Enrolling Children in Health Coverage Programs:

Schools Are Part of the Equation

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Prepared for *Covering Kids* by

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Today, four years into the nation's expansion of health coverage for children, schools have become widely viewed as "a natural setting" in which to reach out and enroll eligible children. Of the six million low-income, uninsured children in the United States, the majority — more than four million — are between the ages of six and 18, suggesting that well-conceived school-based outreach activities hold great promise.[1] Health coverage is now available to these children — most of whom are in working families — through Medicaid and State Children's Health Insurance Programs (SCHIP). Efforts to enroll eligible children in such programs offer benefits for students — and for the schools themselves.

Having health coverage can significantly influence a child's health status and school performance. Uninsured children do not get the health care they need for common childhood illnesses, like recurrent ear infections and asthma.[2] They are significantly less likely to get preventive or primary care than children with insurance.[3]

A recent University of Texas study found that having health insurance was associated with fewer school loss days or restricted activities days for children.[4] School attendance is related to school achievement and can influence the amount of a school's education funding. Many schools receive Medicaid reimbursements for health services, such as those delivered through school-based health clinics or to special education students, giving schools a financial incentive to ensure that eligible children are enrolled in the program.

About These Strategy Briefs

Across the country, schools have become increasingly involved in children's health coverage outreach efforts — often in partnership with state and local children's health insurance agencies, neighborhood health care providers and community-based organizations conducting outreach. Their activities run the gamut from providing information about the availability of health coverage to directly enrolling eligible children in health coverage programs.

This series of strategy briefs on school-based outreach is for school administrators and school staff — as well as for organizations interested in working with schools — who may not yet have embarked upon children's health insurance outreach work, or who would like to enrich their current activities. Each brief draws heavily on efforts already going on around the country so that readers can identify activities that seem feasible to replicate,

based on the experience of school districts and programs similar to their own. A resource page listing organizations that can provide more information is attached. While these briefs illustrate that outreach is being conducted by nearly every segment of the school community, the activities described rely upon a common set of strategies that help facilitate school-based outreach. These include:

- Incorporating outreach into regular school meetings or events, such as registration, immunization drives, sign-ups for extra-curricular activities, sports or cultural events, parent meetings, or report card pick-ups;

- Piggy-backing on routine school mailings, such as back-to-school packets, parent consent forms, school lunch menus, or school newsletters;

- Creating new referral mechanisms, using School Lunch Program applications or emergency contact forms;

- Providing application assistance, in which school staff or staff of community organizations are trained to assist families in completing children's health insurance application forms, gathering needed documents and mailing the application to the appropriate place for processing;

In some states, Medicaid and SCHIP administrative funds are used to support school-based application assistance efforts. Schools that are Medicaid providers can claim reimbursement for health services provided to children enrolled in Medicaid, as well as for administrative services, such as outreach.

- Implementing presumptive eligibility,[5] in which state-authorized "qualified entities," including schools, certain child care programs and Head Start, can temporarily enroll children in health coverage if they appear eligible, pending a final eligibility determination. In the meantime, children can receive all covered services, and providers can receive payment for care they deliver during this period, regardless of the final eligibility decision; and

- Enabling on-site eligibility determination, in which state or local staff of the agencies or organizations that administer the children's health coverage programs visit schools or are outstationed in the school district. These staff not only assist families in completing applications, but they can perform final eligibility determinations as well.

Most schools have limited resources available to take on additional tasks, yet many have been able to obtain outside funds and in-kind services to support outreach and

enrollment efforts. In some states, Medicaid and SCHIP administrative funds are used to support school-based application assistance efforts. Schools that are Medicaid providers can claim reimbursement for health services provided to children enrolled in Medicaid, as well as for administrative services, such as outreach. In some school districts, private funds have been used to hire staff to conduct outreach and enrollment activities. Hiring staff, rather than engaging volunteers, may help avert any problems with confidentiality.

Children's Health Insurance is Available — But Greater Efforts are Needed to Connect Children to Coverage!

