health coverage, which other states can implement relatively quickly and inexpensively.

Many of these promising practices are the direct result of the strong working relationships between state officials and advocates and coalesce around several themes:

- **Targeting outreach efforts to specific populations.**
- **Engaging and educating new partners.**
- **Keeping children enrolled in coverage.**

For more information about improving children's coverage, including links to many of the resources and promising practices listed in this paper, please visit the Advancing Children's Coverage Toolkit on NASHP's website at:
www.nashp.org/childrens-coverage-toolkit

The implementation of the Patient Protection and Affordable Care Act (ACA) has largely focused on establishing new coverage options for previously uninsured adult populations. Although it is critically important to achieving federal and state health goals, children's coverage must remain a focus to preserve and build upon gains made over years.

Since 2011, with the support of the Atlantic Philanthropies, the National Academy for State Health Policy (NASHP) has been supporting 14 state teams, comprising Medicaid and CHIP officials as well as child health advocates, through the Children in the Vanguard initiative, dedicated to continuing improving children's coverage. Participating states are tasked with making continued progress in covering children during implementation of the ACA. The state teams are formed by establishing or rededicating attention to form solid working relationships between Medicaid and CHIP state officials and child health advocates to support their mutual goal of advancing children's coverage.

Each year, the state teams work to identify shared priorities for children's coverage and use those to create simple work plans with tasks and assignments for team members to lead. Throughout the year, team members support one another and participate in ongoing conversations to monitor progress towards their goals and address issues and needs that arise. These state teams use their partnerships to target specific populations that have been largely uninsured; engage and educate partners in new ways; and implement policies and practices that aim to keep children covered.

Target outreach and enrollment efforts to specific populations

Different cultural, ethnic, or other groups may face different barriers to applying for health coverage. By understanding the specific barriers families confront, states and advocates can better target outreach efforts toward a particular population. Research suggests that such focused outreach efforts may be more cost-effective[1] and more successful in enrolling children[2] than large scale, statewide campaigns.

Child health advocates can be valuable resources for states looking to better target their outreach to specific groups of children and families. Advocates often have strong relationships with the communities they serve and may be willing to help improve the enrollment experience for underserved populations. By working together, states have been able to implement the following promising practices in targeted outreach for Medicaid and CHIP.

Ohio: Engaging Underserved Communities to Reduce Enrollment Barriers

In 2013, Ohio state officials were interested in hearing directly from different ethnic groups about the barriers to enrolling in health coverage that their communities encountered. The state identified populations and communities that have been underserved and reached out to child health advocates to provide research and to facilitate making a connection with these communities. Medicaid officials then used funds from a Children's Health Insurance Program Reauthorization Act of 2009 performance bonus to contract with the Ohio Children's Defense Fund, a child health advocacy group and Children in the Vanguard team partner, to organize presentations from local ethnic organizations and develop recommendations for reaching and enrolling uninsured children from these communities.

The Ohio Children's Defense Fund relied on a combination of existing relationships and on-the-ground research to identify local ethnic organizations. Staff reached out to Asian Services in Action, the Ohio Hispanic Coalition, the Somali Community Association of Ohio, and Ethiopian Tewahedo Social Services to have them present information directly to Medicaid officials on potential cultural obstacles to enrollment, data on uninsured rates, and geographic locations of ethnic groups (using census data) within the state. For example, representatives explained that Somali immigrants probably have never experienced a governmental structure or health insurance and therefore that the concept of a government-run health insurance program would be new and unfamiliar. The Somali population, like oth-

ers, needs education on Medicaid and CHIP, including how to use the benefits once enrolled.

As a result of these presentations and the work of advocates in Ohio, the Children's Defense Fund compiled a report that lays out recommendations for reaching the various ethnic groups engaged through the project.[3] This work illustrates how local community-based organizations can be critical to educating state officials and statewide advocates about enrollment barriers for underserved communities.

