

Covering Kids and Families readies for Back-to-School campaign

Once again, Covering Kids and Families is reminding parents and caregivers that health coverage is an important part of getting kids ready for school, through the annual Back-to-School media campaign.

With communications coordinator GMMB, Covering Kids and Families will provide action kits, sample press materials, small giveaways, and technical assistance. Designed to attract earned media through staged press events, Back-to-School can be customized at the local level to reach a variety of audiences. The campaign will run from July 31, the National Kick-off, through

Labor Day, with a strong focus on the first week in August.

In the past, local coalitions have organized around the Back-to-School campaign, convening meetings to plan joint events and to coordinate messages. Events have ranged from specific news conferences and announcements, to health fairs, to children's Sabbaths, to school supplies giveaways.

The GMMB and Covering Kids and Families Web sites have extensive support materials. Customized letters to the editor, op-ed pieces, fact sheets, and drop-in articles with Pennsylvania-specific information are available on Pennsylvania Partnerships for Children's Web site, www.papartnerships.org.

Additional templates for media advisories, community calendar announcements, and news releases are available at www.coveringkids.org, under the communications campaign icon. GMMB also provides materials that can be ordered online at the Covering Kids and Families Web site or by contacting Ginger Plummer at 202-572-2842 or ginger.plummer@gmmb.com.

Covering Kids and Families' Back-to-School business partners include Acme Markets and Albertsons, CVS pharmacies, Eckerd, Giant Food, H&R Block, Wal-Mart, and Jewel-Osco. Organizational partners include the AFL-CIO, the American Academies of Pediatrics and Family

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Health care access training

As part of Part 2 Adult Coverage, Covering Kids and Families is sponsoring workshops on "Gaining Access to Quality Care" in October in Erie, Harrisburg, Scranton, Pittsburgh, and Philadelphia.

Speakers from the departments of Insurance, Health, and Public Welfare will provide information on state programs available for adults and families, including adultBasic, Medicaid, Medical Assistance for Workers with Disabilities, Breast and Cervical Cancer Prevention and Treatment Program, Healthy Beginnings, Emergency Medicaid and Title 5 Maternal and Child Health Services, and the Trade Act of 2002.

Participants will also see presentations on the COMPASS Power User and Community Partners upgrade and local best practices. Details and meeting dates will be announced soon. For more information, contact Joan Apt, 215-735-3290; japt@dvhc.org.

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Physicians, American College of Obstetricians and Gynecologists, YWCA, SEIU, the National Governors Association, the National Education Association, and the National PTA. A complete list of businesses and organizations — which can be approached locally for joint ventures — is available on the Covering Kids and Families Web site.

Back-to-School campaigns can involve a lot of effort or a minimum of effort. Regardless of what you undertake, the Statewide Covering Kids and Families Coalition can help with organizing and materials and would like to know what you are planning.

There are several Back-to-School approaches to choose from:

- Submitting materials to the media, such as letters to the editor, op-ed pieces, and drop-in articles, which are fully written notices that newspapers and shoppers' guides can print as-is.
- Attracting media coverage through news conferences, media-friendly outreach or enrollment events, business partnerships, or kick-off events announcing the Back-to-School period.
- Informing and engaging your individual mem-

bers through newsletter articles, opportunities to participate in local Back-to-School activities, sample outreach ideas, and resources for outreach materials available through Covering Kids and the Department of Insurance.

Ideas on tap

A few suggestions for Back-to-School efforts:

- Membership organizations can ask members to distribute or post fliers or brochures in their settings.
- Ask members that provide direct services to families to host an outreach or enrollment event or take the 100% Pledge to make sure all of the children they serve have health coverage. Announce the Pledge in a news conference or news article.
- Place an article about Back-to-School and health coverage programs in your newsletter.
- Join with other Statewide Covering Kids and Families Coalition members to host a news conference in your region.

For more information, contact Ann Bacharach, 717-236-5680, ext. 111; annbach@papartnerships.org.

adultBasic opens to 6,000 more enrollees

The Pennsylvania Insurance Department has created a waiting list for adultBasic, the state's health insurance program for uninsured adults. Funded by the Pennsylvania Tobacco Funds, adultBasic was designed to cover between 40,000 and 50,000 adults. When enrollment reached 50,238 in February 2003, the program was capped and a waiting list initiated.

In addition to the \$97 million available for fiscal year 2003-2004, an additional \$12 million in available funds has been reallocated to the adultBasic insurance program from Medical Assistance for Workers with Disabilities. The money will permit enrollment of 6,056 people from the waiting list. The added funding increases the sustainable enrollment from 40,000 to 44,000 for 2003-2004.