Health insurance coverage is available to nearly all uninsured, low-income children. The enactment of the federal State Children's Health Insurance Program (SCHIP) in 1997 set in motion an unprecedented wave of activity to expand health coverage to uninsured, low-income children. All states and the District of Columbia now are implementing SCHIP, using their SCHIP allotments to expand Medicaid, to create a separate child health coverage program, or to do both. Now, 95 percent of uninsured children in families with income below 200 percent of the federal poverty line (about $35,000 per year for a family of four in 2001) are income-eligible for Medicaid or the SCHIP-funded separate program in their state.[6] In a number of states, income limits are even higher.

Making health coverage available does not guarantee children will enroll. In fact, more than seven million children who are eligible for Medicaid or SCHIP remain uninsured. Identifying these children and helping their families obtain health coverage for them is the challenge facing the nation. To tackle this challenge, states and communities have undertaken ambitious outreach initiatives, including public education campaigns, efforts to simplify application forms and procedures, and efforts to help families apply in community settings, including schools.

Outreach efforts are bearing fruit. There are now more than

Medicaid and SCHIP Programs Provide Comprehensive Benefits

Children may get:

- regular check-ups and shots
- hospital care
- medical and dental visits
- vision and hearing care
- needed medical treatment
- mental health services

Most eligible children are in working families. Coverage generally is available for free or at low cost, depending on family income and state rules. Some families may be responsible for modest premiums and/or co-payments.

20 million children covered under Medicaid and about three million covered under SCHIP, and recent Census data reveal that the number of uninsured children is beginning to decline.[7] These children — the vast majority of whom are in working families that previously had no access to affordable health coverage — now can get a health benefits package that includes routine check-ups and preventive care that children need to stay healthy and to achieve in school.

But the job is not yet done. Research indicates that many families with eligible children may still be unaware that health coverage is available to working families and that families do not have to be receiving public assistance to qualify. Many believe the enrollment process is too difficult. Families say they would like to get information and help applying for health coverage from someone they trust in settings where they feel comfortable.

Schools and early childhood programs can help. Schools are considered trusted community institutions that can communicate effectively with families. In one survey of parents with children eligible for health coverage, more than half said they would be more likely to enroll their child if they could do so at the child's school or child care center.[8]

Effective Outreach Tools Make it Easier for Schools to Get Involved

A simple application process is perhaps the most useful tool for conducting effective outreach. When applications are easy to complete and submit, community-based organizations and institutions can play a more integral role in assisting families with enrollment. With a simple form and easy procedures, conducting outreach requires a smaller investment of time and less special expertise. Most states have made important, fundamental strides towards simplifying application and enrollment procedures, and they are continuing to fine-tune their efforts. For example[9]:

- Most states (31 of 34) that operate separate SCHIP programs now use a single, joint form to apply for children's Medicaid or SCHIP, meaning families and outreach workers do not have to figure out in advance the program for which the child qualifies or worry about completing the right form.

- Most states (43) do not consider a family's assets in determining eligibility for children's health coverage. Therefore, sensitive questions about savings accounts or the value of a car do not need to be asked.

- Most states (46) have removed the requirement that families apply in person at a government office; these states allow applications to be submitted by mail.

- A growing number of states have taken steps to minimize verification requirements, greatly reducing the paperwork burden on families.

- Some states (9) have adopted the federal presumptive eligibility option, which allows certain "qualified entities," including schools and some child care programs, to enroll children who appear eligible in health coverage programs temporarily, pending a final eligibility determination. (See Note 5)

In one survey of parents with children eligible for health coverage, more than half said they would be more likely to enroll their child if they could do so at the child's school or child care center.

- Many states support community-based outreach efforts, including activities in schools, by providing mini-grants or modest payments for application assistance.

To learn about the simplification steps your state has taken, visit the Center on Budget and Policy Priorities website at http://www.cbpp.org/shsh.

Endnotes

1. Center on Budget and Policy Priorities analysis of the March 2001 Current Population Survey, U.S. Bureau of the Census.

2. U.S. General Accounting Office, *Health Insurance: Coverage Leads to Increased Health Care Access for Children*, Washington, DC: Government Printing Office, November 1997.

