Brief

Colorado Covering Kids and Families

Innovative School-Based Outreach and Enrollment Tactics for Medicaid and CHP+

Introduction

Colorado's Medicaid and Child Health Plan *Plus* (CHP+) programs provide comprehensive health care coverage to over 360,000 children and their parents. Yet, more than half of Colorado's 153,000 uninsured children who are eligible for these programs remain unenrolled. Enrolling all eligible children into Medicaid and CHP+ ensures that more children have access to the health care services that keep them healthy and ready to learn.

The most effective outreach and enrollment strategies respond to specific local needs and context, taking into consideration who is eligible but not enrolled in a particular area and why. Effective outreach efforts also take a comprehensive approach by identifying eligible children, assisting them with enrollment and retention in the program, and ensuring that the children are able to access care once they are enrolled.

Outreach and enrollment assistance is critical in a recession, when newly eligible families may be unfamiliar with public programs. Because schools are where children are found, they are the single best way to link eligible low-income children with health coverage. Schools are trusted institutions that can talk credibly with families, and may know which families need medical services. A survey of parents with children eligible for public health insurance found that more than half of the parents would be more likely to enroll their children if they could do so at their school or child care center.[1]

One method for expediting health insurance enrollment for eligible uninsured children is a process called ***Express Lane Eligibility (ELE).*** Express Lane Eligibility connects programs that have similar income eligibility rules, such as the National School Lunch Program, with Medicaid and CHP+ to find and enroll uninsured children in health insurance programs. This is an effective way of streamlining the enrollment process for families, reducing the burden of producing the same documentation for numerous programs.

In 2006, a bill was passed by the Colorado General Assembly to make it easier for families to enroll children into Medicaid and CHP+ through schools. The bill established a 3-year pilot project to find low-income, uninsured children by sharing necessary information as families are applying for free- or reduced-price lunches. When uninsured children are identified, authorized school personnel make eligibility determinations for Medicaid and CHP+. Pilot sites were established in Pueblo City Schools (Pueblo School District 60), the Jefferson County Public Schools, and Aurora Public Schools (Adams/Arapahoe 28J School District). These pilot projects are currently in their second of three years of funding.[2]

This paper highlights the work done by Pueblo City Schools and their subcontracted partner, Pueblo StepUp, and includes lessons learned from the pilot projects in Aurora and Jefferson County. This paper is intended to be used only as a guide to assist in program planning and implementation; each community must build an outreach and enrollment model that respond best to their local situation. The lessons learned from the pilot projects provide a framework for communities to develop their own school-based enrollment initiatives.

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This paper provides information on:

- How schools, counties, medical assistance sites, and communities benefit from streamlined Medicaid and CHP+ outreach and increased enrollment,
- Why this model is effective at increasing enrollment into Medicaid and CHP+,
- Highlights of the effective outreach and enrollment strategies currently practiced by Pueblo City Schools and their partner agency, Pueblo StepUp, as well as lessons learned in Aurora and Jefferson County school districts, and
- Resources and items to consider that may be helpful in program planning, implementation and evaluation.

Why would school districts, counties, and medical assistance sites want to collaborate on a school-based enrollment project?

School systems, counties and medical assistance sites are faced with numerous mandates and shrinking budgets. Why devote valuable resources to a school-based enrollment project? Simply put, this model is an effective way of finding uninsured children and linking them to health insurance program that provides access to comprehensive health care.

- *Children with medical insurance perform better in school,* have fewer absences, and can concentrate better than uninsured students. There is growing evidence on the link between school performance and health insurance status.[3]
- *This model is an effective way to identify income-eligible uninsured children*, eliminating the need for blanketed, inefficient outreach efforts for Medicaid and CHP+.
- *This model is efficient because it shares information between existing programs* to reduce application-related barriers and streamline enrollment into Medicaid and CHP+.
- *Schools that bill for Medicaid services may benefit from an increase in reimbursement rates* by increasing the percentage of eligible children who are enrolled in Medicaid, and can use this money to give back to their students.
- *Counties can decrease their application caseload and backlog* as well as decrease the number of requests for expedited applications.
- *Counties and the State save money* by reducing the number of costly visits to the emergency room made by uninsured children.

> "Linking uninsured children to an existing insurance program provides a great benefit to the community for little investment. Plus, there is a financial incentive for schools because we get federal matching money."
>
> -Pueblo City Schools

How has Pueblo City Schools and their partner organization, Pueblo StepUp, streamlined the enrollment of eligible children on to Medicaid and CHP+?