Montana: Building and Maintaining State-Tribal Relationships

As new coverage options were being implemented under the ACA and organizations were gearing up for the first open enrollment period, Montana Medicaid officials sought to target outreach and education efforts to the American Indian population in their state. Approximately 78,000 American Indians or Alaska Natives live in the state, making up more than 20 percent of the population.[4]

Montana state officials identified two primary reasons to target outreach to American Indians. First, during the first open enrollment period, none of the federal Navigator grants awarded to Montana organizations specifically targeted this population. Second, the ACA includes specific provisions for American Indians that require specialized explanations.

To provide outreach to this population, the state Medicaid agency turned to its Tribal Relations Manager, who understands tribal governance structures and how to approach tribes with information and is trusted by the communities she serves. This valuable liaison worked with in-person assistance organizations in Montana to ensure that American Indians were included in their outreach plans. The Tribal Relations Manager also helped to coordinate multiple road trips to all tribal reservations in the state to hold town-hall-type meetings to answer questions about the ACA and provide in-person assistance.

The state Medicaid agency was integral to making sure that tribal governments, health departments, and colleges were also part of conversations about outreach. The information sessions held on the tribal reservations were well attended and helped raise awareness of new coverage options among a population that might not otherwise have gotten the message.

The work that Montana's Medicaid agency has done to engage American Indians demonstrates how helpful it can be to have a

designated liaison on staff that has connections with the target population. For states that do not have the resources for a designated liaison position, state child advocate organizations may be able to provide connections to specific populations.

Oregon: Creating Culturally Appropriate Materials

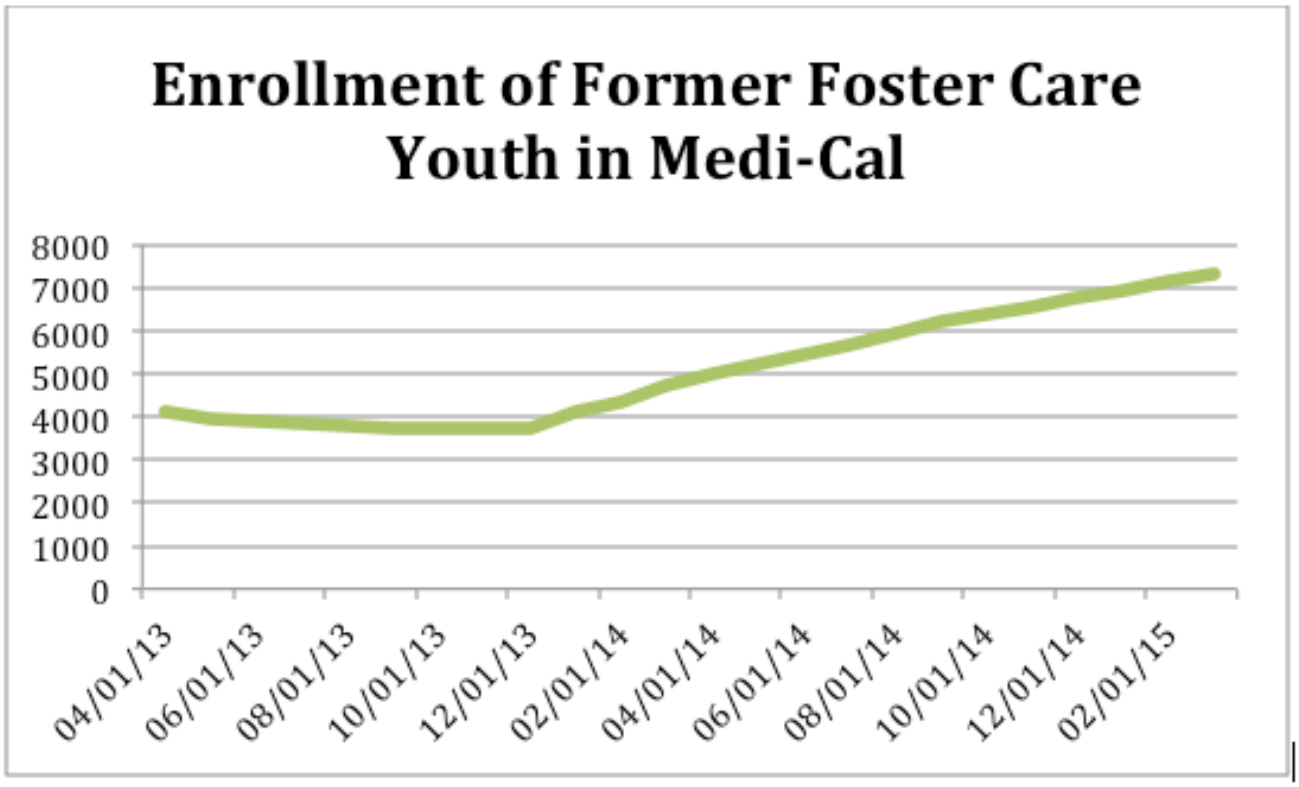
During a campaign to increase enrollment in their Medicaid and CHIP programs, Oregon officials made a concerted effort to develop materials in languages other than English.[5] These materials were specifically developed for the communities Oregon was trying to reach and were written in the target languages rather than simply translated from English versions. Importantly, the materials were positive in tone, highlighting what children get by enrolling in coverage, rather than explaining what can go wrong without insurance.