3. A. Monheit and P. Cunningham, "Children Without Health Insurance," *The Future of Children 2*, Center for the Future of Children, The David and Lucile Packard Foundation, 1992.

4. Having either Medicaid or private insurance was associated with fewer lost days from school or fewer days of restricted activity, even after controlling for factors such as income, parental education and location. Kristine Lykens and Paul Jargowsky, *Medicaid Matters: Children's Health and the Medicaid Eligibility Expansions, 1986-1991*, Working Paper 00-01, University of Texas at Dallas, February 2000.

5. The Balanced Budget Act of 1997, the legislation that created the State Children's Health Insurance Program (SCHIP), also created a Medicaid option enabling states to authorize certain "qualified entities" to conduct presumptive eligibility determinations for children. More recent legislation, passed in December 2000, expanded the list of "qualified entities" so that states can authorize the following entities to make presumptive eligibility determinations: Medicaid providers (e.g. physicians, hospitals, health clinics); WIC agencies; Head Start programs; agencies that determine eligibility for Medicaid, SCHIP and TANF (cash assistance); child support enforcement agencies; agencies that administer federally assisted housing programs; certain homeless shelters and emergency food programs; and any other entity the state deems suitable, with approval from the U.S. Secretary of Health and Human Services. The new law also clarified that states can adopt presumptive eligibility procedures in their separate SCHIP programs. As of September 2001, nine states — CT, FL, MA, MS, NE, NH, NJ, NM and NY — have adopted the option in their children's Medicaid programs or both children's Medicaid and SCHIP, although they may not yet be implementing presumptive eligibility procedures. (MI has presumptive eligibility in its separate SCHIP program only.)

6. Matthew Broaddus and Leighton Ku, *Nearly 95 Percent of Low-Income Uninsured Children Now are Eligible for Medicaid or SCHIP*, Center on Budget and Policy Priorities, December 2000.

7. Health Care Financing Administration, Aggregate Enrollment Statistics for Federal Fiscal Year 2000, http://www.hcfa.gov/init/children.htm.

8. Michael Perry, Susan Kannel, R. Burciaga Valdez and Christina Chang, *Medicaid and Children: Overcoming Barriers to Enrollment*, Kaiser Commission on Medicaid and the Uninsured, January 2000.

9. Donna Cohen Ross and Laura Cox, *Making It Simple: Medicaid for Children and CHIP Income Eligibility Guidelines and Enrollment Procedures*, Center on Budget and Policy Priorities, prepared for the Kaiser Commission on Medicaid and the Uninsured, October 2000.

This strategy brief is one in a series of papers devoted to conducting children's health coverage outreach in schools. Other briefs in this series include:

Involving the School Community in Children's Health Coverage Outreach

Children's Health Coverage Outreach: A Special Role for School Nurses

Conducting Children's Health Coverage Outreach in Non-Traditional Educational Settings

Enrolling Children in Health Coverage Before They Start School: Activities for Early Childhood Programs

A resource page, which lists organizations that can provide more information, is attached. The full series can be found at http://www.coveringkids.org or at http://www.cbpp.org/shsh.

About *Covering Kids*

Covering Kids is a national health access initiative for low-income, uninsured children. The program was made possible by a $47 million grant from The Robert Wood Johnson Foundation of Princeton, New Jersey, and is designed to help states and local communities increase the number of eligible children who benefit from health insurance coverage programs by: designing and conducting outreach programs that identify and enroll eligible children into Medicaid, SCHIP and other health coverage programs; simplifying the enrollment processes; and coordinating existing coverage programs for low-income children. *Covering Kids* receives direction from the Southern Institute on Children and Families, located in Columbia, South Carolina.

About the Center on Budget and Policy Priorities

The Center on Budget and Policy Priorities, located in Washington, DC, is a non-profit, tax-exempt organization that studies government spending and the programs and public policy issues that have an impact on low- and moderate-income Americans. The Center works extensively on federal and state health policies, and provides technical assistance to state policymakers and policy organizations on these issues and on the design of child health insurance applications, enrollment procedures and outreach activities. The Center is supported by foundations, individual contributors and publication sales.

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