



Enrollment Caps for SCHIP: Other States' Experiences

Summary of The North Carolina Health Choice Enrollment Freeze of 2001. Kaiser Commission on Medicaid and the Uninsured. January 2003.

This report discusses the ramifications of the enrollment cap placed on North Carolina's (NC) Children's Health Insurance Program (CHIP) from January-October 2001. NC was unable to cover all eligible children due to lack of funds. In all, 34,282 children were placed on a wait list. Families already enrolled in CHIP retained their coverage. At their annual re-determination, families were given a set number of weeks in which to re-enroll; if they did not re-enroll in time, they went on the wait list. During the enrollment cap, CHIP enrollment dropped by 20,730.

Kaiser conducted 6 focus groups as a part of the study. Participants in the focus groups reported that their children were uninsured for periods ranging from 4 weeks to more than a year; the average length of time was less than 6 months. Families reported a variety of experiences with the enrollment cap.

Issues with the enrollment cap

Information about the enrollment cap – Participants were not given adequate information about the enrollment cap, especially about when it would be lifted. Many participants were not informed when the cap was lifted.

Encouragement to apply – In many cases, families were encouraged to apply, despite the wait list. Some families were told to save money for the enrollment fee when the wait list was lifted. Many participants reported having follow-up from the person who provided application assistance. Participants appreciated the encouragement and follow up, because it made them feel as though someone was looking out for their needs.

Learning that the enrollment cap was lifted – Most of the participants received letters stating that the enrollment cap was lifted. Several were also contacted by DSS/application assistance agency.

Difficulties paying the enrollment fee – Several families struggled with the enrollment fee, in particular because the cap was lifted without warning. This placed pressure on families to generate money quickly.

Use of private health insurance coverage during the cap – Almost universally, families found that private health insurance was too expensive. The few participants who did obtain private insurance incurred financial hardship because of the high premiums.

Issues related to being uninsured

Delayed care – Many of the respondents reported delaying care for their children. Some reported pulling their children out of school activities because they could not afford physicals. One participant reported that delaying care resulted in her child needing surgery.

Seeking low cost care – Many respondents relied on health departments (in NC, many health departments have full care facilities) and Community Health Centers (CHCs). Some participants did not know about CHCs and were unable to access these resources.

Keeping the regular family doctor – Most of the participants were able to keep the child's regular doctor, working out payment plans with the doctor's office. Many families noted a change in the office staff's attitude toward them as a result of this.

Using the emergency room – Many respondents took their children to the emergency room for acute care needs.

Medications – Families had problems obtaining medication for their children. Families had to find creative solutions, including sharing medications between children, giving parents' medications to the children, and using old medication.

Incurring financial hardship – Most of the families sought medical care for their children during the enrollment cap. Several participants incurred substantial medical bills as a result of this, and many are still paying them. The resulting financial hardships included delaying bills, borrowing money, paying for fewer leisure or school activities, and buying lower quality foods. Two respondents reported going without food.

NC's enrollment cap: by the numbers

About 53,000 children came up for renewal during the enrollment cap. Of these:

- About half were renewed within the allotted time span
- 20% qualified for Medicaid
- 22% did not re-submit applications, for unknown reasons

34,282 children were placed on the wait list. Of these:

- 60% were children "rolling over" onto SCHIP from Medicaid (due to income and eligibility changes)
- 35.5% were new applicants to Medicaid or SCHIP
- 4.5% were previously enrolled in SCHIP but did not reenroll in time

At the end of the enrollment cap,

- 47.2% of those on the wait list were enrolled in SCHIP
- Almost a quarter were enrolled in Medicaid, indicating that the family income decreased while they were on the wait list
- The remainder did not qualify for either program

The Kaiser report can be found on line at: http://www.kaisernetwork.org/health_cast/uploaded_files/ACF190.pdf

Other States' Experiences with a CHIP Enrollment Cap

Other states have also experienced enrollment caps on their CHIP programs. Outreach and policy partners in Florida and Utah share their experiences:

Florida

"Florida had caps by county in the CHIP program in the first year or so of the program. It was very confusing to the clients when the program was open in one county but not the adjacent one. The on/again-off/again nature of caps creates a real credibility problem for the program and parents are less inclined to apply just to get on a wait list."

- Mary Figg, University of South Florida College of Public Health

Utah

"About the enrollment caps: they are a disaster. It is virtually impossible to do good outreach with the cap on CHIP, which started December 6, 2001. We now have open enrollment periods of two weeks or so every six months or so. This state has decided that waiting lists are too much trouble, so that venue is not open to us either. Medicaid, thank heaven, is still open for business every day, so we are continuing to encourage Medicaid enrollment." - Nano Podolsky, Salt Lake City School District

During Utah's most recent open enrollment period, two weeks during November 2002, about half of the 9,000+ applications that were submitted were approved. Utah is planning its next open enrollment for June or July 2003. These enrollment periods are advertised using primarily TV and radio. Nano notes that the two-week enrollment periods place a great deal of strain on eligibility technicians.

Colorado Covering Kids and Families is part of a national initiative to improve health insurance coverage for children and families. Our focus is identifying and removing barriers to children and families' access to public health insurance programs. We partner with agencies that conduct outreach to help increase enrollment into Medicaid and CHP+ and bring together advocates to improve the programs.

With a membership of over 200 individuals and organizations, the Colorado Covering Kids and Families Coalition is building a long-term, sustainable movement to improve access to public health insurance in Colorado. Colorado Community Health Network, in conjunction with Catholic Charities and Colorado Children's Campaign, leads this effort.

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