As a result of this campaign, enrollment disparities among children of different ethnicities declined and in some cases disappeared. For example, Oregon saw enrollment of Asian/Hawaiian Natives increase 71 percent compared with before the campaign. By creating culturally and linguistically appropriate materials, the state has been able to make impressive progress in enrolling children from within target groups. This example shows the positive impact that front-end investment in the development of materials can have on the ability to reach and enroll eligible children in coverage.

California: Developing Streamlined Enrollment Process for Former Foster Care Youth

The ACA created a new Medicaid eligibility category for youth up to age 26 who had been in foster care until they reached 18 years old (or older if a state extends foster care benefits)[6] and transitioned out of the state's system, also known as "aging out." Since January 1, 2014 states have been required to provide coverage for this population regardless of the individual's income. States have undertaken various efforts to promote and enroll former foster care youth under this new coverage option. California took up an option to begin enrolling former foster care youth in Medi-Cal—the state's Medicaid program—in January 2013. However, their new eligibility system does not yet allow for applications for enrollment of former foster care youth to be separated out from other types of applications meaning a potential delay in connecting this vulnerable population to benefits.

To help ease the enrollment process for former foster care youth, California the state has worked with advocates to create



a two-pronged approach to streamlining eligibility for this population. In late 2014, California officials began using a one-page enrollment form[7] for former foster care youth that clearly explains the new coverage option. Applicants can submit the form to a local social service office, which then immediately initiates coverage. In addition, former foster care youth can call the local social services office to enroll in Medi-Cal over the phone. With both methods, social services will confirm the enrollee's status as a former foster care youth within 30 days of the start of coverage. The use of the streamlined process has helped increase enrollment of former foster care youth in California.

State officials continue to engage foster care advocates and county social services offices to promote knowledge of this coverage option and its streamlined enrollment process. They have also created a dedicated page on their website that provides information for potential enrollees as well as a downloadable flyer that advocates can use to spread the word to former foster care youth.[8]

California's process helps to ensure that former foster care youth can quickly access needed services and reduces workload and processing times for eligibility staff. As other state officials and advocates work to enroll former foster care youth in Medicaid, they may want to establish a similar targeted, streamlined process for this vulnerable population.

Alabama: Using Existing Enrollees to Reach New Populations

States and advocates can also target outreach to individuals, such as parents, who are known to other programs like Medicaid and CHIP, but may not be enrolled in coverage themselves. The Alabama chapter of the American Academy of Pediatrics and Arise Citizens' Policy Project created an educational flyer[9] targeted to parents whose children are covered by ALL Kids, the Alabama CHIP program. This straightforward one-page flyer informs these parents that they probably qualify for ACA marketplace subsidies for health coverage. The flyer also includes information about Healthcare.gov and lists resources for enrollment assistance.