After the additional money has been used to continue the enrollment process, the Insurance Department estimates that about 40,000 people will still be on the waiting list, with 1,500 to 2,000 new applications received each week. While there is not yet enough experience to forecast the attrition rate, estimates range around 5 percent to 6 percent a month. The enrollment number has to come down to the 2004 sustainable number of about 44,000 before any new people can be enrolled from the wait list.

Enrollees will drop off adultBasic in two ways — non-payment of the \$30 monthly fee, and not re-enrolling at the end of the year. While there's no experience to predict the one-year renewal rate, the drop-off rate for non-payment has been low. The Independence Blue Cross and Highmark Blue Shield Caring Foundation in Southeastern Pennsylvania reports that in April 2003, 300 of its 15,767 subscribers were terminated for non-payment.

Common themes emerge from FQHC tests

The availability of free care or reduced fees may inhibit parents' motivation to apply for coverage, but the "hassle" factor in applying may be offset by the on-site presence of staff dedicated to thorough follow-up, two Covering Kids pilot sites have found.

Cornerstone Care, which operates three Federally Qualified Health Centers in Southwestern Pennsylvania, and Philadelphia Citizens for Children and Youth, which has partnered with FQHCs over time, have been testing ways to encourage parents visiting health centers to apply for CHIP and Medicaid. Though conducted in two very different places, with different methods, the tests have revealed some common lessons:

- The promise of reduced fees when parents pay for care and additional services beyond health center offerings can motivate parents to apply for coverage.
- The application process and documentation requirements are not simple enough for most parents to apply on their own successfully.
- The on-site presence of application assisters, such as benefits counselors or community health workers, enhances families' use of that assistance.
- Informing and engaging all facility staff is critical in encouraging and supporting families to apply.

Cornerstone Care

Cornerstone Care tested the impact of fees and a fee waiver on parents' motivation to apply. Cornerstone patients can apply to qualify for a sliding fee, and Cornerstone received permission from the Health Resources and Services Administration to adapt the application to include the information needed to apply for Medicaid and CHIP.

About 25 percent of Cornerstone patients were uninsured, administrators estimated, and they believed that waiving the fees for children's visits could motivate parents to apply for coverage. Essentially, they were testing the impact of a presumptive eligibility look-alike on enrollment.

The project's design was straightforward. Community health workers, or CHWs, contacted parents before their scheduled appointments, asked them to bring the documents needed for an application, and assisted them in completing and submitting the forms. Once the forms were submitted to Cornerstone's business office, the fees would be waived.

Between January and March 2003, Cornerstone counted 75 total, unduplicated visits by children without coverage, receiving sick or acute care, re-checks, and well-child examinations. Staff members gave applications to 27 parents, resulting in 17 children enrolled. Twelve of the families applied without CHW assistance, and 11 got CHW help. Four families failed to complete the form or did not send documentation. Three families obtained private insurance, one application was lost, and three families refused to apply but ultimately didn't pay their fee, either.

Barriers identified for families were problems in documenting income, mistrust of government programs, and communication problems in reaching families (incorrect or disconnected phone numbers, incorrect or changed addresses, etc.). Some families did not respond to offers of assistance, and some just refused to apply.

Project barriers were a transition in the center's computer system, not having a community health worker on site daily, appointment schedule changes, and the perception among families that getting free or reduced-fee care was better than the hassles of applying — in other words, free and reduced-fee care could actually inhibit families' motivation to apply.

With initial lessons learned, Cornerstone officials made improvements to the project. They installed a CHW at each site every day, updated the computer system for better appointment tracking, and implemented a data collection system that includes the date and reason for the appointment, time of contact with the parent (before the appointment or at the visit), number of contacts needed to complete the application, whether the family pays a sliding fee or the higher nominal fee for care, and the application's outcome.

The Cornerstone CHWs also recommend that all center staff be trained on the project and kept up to date on any adjustments so they could reinforce the message that coverage is important. Applications were more likely to result in enrollment if they were completed with the CHW's assistance or review, rather than by the parent alone.

The influence of the fee waiver seemed to be highest when the family was paying at the higher end of the fee schedule or the nominal fee, and if the child needed additional services that may not have been available through the FQHC.

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FQHC tests: Common themes

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Phila. Citizens for Children and Youth

With a long history of health coverage outreach, Philadelphia Citizens for Children and Youth has worked with Philadelphia to extend coverage to children seen in the city's 10 health centers. However, several initiatives had not successfully engaged families in applying for coverage, so PCCY conducted a study in 2002 to determine why they had failed and other strategies to try.

