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As we celebrate the progress that's been made with child health coverage from a policy perspective, it is sobering to recognize that past experience has taught us that it will be a mistake to assume that families who can benefit by the new opportunities know what has happened and what it means to them. A recent national poll found that only 26% of parents with uninsured children had read or seen anything in the newspaper or on television about the new child health insurance program.

Whatever level at which states decide to make health coverage available using Title XXI funding, immediate attention will be needed to see that children who are income eligible actually become enrolled.

What can we do to see that families know about and take advantage of the opportunity for health coverage that will give their children greater access to preventive and primary health care? And how can we better understand why children who are income eligible are not enrolled in available health coverage programs?

Let's look at some of the information we have on reasons why children are eligible, but not enrolled in Medicaid.

- Families lack information or are misinformed about the availability of coverage for children in working families and two parent families
- Eligibility rules are confusing and often illogical
- The application process is complicated and demeaning
- Verification requirements are excessive
- Automatic searches for other eligibility categories are not always conducted before closing children cases

Lack of information is a major issue. We have done far too little to counter the pervasive and inaccurate belief that children have to be on welfare in order to be eligible for Medicaid coverage. Few resources have been allocated to educating families on the extent to which Medicaid is available to children outside of the welfare system. Employers of low wage workers and community organizations also lack information about Medicaid opportunities for children in low-income working families.

The result is that there are thousands of families struggling to make ends meet on low wage salaries who cannot afford to purchase health insurance even if their employer

offers it, and who do not know that Medicaid is a source of health coverage for their children.

We can and must do better. Whether it is Medicaid or a state child health coverage program, we owe it to these families to get the word out that help is available.

We need to develop creative and innovative information outreach strategies that effectively communicate messages about health coverage opportunities for low-income children. The Southern Institute on Children and Families has developed three user friendly brochures through the use of 27 focus groups in Georgia and North Carolina.

We conducted pretests and post tests to determine participant gain in knowledge after reading through the brochures - no discussion or presentation - just reading through it. I would like to share the Georgia pretest results with you which clearly show the need for information outreach.

Recipients

- **55%** did not understand that if parents get off welfare because of work, their children would be able to get Medicaid
- **57%** did not understand that even if a child's parents live together, a child can get Medicaid
- **59%** did not know about the availability of Transitional Medicaid Assistance for up to one year

Community Organizations

- **12%** did not understand that even if a child's parents live together, a child can get Medicaid
- **31%** did not know about the availability of Transitional Medicaid coverage for up to one year
- **92%** did not understand that children under age six are eligible for Medicaid at higher income levels than older children

Employers

- **21%** did not know that children do not have to be on welfare to be eligible for Medicaid coverage
- **43%** did not know about the availability of Transitional Medicaid coverage for up to one year
- **78%** did not understand that children under age six are eligible for Medicaid at higher income levels than older children

The Southern Institute information outreach brochures are an example of the kind of colorful and easy to read communication materials that are needed to inform families about health and other benefits.

With support from *The Robert Wood Johnson Foundation*, videos have also been developed to reinforce the messages contained in the brochures and the videos were also produced in Spanish. The videos and brochures are currently in use in 10 southern states and we are working with others for use in their states.

Let's look at the gains in knowledge for the three groups who participated in the Southern Institute's focus groups on the brochures portrayed in the charts below.

RECIPIENTS - Percentage of Correct Answers on the Pretest and Post Test, By Program		
Program	Pretest	Post Test
Earned Income Tax Credit	41%	86%
Medicaid	38%	81%
Child Care	76%	93%
Source: Southern Institute on Children and Families, 1996. Data collected for the Georgia Information Outreach to Reduce Welfare Dependency Project.		

COMMUNITY ORGANIZATIONS - Percentage of Correct Answers on the Pretest and Post Test, By Program		
Program	Pretest	Post Test
Earned Income Tax Credit	71%	96%
Medicaid	61%	98%
Child Care	81%	100%
Source: Southern Institute on Children and Families, 1996. Data collected for the Georgia Information Outreach to Reduce Welfare Dependency Project.		

EMPLOYERS - Percentage of Correct Answers on the Pretest and Post Test, By Program		
Program	Pretest	Post Test
Earned Income Tax Credit	38%	100%
Medicaid	61%	96%
Child Care	50%	100%
Source: Southern Institute on Children and Families, 1996. Data collected for the Georgia Information Outreach to Reduce Welfare Dependency Project.		

Concurrent with designing information outreach campaigns, the application process must be simplified so that families who hear about child health coverage and apply are not turned off by the experience.

A major issue for states and communities that want to help families gain child health coverage is the excessive amount of verification requirements that families encounter during the application process. Reducing the size of the application is too often the singular focus of simplification efforts. If an agency reduces the size of the application without reducing verification requirements, little will have been accomplished toward simplifying the eligibility process from the perspective of the family.