Pueblo City Schools can both identify uninsured children and enroll them in the appropriate public health insurance program. Pueblo City Schools identifies uninsured children via a question about the child's health insurance status on the school district's enrollment card, which also includes a parental consent to release information. With parental permission, the names of uninsured children are compared with those who receive a free- or reduced-price lunch. Instead of comparing long lists manually, Pueblo StepUp uses the school district's existing database, Infinite Campus, of student enrollment information to run a report that compares the names of uninsured children with the names of the children who receive a free- or reduced-price lunch. This list is then compared with the names of children who are already enrolled in Medicaid or CHP+ using the Colorado Benefits Management System. After the data-sharing mechanisms are in place, it would take one full-time staff person solely dedicated to the project approximately one month to screen the 18,000 students in Pueblo's school district for potential eligibility for Medicaid or CHP+.

Families with uninsured children who are income eligible for a free- or reduced-price lunch are contacted by both Pueblo StepUp and Pueblo City Schools using various methods, including letters and phone calls. In addition, Pueblo StepUp communicates with the nurses at the school-based health clinics to find out which students are in need of health coverage immediately. Prior to the pilot program, Pueblo StepUp was already assisting families with applications and had a developed a level of trust with families in the community. When uninsured families are contacted, they come to an appointment at one of four school-based wellness centers in Pueblo District 60 schools to receive application assistance. During these appointments, Pueblo StepUp assists parents with the application, eligibility determination, enrollment, and navigation of Medicaid and CHP+. Eligibility and enrollment into the appropriate health insurance program is determined on the spot and families receive immediate counseling on their Medicaid and CHP+ benefits.

The ability to carry out the pilot project required a contractual agreement between the Department of Health Care Policy and Financing and the School District to authorize the School District as a site that could determine Medicaid and CHP+ eligibility. A memorandum of understanding (MOU) was also in place with the school-based health centers. This MOU covers confidentiality issues associated with the Health Insurance Portability and Accountability Act (HIPAA). For more information on this MOU, please contact Brenda LaCombe from Pueblo StepUp.[2]

School districts and their medical assistance site partners may find other ways to streamline the application and enrollment process for Medicaid and CHP+. One example is to consider using the mechanism that schools already have in place to verify place of birth and identity of students to avoid re-asking a family for information that the school district already has.

What were the keys to success in the outreach and enrollment efforts of Pueblo City Schools and Pueblo StepUp?

The keys to success for the program in Pueblo can be best summed up as ***strong relationships*** with stakeholders who are committed to reducing the number of uninsured children. Pueblo StepUp and Pueblo City Schools have a variety of relationships with organizations in the community and can help families on all fronts of accessing health care. When unable to overcome a barrier that is deterring a family from enrolling in health coverage, Pueblo StepUp uses their extensive network in the community to connect the family to the appropriate agency. Pueblo StepUp is able to assist the family completely in the enrollment process and are committed to getting kids insured any way possible.

A 14-year-old patient from the Pueblo Community Health Center was referred to a specialist. After waiting several months for an appointment, the family arrives at the doctor's office to find out that their son is not covered by health insurance. Because of the relationship that Pueblo StepUp has with doctors at the St. Mary Corwin Medical Center and the Pueblo Community Health Center, the boy was brought to Pueblo StepUp, which is located in the same medical complex as the doctor's office. Pueblo StepUp helped the family fill out an application for Medicaid or CHP+. Because the boy is a Pueblo City Schools student, Pueblo StepUp was able to use their database to verify his birth certificate, process the application, and give him a presumptive eligibility card on the spot. He was seen by the specialist within an hour of his original appointment time. This was a win-win situation for all involved, because the child received needed medical care and the doctor will be paid for services rendered.

An ***invaluable partnership*** in the Pueblo project was the strong ***relationship between the medical assistance site and the school district's Director of Nutrition Services.*** The Director of Nutrition Services' participation was pivotal to the success of the program in Pueblo because she administers the National School Lunch Program and controls the database with information about families who participate in that program. One of the lessons learned from the pilot projects was that without obtaining input from the Nutrition Services Department during the planning phases, extra expenses and hassles were incurred during program implementation,

such as the need to re-print all of the school lunch program applications to include a place for parents to give their consent for sharing information between programs.

What additional factors helped Pueblo StepUp carry out these outreach and enrollment strategies?

Overburdened schools can't respond to every need facing our children. Counties and medical assistance sites are facing an increase in caseload at the same time as budgets are being cut. Pueblo's model can be carried out with few staff, especially after the initial implementation phase of the program. At Pueblo StepUp, two staff people screen students for eligibility, maximizing the reach of existing relationships, programs and data systems. As a result of the success of the program at Pueblo City Schools, the other school district in Pueblo is now considering implementing their own program.