The city of Philadelphia provides free care to all uninsured patients seen at the health centers, but all centers are Medicaid and CHIP providers. In 2001, about 64 percent of all children who used the centers had no insurance. Examining its next options, PCCY chose not to talk to parents, whose attitudes have been studied extensively, but to plumb health center staff for feedback on previous efforts and suggestions for new strategies.

Staff believed children's health coverage was important, citing the services unavailable through health centers, such as specialty care and hospitalization. They also understood that insured children generated revenue for the centers. Staff offered more than 20 reasons why children using the centers might not have health coverage. The most significant barriers

were immigration status, language barriers and cultural differences, no incentive for parents since they receive free care, parents' lack of knowledge about the programs or a belief that they are not eligible, parents' lack of time to see a benefits counselor or complete the forms, parents' trouble in assembling the necessary documents regarding income and immigration status, and parental indifference.

Staff also recommended strategies to increase enrollment at the health centers. The top five were:

- **Provide incentives to parents and center staff to complete the application:** Gift certificates or other "rewards" for completing the application; friendly competitions among centers, rewarding benefits counselors and staff for enrolling the largest number of children; post and distribute information about the services covered under Medicaid and CHIP not available through the centers.
- **Expand access to benefits counselors:** Send families to the benefits counselors while they're waiting for health care services; maintain at least one full-time counselor at each center and hire staff who live in the neighborhood, particularly bilingual individuals who are persistent, assertive, and team oriented; situate benefits counselors close to pediatric waiting areas or have counselors see families in the pediatric area during clinic hours.
- **Advertise:** Have staff wear buttons that say "Ask me about free or low-cost health insurance for kids"; provide posters with income guidelines, and distribute fliers, stickers and bookmarks with information on health coverage; run a loop video in the waiting area that describes children's health coverage and how to apply; create fliers publicizing the benefits counselor's availability.
- **Increase client access to insurance applications:** Keep applications in the waiting area and exam rooms for clients to independently access and for staff to distribute; insert fliers (translated into multiple languages) into each application with easy-to-follow instructions and other important information to help reduce the need for assistance.
- **Increase staff awareness and involvement:** Educate staff on the fundamentals of children's health coverage, eligibility guidelines, and the application process, as well as the impact of uninsured children on the center.



Pennsylvania Partnerships for Children

Covering Kids and Families PA is published quarterly by Pennsylvania Partnerships for Children. PPC is the statewide voice for the health, early education, and well-being of Pennsylvania's children, Joan L. Benso, President and CEO; Ann Bacharach, Covering Kids and Families Project Director. Funded by the Robert Wood Johnson Foundation.

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Year 2 revisions to the school lunch test make a difference

Continuing a test of combining school lunch and health coverage applications, the Pennsylvania Covering Kids and Families Project has tested a simple but effective cross-program system that has enrolled hundreds of children in insurance and provides a model for other collaborations between programs serving low-income families.

Collaborating with the state departments of Insurance and Public Welfare, Pennsylvania Partnerships for Children and Consumer Health Coalition applied the lessons from an initial test — a test that encountered many stumbling blocks — and implemented a simplified procedure in five school districts in 2002-03.

In the new test, school districts distributed a short form for free and reduced school meals with a second form asking additional questions for health coverage, plus an envelope to segregate the second form. When parents or caregivers indicated that they wanted to apply for health coverage, school staff copied the lunch application, attached it to the envelope with the additional health information, and sent the packet to the local County Assistance Office.

The project has overcome several obstacles. The school lunch enrollment process was not disrupted, and schools reported no difficulties in maintaining their school lunch numbers. Many families put both forms in the envelope, instead of just the health form, but staff anticipated that

and simply opened the envelopes to collect the school lunch forms. The test's enrollment numbers revealed success:

- West Chester Area School District, 61 children in Medicaid or CHIP, from 129 applications submitted.
- Canon-McMillan School District, 24 families covered or referred to CHIP, from 37 applications.
- William Penn School District, nine families covered or referred to CHIP, from 31 applications.
- Greater Latrobe School District, 10 families covered or referred to CHIP, from 14 applications.

The Wilkinsburg School District does not require an annual school lunch application. Officials participated in the test by designing a permission form allowing the district to share families' previous school lunch application information with the County Assistance office, which made follow-up contacts.

The success of this school lunch pilot provides an additional option for school districts interested in linking their students with coverage. The state Insurance Department is now mandated to provide information on CHIP to each school district. Brochures will be provided to districts and are helpful, but this project and other ideas will allow the department to offer school districts the opportunity to do more, if they want to.

***Don't forget:
The Back-to-School Campaign kicks off on July 31.
Start planning now!***

More information and materials:

**www.coveringkids.org
www.papartnerships.org**