With this flyer, the advocates in Alabama are capitalizing on a family's familiarity with the state CHIP program, taking advantage of a targeted outreach

opportunity that is more likely to connect with its intended audience. State officials may want to explore using the contact information on children's enrollment records to directly contact parents and provide information about their coverage options.

Engage and educate partners in new ways

State officials and child health advocates cannot reach all eligible children and families on their own. They must constantly be engaging new partners in these efforts.

During the past several years of ACA implementation, the demand for information about health insurance options has been at an all-time high. As more attention is focused on enrollment of newly eligible adult populations, many community partners are seeking to connect their clients or patients with information on health insurance options.

State and federal governments also are funding and training new groups to provide consumers with application assistance, primarily for enrollment through exchanges. In many states, however, particularly those using the federally facilitated marketplace (FFM), this training focuses on helping individuals enroll through healthcare.gov and does not include much information on Medicaid and CHIP programs.

By extending the number of people and organizations that are informed about the different coverage options for children and families, states can free up resources to focus on other aspects of helping families get enrolled in coverage. The following examples show that state officials and advocates can work together to bring new partners to the table to get more children and families enrolled and retained in health coverage.

Alabama: Training Application Assistors on State Processes

Making sure Navigators and other in-person assistors are informed about their states' CHIP and Medicaid eligibility rules and processes means

they can better assist families with enrollment in multiple programs. Informed assistors can also help state officials better manage workflows and application volume.

Alabama, along with many other states, experienced a challenging first open enrollment period in 2014. New application assistors, funded by federal Navigator grants and other sources, were on the ground assisting families applying for coverage, but the increase in application volume combined with new eligibility rules, systems, and processes, created a backlog of applications and questions from families about the status of their applications.

Specific problems centered on misinformation among assistors about Medicaid and CHIP eligibility rules. Because Alabama did not expand Medicaid eligibility for adults, confusion was widespread about how to assist those with incomes too high for Medicaid, but too low for Marketplace subsidies; this is often referred to as the Medicaid "gap." Assistors were also unaware that applications from the federal marketplace were not initially being transferred in real-time to Alabama for Medicaid and CHIP eligibility screenings. Alabama Medicaid officials and advocates, through an existing collaboration effort known as Covering Alabama Kids and Families, discussed the need for improved information sharing with assistors.

To address the problem, the group held a meeting with marketplace assistors before the ACA's second open enrollment period. Approximately 66 people, mostly Certified Application Counselors and Navigators, as well as Medicaid and CHIP officials, representatives from Alabama's Health and Human Services regions, leadership from the various Navigator and Certified Application Counselor organizations, and representatives from Enroll Alabama (the Alabama subsidiary of Enroll America) attended. The meeting covered topics such as Medicaid and CHIP eligibility and enrollment processes; the application for benefits from start to finish; an overview of the federal marketplace case transfer process; non-modified adjusted gross income (MAGI) eligibility groups (such as family-planning waiver and ABD Medicaid); and free and reduced-cost health care resources in the community for individuals that do not qualify for Medicaid. The Southeastern director for Enroll America presented on best practices from enrollment organizations in other states. Alabama officials also took steps to train their enrollment and eligibility staff about the role of assistors and how best to work with them.

Alabama Medicaid officials credit this meeting and follow-up efforts to better inform assistors about available coverage options with a much more successful second open enrollment period. State officials and advocates can improve assistance to families applying for Medicaid and CHIP by following Alabama's model of sharing state-specific information with assistors.

Rhode Island: Developing a Business Process Plan to Engage Partners in Renewal Process

Long before passage of the ACA, Rhode Island Medicaid had simplified and streamlined renewals for children: The state already did not require families to send in paperwork at renewal unless a change had occurred. However, in 2014, under new ACA eligibility requirements, families needed to return a pre-populated renewal form to the state to continue their child's coverage. In July 2014, Rhode Island began sending out notices to over 42,000 families that needed to complete their Medicaid and CHIP renewals in the state's new eligibility system by December 2014 or risk losing coverage.