Schools should consider innovative partnerships with agencies whose mission aligns with reducing the number of uninsured children. Pueblo StepUp is a non-profit organization that was already doing outreach and enrollment work with families. They used existing staff to help the school district with implementing the pilot program, and the school district was not burdened with additional work.

In addition to representatives from the school district and an eligibility determination site, what partners should we consider including during the planning phases?

The people to include when planning your program will depend on your local context. Consider the size of your school district and eligibility determination site, how existing programs are administered, and if there are already relationships between potential partnering agencies. A key lesson learned from the Pueblo pilot project was to include the appropriate managers of all of the people who will be involved in the program's implementation; clearly communicating roles to staff is helpful because people don't like to be responsible for additional work without understanding the purpose of it. Based on the experiences of Pueblo City Schools and Aurora Public Schools, ***partners that you may want to include in the planning process are:***

- The director of the school district's Nutrition Services department, as well as a person who processes the Free and Reduced Price School Meals applications
- The school staff member who bills for Medicaid services or the school Medicaid coordinator, if there is one
- The school-based health center staff, if any (to be a link to children who need immediate health services)
- The school district's superintendent
- An attorney (to interpret contracts and handle confidentiality issues)
- The supervisor(s) of personnel who may be involved in administrating and implementing the project
- Information technology staff (to assist in sharing information between databases and programs)
- A community liaison with ties to the populations that have high rates of eligible but uninsured children (to help gauge interest in the community and to help alleviate the potential fear of anything governmental)

What data did the Pueblo pilot project track for evaluation purposes?

For evaluation and reporting purposes, Pueblo City Schools and Pueblo StepUp tracks "everything that we touch" during the process of finding and enrolling families, including the status of every school lunch form sent out. Pueblo also tracks the challenges and successes in the program, and how the challenges are being addressed. All three pilot sites report that they have become much more efficient at reaching and enrolling children in the second year of the program, and they anticipate expanding the program and enrolling even more children during the third year. Additionally, families now have a resource where they can come for information

and assistance on accessing care or re-enrollment. If you are interested in the complete list of the categories of information that the Pueblo program tracks for evaluation purposes, please contact Christy Trimmer at christy@cchn.org.

How will Pueblo City Schools and Pueblo StepUp sustain the project after their grant ends?

Given this project is an effective way to fulfill their mission, the staff of Pueblo StepUp are committed to obtaining further grant support to continue the program after the pilot funding ends. Pueblo StepUp hopes to continue to be authorized to determine Medicaid and CHP+ eligibility after the pilot program ends. A potential source of long term sustainability may be in the Medicaid Administrative Claiming. The Medicaid Administrative Claiming (MAC) program approved by the Centers for Medicare and Medicaid Services allows states to claim federal reimbursement for administrative activities that directly support efforts to identify and enroll potential eligible clients into Medicaid, to bring them into services covered by Medicaid, to remove barriers to accessing Medicaid services and to reduce gaps in Medicaid services. Activities that may be eligible for reimbursement through MAC include Medicaid outreach, facilitating Medicaid eligibility determinations, medical/Medicaid related training and general administration. Colorado could tap this potential resource to match state and local funds already being invested into Medicaid outreach and enrollment activities.

> "In any community, organizations should be able to get some community funding because health coverage for kids is such a high priority. With this project, we now know who the uninsured children are that need our help, which has always been an organizational goal. This is an easy project to justify, considering the results are improved school outcomes, increased access to care, and money saved to the community. There is no downside to the program. We are not paying for the health care services, we are just helping eligible families get access to an already funded program."
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> -Executive Director of Pueblo StepUp

How did Aurora Public Schools and the Jefferson County School District build a partnership with their county departments of human services to conduct school-based outreach and enrollment?

Because only authorized sites can determine eligibility for Medicaid and CHP+, most school-based enrollment projects will need to partner with a county or existing medical assistance site.[4] Both Aurora Public Schools and Jefferson County School District engaged their local Department of Human Services to determine Medicaid and CHP+ eligibility for the families they identified through their school-based project.

Aurora Public Schools contracted with Arapahoe County to provide Medicaid and CHP+ eligibility determination in the school district. Every month, the staff in the nutrition services department of the school district collects the names of families who apply for a free- or reduced-price lunch and have given consent to share information with the Office of Medicaid Services. The families who are potentially eligible for Medicaid or CHP+ are contacted by a bilingual enrollment specialist who is employed by the school district. A system has been put in place to avoid calling families multiple times. The families come to the Office of Medicaid Services for application assistance, and county eligibility specialists work onsite to determine eligibility for Medicaid and CHP+. The county enrollment specialists are already trained so there is no need to train school staff on how to use the state's computer system to determine eligibility.