Applicants are not the only ones who find the eligibility process to be complicated. Eligibility agencies struggle with reams of rules and regulations. There is an extremely low tolerance for eligibility errors so they are under tremendous pressure to be sure that the persons applying are without a doubt eligible. The focus is on keeping ineligible children out rather than helping eligible children gain coverage.

This atmosphere is not very user friendly or worker friendly. I'd like to introduce you to one of the eligibility workers we met in our studies on the application process.

Returning to the family's perspective - When families apply for health coverage, it is typical for them to be required to produce documents to verify personal statements made on the application, such as family income, birth dates of children, family composition and other factors. Because most eligibility workers are desk bound and are not able to be very involved in assisting families to obtain verification information, the application process can generally be described as a "You go and get it and bring it to me" type of process for the applicants. The time and cost involved in providing such verification can be substantial for families.

And families frequently face obstacles from third parties who do not want to be involved in their application, or who do not understand the urgency of meeting the deadlines imposed by the agency for return of the verification documents. Such uncooperative third parties can include employers, relatives and noncustodial parents.

States have flexibility in deciding the rules regarding such important factors as to what extent mail in applications are utilized without face-to-face interview requirements and to what extent verification is required versus self declaration under penalty of law. States are also in the driver's seat on decisions regarding which documents are acceptable for verification.

A state level eligibility process assessment will go a long way toward creating a more user friendly attitude on the part of the eligibility agency. Such an eligibility assessment will, however, present a significant challenge to current eligibility practices and thus it should be anticipated that conflicts will arise. This is one reason that state leaders must make it clear at the outset that they want eligible children to receive coverage and that they do not want the application process to be used to control expenditures.

A state level assessment of verification requirements should be comprehensive.

- Differentiate federal verification requirements from additional state and local requirements

- Review the need for verification, item by item, giving special attention to the value of specific documents from a quality control standpoint
- Identify alternative documents for verification
- Identify verification that can be obtained through federal, state or local systems rather than requiring the family to provide it

The number of verification documents that can be required of applicants can range from a few to many, depending on the complexity of the family's situation with regard to income and other factors. I prepared an overhead on the type of documents that can be required. This is a list of documents that were not returned in cases where the applicant was either a pregnant woman or a child.

This state did not have an asset test. If there had been an asset test, the list would be even longer because the eligibility worker would have had to determine the value of a car, bank and savings accounts and cash on hand.

A policy of testing for assets should certainly be avoided if you want to help low-income families gain health coverage for their children. You expect working families to have a decent car and some money in the bank. Disallowing child health coverage because a family has modest assets is extremely counterproductive and states that impose an asset test while attempting to expand health coverage for children in working families are shooting themselves in the foot.

But, let me return to the need for a state eligibility process assessment. In conducting such assessments, states should also examine what role outreach workers can play in helping families obtain required verification. Where such workers have been funded through Medicaid match arrangements, there have been very positive results. There are examples of successes with hospital based outreach workers and outreach workers at social services agencies. In both cases, outreach workers become extensions of desk bound eligibility workers.

In addition to eligibility system improvements, it is imperative that resources be devoted to coordination of child health coverage programs. The provisions of the State Child Health Insurance Program are clear that children who are Medicaid eligible must be enrolled in Medicaid rather than a state coverage program. This will be a tremendous challenge for both Medicaid and state programs. Thorny issues involving eligibility decisions will have to be dealt with to assure that the yet to be simplified application process does not stand in the way of children's access to health coverage.

It was 12 years ago that the nation's governors asked Congress to give states the option to provide Medicaid coverage for low-income pregnant women, infants and children without requiring them to be on welfare. Congress responded and in succeeding years increased the age and income levels so that more children in working families could receive Medicaid benefits. While millions of children have gained coverage due to this action, there are over three million children who are eligible for Medicaid, but who are not enrolled.

Hopefully, the attention to outreach and enrollment issues will insure that the intent of both the previous Medicaid expansions and the new State Children's Health Insurance program will finally become a reality for low-income children and their families.

Before I close, I did want to mention a specific outreach and enrollment initiative supported by *The Robert Wood Johnson Foundation* with direction provided by the Southern Institute on Children and Families. *Covering Kids* is a \$13 million national health coverage access initiative to improve access to health coverage for low-income, uninsured children.

The three goals of *Covering Kids* are:

1. Design and conduct outreach programs that identify and enroll eligible children into Medicaid and other coverage
2. Simplify enrollment processes
3. Coordinate existing coverage programs for low-income children

A major part of *Covering Kids* is the emphasis on involving private sector organizations, such as churches, businesses, health plans and providers, in addition to traditional child advocacy organizations. *Covering Kids* will award 15 grants to conduct state/local coalitions over a three-year period.

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The response to this initiative has been tremendous. The application deadline is May 1.

Thank you for your attention and interest in helping more families gain health coverage for their children. The American Academy of Pediatrics has been out front on this issue for many years and I hope you will also be out front on the need for enrollment reform and aggressive outreach. You can make a tremendous difference in convincing state policymakers that all efforts must be made to see that the progress in the policy arena translates to effective implementation, which is always the hardest part of any public initiative.

Thank you.