State officials were motivated to keep children and families enrolled, and they knew that this change in process and deadline might be confusing and lead to needless coverage losses. So they met with advocates to talk about the renewal process and think about what might work best for families. Advocates suggested that allowing families to renew at any point during the six-month period, rather than having them wait to receive a renewal

notice, would be most helpful.

The state agreed and in September 2014, a "rolling renewal" policy[10] was put in place. At the same time, advocates launched a campaign to engage community partners that included the creation of a business process plan[11] with action steps that community partners such as local WIC offices, health care providers, and social service agencies could take to incorporate renewal screenings into their client interactions. The plan also included creation of a flyer[12] to help families understand the importance of renewing their coverage quickly that community partners could easily hand out to families with questions.

The business process plan gives interested partners clear steps they can take to help families renew and helps them think strategically about how to incorporate this type of assistance into their existing processes. Other states may want to create a similar tool to provide a clear path forward for partners to get involved in the renewal process. Advocates can be helpful in these efforts because of their experience helping families and engaging new partners in outreach and enrollment efforts.

Colorado: Posting an Online Toolkit to Involve Schools in Outreach and Enrollment

Many state officials have reported that schools can be one of the most valuable partners in linking uninsured children with health coverage. Since 2011, Colorado Covering Kids and Families (CKF) has helped engage schools in Medicaid and CHIP outreach and enrollment through an online toolkit[13] with resources to help interested schools start or expand efforts to enroll children Medicaid and CHIP. The toolkit makes the case for why schools should engage in this work by explaining that insured children tend to be healthier and therefore more likely to succeed in school.[14] It also provides an overview of the insurance programs, a step-by-step guide to creating a school-based outreach and enrollment initiative, and links to funding opportunities to support schools' outreach and enrollment work, including detailed information on how schools can use the Medicaid Administrative Claiming process. An important component of the toolkit is a page that shares contact information from school districts that have successfully implemented outreach programs.

CKF recently updated and expanded the toolkit to be relevant to a larger audience of outreach and enrollment professionals. The updated toolkit includes more general information about the outreach and enrollment landscape in Colorado and how organizations can begin or grow their outreach and enrollment programs. The updated toolkit also includes population specific outreach and enrollment information, including how to help immigrants enroll in health coverage. Although different school districts may have varying needs and priorities, this guide provides a framework for interested schools to engage in outreach and enrollment efforts.

Keep children in coverage

In recent years, states have made strides in keeping eligible children enrolled in Medicaid and CHIP by simplifying and streamlining renewal processes.[15] Ensuring eligible children remain covered helps guarantee their access to necessary medical and developmental care.

Churn, which happens when an individual becomes un-enrolled from coverage for administrative reasons, rather than ineligibility, only to re-enroll within a short period of time, is also a cost to the state. States report that processing an enrollment application requires more staff resources than completing a renewal.

The ACA also recognizes the importance of simplified renewals; it requires states to review existing data sources to verify eligibility before requesting additional information from individuals and families. However, as states changed or replaced eligibility systems—which is also a requirement within ACA—many state officials and stakeholders feared renewing those already enrolled would be a challenge in 2014, the first year of implementation. For instance, as noted above, some families were required to submit documentation, even if it was just a signature, before the

state could renew their child's coverage within the new system using the MAGI eligibility standard.

State officials and child health advocates in the Children in the Vanguard network discussed how to implement renewals for children in ways that could minimize disruption in coverage and assure that the state received necessary information.

Washington: Using a Simplified Renewal Form

The ACA required states to make changes to their renewal processes to comply with new MAGI eligibility rules. Washington, which uses a state-based exchange and an integrated eligibility system that determines eligibility for federal tax credits, Medicaid, and CHIP, created a simplified, streamlined, pre-populated renewal form[16] for families with children in Medicaid and CHIP.