Jefferson County Public Schools inserts a form into their free- and reduced-price lunch application that asks for consent to share information with the Medicaid office, as well as for the phone number of the family. The Nutrition Services office scans the applications and generates a monthly report of the families who consented to have their contact information given to the Medicaid office. In addition, families receive the Medicaid office's phone number with their free or reduced lunch reward letter. Families are contacted, screened, and, if appropriate, they

make an appointment to come in to the school and fill out an application for Medicaid and CHP+. School Medicaid personnel do eligibility determinations on site.

The Arapahoe and Jefferson County Departments of Human Services are invested in partnering with their school districts to conduct outreach and increase enrollment in Medicaid and CHP+. With increasing caseloads for county workers, this partnership is one way to decrease the county's application backlog. In addition, families receive one-on-one application and re-enrollment assistance, further decreasing the burden placed on counties.

Both Aurora and Jefferson County school districts report that a benefit of this project is it reduces the barrier of fear or lack of information that keeps some potentially eligible families from applying for Medicaid and CHP+. Word of mouth spreads between parents who now know to go to the school Medicaid office for application assistance. In addition, parents and students will come into the office asking for help with their re-enrollment packets, promoting continuous coverage for families. With consistent medical coverage, children are able to access timely medical care, such as glasses and prescriptions.

What resources exist to assist schools districts, counties and medical assistance sites in planning and implementing school-based enrollment into Medicaid and CHP+?

There is not a "one size fits all" way to design and implement school-based outreach and enrollment. The most appropriate design will depend on your local context, taking into consideration how existing programs are administered and relationships between partnering agencies. A number of resources exist to aid you in planning and implementing school-based Express Lane Eligibility. Please ***see the resource list at the end of this document*** to get you started.

[1] Cover the Uninsured. *School-Based Outreach*. Retrieved from http://covertheuninsured.org/files/u4/SchoolBasedOutreach.pdf

[2] For more information about these projects, please contact:

- Brenda LaCombe, Program Manager, Pueblo StepUp at BrendaLaCombe@Centura.org
- Judy Weaver, Medicaid Consultant, Aurora Public Schools at jaweaver@aps.k12.co.us
- Jill Mathews, School Medicaid Program Coordinator, Jefferson County Public Schools at jdmathew@jeffco.k12.co.us

[3] Consumers Union. (2004). *"Healthy kids make better learners: A guide to school-based enrollment in state-sponsored health insurance programs".* Retrieved from http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/19/f9/ab.pdf

[4] A medical assistance site is certified by the State to determine eligibility for Medicaid and CHP+ using a centralized computer system. All 64 counties in Colorado have the ability to determine Medicaid and CHP+ eligibility in their county departments of human/social services. In addition, there are medical assistance sites at Denver Health and Peak Vista Community Health Center in Colorado Springs as well as at the three school-based enrollment pilot sites in Pueblo, Aurora and Jefferson County. The contact information for the county departments of human/social services and medical assistance sites can be found in the resource section at the end of this document.

Resources

Express Lane Eligibility

Georgetown University Health Policy Institute Center for Children and Families. (May 2007). *Express Lane Eligibility: Using Public Programs to Enroll Eligible Children into Medicaid/SCHIP*. Retrieved March 20, 2009 from http://ccf.georgetown.edu/index/cms-filesystem-action?file=presentations/horner-sci-may%202007.ppt

Horner, D., with Marrow, B., and Lazarus, W. *Building an On-Ramp to Children's Health Coverage: A Report on California's Express Lane Eligibility Program.* (September 2004). The Henry J. Kaiser Family Foundation and The Children's Partnership. Retrieved March 23, 2009 from http://www.kff.org/medicaid/upload/Building-an-On-Ramp-to-Children-s-Health-Coverage-A-Report-on-California-s-Express-Lane-Eligibility-Program-Report.pdf

The Children's Partnership. (2009). *Express Lane Toolkit*. Retrieved March 19, 2009 from http://www.childrenspartnership.org/Content/NavigationMenu/Programs/EHealthAgendaforChildren/ExpressLaneEligibility/Toolkit/ELE_Toolkit.htm

The Henry J. Kaiser Family Foundation. (November 2000). *Putting Express Lane Eligibility Into Practice: A Briefing Book and Guide for Enrolling Uninsured Children Who Receive Other Public Benefits into Medicaid and CHIP.* Retrieved March 20, 2009 from http://www.kff.org/medicaid/2211-index.cfm

Medical Assistance Sites Directory

County Departments of Human/Social Services:
http://www.cdhs.state.co.us/servicebycounty.htm

Contact information for other medical assistance sites:
http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1237960953164&ssbinary=true