Officials from Washington's Medicaid agency participated in the Centers for Medicare and Medicaid Services (CMS)-sponsored Medicaid and CHIP Learning Collaborative webinars, which included information states need to create forms and letters based on CMS requirements. Following the webinars, Washington Medicaid officials collaborated with their peers from Washington's Health Benefit Exchange to create the pre-populated renewal form and implement the system changes necessary to support renewal determinations. The form was approved by CMS and sent out beginning in November 2013.

Washington initially struggled to transition children with existing Medicaid and CHIP coverage into the MAGI-based eligibility system. However, since the change took place and the new ex-parte authority offered under the ACA could be applied, the state has seen its retention rate for family, children and pregnancy Medicaid cases increase from 84 percent before 2014 to 91 percent today. State officials credit these results to the ability to auto-renew cases as well as the new streamlined form.

Michigan: Using Technology to Help Families Renew

The Michigan Primary Care Association (MPCA) received a CHIPRA cycle II outreach grant in 2011, to use mobile technology to provide Medicaid and CHIP enrollment and renewal assistance to families served by community health centers throughout the state.

Recent studies show that cellphone ownership among adults exceeds 90 percent and remains as high as 86 percent in low-income households who are more likely to be uninsured.[17] Low-income families are also more likely to rely on mobile phones as their main access to the Internet.[18]

Armed with this information, MPCA adapted its website to be more easily viewed on mobile phones and used social media to help connect with those who might need assistance. The health centers also used patient data to send text and voice messages to remind families to renew their children's coverage and provided trained staff to help the families renew over the phone or online.[19] By combining mobile technologies with traditional mass marketing efforts and in-person assistance during a campaign in late 2011, Michigan saw a 20 percent increase in applications for Medicaid and CHIP statewide.[20]

Maryland: Posting Step-by-Step Renewal Instructions Online

In 2015, as part of its efforts to implement ACA requirements, Maryland changed its Medicaid redetermination process and created an online renewal application. Although the online option promises to make the renewal process easier for families, it may initially be confusing for families that have become accustomed to using the paper form. To provide assistance, Maryland officials created a step-by-step guide[21] to walk enrollees through how to renew their coverage using the new electronic process and posted it on the Maryland Health Connection's online portal. The guide uses clear visual examples of the online renewal form and explains the steps in easy-to—understand language. It is still too early to gauge the impact of this tool on renewal rates in Maryland, but state officials believe it has been an important resource.

As states continue to develop new online applications, Maryland's guide can serve as a model for

tools that can help educate users. Although states may use different eligibility systems, creating a step-by-step guide explaining the online renewal process to consumers could be important in minimizing churn. Advocates can be helpful partners in the development of such tools as they may be familiar with consumer questions or able to facilitate customer reviews of proposed materials.

Conclusion

For state officials, especially those with limited resources, engaging a motivated advocacy community can be a vital tool in reaching, enrolling, and retaining children in health coverage. By tapping the resources, knowledge, and dedication of advocates, including their connection to communities and enrollees, state officials can gain valuable assistance reaching new populations.

The partnerships between the advocates and state officials within the Children in the Vanguard network states continue to have great value as state programs roll out new policies and processes to support ACA implementation. These teams of officials and advocates dedicated to focusing on children during a time of change have been especially helpful in retaining coverage for children and families who are already enrolled. The Children in the Vanguard initiative has also reiterated that strong working relationships between state officials and advocates is key in learning how new policies or strategies are playing out on the ground with enrollees and systems.

Methodology

The promising practices highlighted in this brief have been identified through calls as well as in-person network meetings of the Children in the Vanguard state network. In some instances, NASHP staff requested that state officials and advocates provide additional information. The content of this brief was also reviewed by relevant state teams when possible.

Although many of the state efforts highlighted in this brief build upon previously successful outreach and enrollment strategies for children, all of them have been modified to meet the demands of the current ACA implementation environment. NASHP identified these strategies as successful because, based on reports from the network states, they have accomplished one or more of the following: reduced the number of eligible but uninsured children in a state; resulted in more streamlined systems or practices; or improved the application process for potential enrollees.

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