

New grants to study health care utilization issues

Two Covering Kids and Families pilot sites will study barriers to health care services among Latino families and publicly subsidized populations, under Part 3 grants awarded by the National Program Office for Part 3 - Access to Care, the Center for Health Care Strategies.

Funding will enable grantees to identify and document barriers to the use of health care services for low-income children and adults enrolled in Medicaid or CHIP and to develop and test strategies to improve access to needed health care services for enrollees. Pennsylvania's two awardees,

Philadelphia Citizens for Children and Youth and the Consumer Health Coalition, are among 25 grants given to local CKF pilot sites nationwide.

PCCY

PCCY and its partners, Maternal Child Health Consortium and Congreso de Latinos, will work on understanding and eliminating the barriers Latino families insured by Medicaid and CHIP encounter when trying to access health care services.

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Workshops: Gaining access to quality health care

The Institute for Healthy Communities is sponsoring workshops around the state on Gaining Access to Quality Health Care. The workshops are a part of the Covering Kids and Families Part 2: Enrolling Eligible Adults project, which is striving to increase outreach and enrollment activities to uninsured adults in Pennsylvania families.

Speakers from the Pennsylvania departments of Insurance, Health, and Public Welfare will share information on state programs that provide access to health care for adults and families, including:

- Free and low-cost health insurance.
- Insurance for adults with special health care needs.
- Coverage for displaced workers.
- User experience with COMPASS Power User and Community Partners.
- Regional best practices.
- Federal tax credits to cover health insurance for certain displaced workers.

The meetings will be held from 9 a.m. to 1 p.m. at these dates and locations:

- Thursday, Oct. 2: Erie Shriners Hospital, 1645 W. 8th Street, Erie
- Friday, Oct. 3: Hospital Council of Western Pennsylvania, 500 Commonwealth Drive, Warrendale
- Tuesday, Oct. 7: Hospital and Healthsystem Association of Pennsylvania, 4750 Lindle Road, Harrisburg
- Wednesday, Oct. 8: Chestnut Hill Hospital, 8835 Germantown Avenue, Philadelphia
- Friday, Oct. 10: Community Medical Center, School of Nursing, Auditorium, 1800 Mulberry Street, Scranton

The program is free but space is limited and registration is required. For more information, contact Patricia Liddick of the Institute for Healthy Communities, pliddick@haponline.org, 717-564-0303, or Joan Apt, Delaware Valley Healthcare Council of HAP, japt@dvhc.org or 215-735-3290.

Grants to study health care utilization

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All three organizations have a long history of helping Latino families secure health insurance, but they have not been able to focus on understanding the barriers to care faced by families for whom English is not the primary language.

The plan will take four steps toward better understanding of barriers:

1. The three agencies will create a survey instrument to assess barriers and administer it to 100 Latino families — 50 from suburban Chester County, and 50 from Philadelphia.
2. MCHC and Congreso will each conduct two focus groups — one with outreach staff and one with clients to collect qualitative data regarding barriers.
3. PCCY will analyze the data from the surveys and focus groups. MCHC and Congreso will review their case management records, including stories they have collected and records of problems. PCCY will also review data regarding access to care from its 2001 report, *From Coverage to Care in Medicaid and CHIP*, and on Latino children's health from its 1996 report *Latino Children in Philadelphia*. Finally, PCCY will utilize HEDIS data — the Health Employer Data Information Set that offers reliable measurements for health insurance utilization — and *Reaching Out for Improved Child Health in Pennsylvania*, a 2001 report on Hispanic outreach.
4. PCCY will identify access issues, paying particular attention to similarities and differences in family location (suburban versus urban settings), length of time in the United States, and the legal status of parents. Finally, PCCY will investigate how similar access problems, such as transportation to care, require different solutions depending on these variables.

Consumer Health Coalition

CHC will focus on publicly subsidized populations in managed care programs such as Pennsylvania's CHIP, Medicaid, and adultBasic. CHC will specialize in two subsets whose care

needs are clearly defined: people with chronic health care needs that require ongoing care, and those for whom screening and preventive care is indicated by evidence-based guidelines. By focusing on these target groups, CHC hopes to demonstrate that the care for which they advocate actually improves health status.

CHC will survey current and future enrollees to capture their experiences accessing services. They will ask about denial of care, challenges getting access due to lack of provider networks, prior authorization barriers, and availability of medically related services, such as transportation, extended office hours, physician extenders, and links to housing. They will also ask about the adherence to evidence-based medical interventions.

Once they understand the gap in access to these services, CHC will develop consumer-led working groups to convene stakeholders and address each problem systematically. CHC will use the findings to make local system changes and will bring broader issues to the Statewide Covering Kids and Families Coalition for state government attention.

In the end, CHC hopes to understand whether and why the enrollees they assisted receive all appropriate care. That understanding will help CHC assist families in navigating the care system and getting any necessary services they don't currently receive.

In phase two of the grant, CHC will keep its understanding current and monitor progress by continuing to document the access issues that consumers encounter. The measures CHC creates and incorporates could initiate a safety net baseline of care that educates consumers and providers. Medicaid, CHIP, and adultBasic administrators could eventually build these outcomes measures into their contracts, creating a pay-for-quality element to these public programs that would put them substantially ahead of the rest of the nation. This level of public accountability for access and outcomes could set the standard nationally.

Both CHC and PCCY will report regularly to the Covering Kids and Families Coalition, bringing their findings and issues to the larger group.

Children's health recommendations for 2004-05 state budget

Children would have better access to health coverage that meets their needs, and barriers to Medicaid and CHIP enrollment would come down, under recommendations for the 2004-05 state budget developed by Pennsylvania Partnerships for Children. As requested by the Covering Kids and Families Coalition at the Sept. 10 meeting, they are shared here.

The recommendations, presented to the departments of Public Welfare and Insurance, are:

Medicaid & CHIP outreach and enrollment

Restore and expand mini-grants to enhance existing outreach efforts: Mini-grants were a powerful way to generate community outreach, but they were eliminated in the 2003-04 budget. In 2004-05, the state should restore mini-grants for community organizations and expand the local outreach effort to at least 20 additional communities.

Since SCHIP began in 1998, Pennsylvania has been allowed to spend up to 10 percent of its annual SCHIP allocation for administration and outreach. Pennsylvania's federal 2003 SCHIP allocation is \$132.849 million, and up to \$13.285 million in federal SCHIP could be spent for outreach and administration. The Pennsylvania Department of Insurance has budgeted \$3.787 million for federal SCHIP administration in the state 2003-04 budget and \$1.602 million in state CHIP administration match. That leaves

a potential \$9.498 million in federal SCHIP funds that could be drawn down to pay for additional outreach.

Include income eligibility guidelines in advertisements: Many parents whose families are eligible for CHIP and Medicaid assume they earn too much to qualify. To counteract that misperception, all future CHIP and Medicaid television advertising should include specific dollar amounts tied to family size.

Presumptive eligibility pilot test: Families without insurance are most motivated to apply when their child is sick or injured. The departments of Public Welfare and Insurance should conduct a pilot test of presumptive eligibility coverage in a high-volume children's health care setting, such as a hospital emergency room.

Under the test, families whose children do not have health coverage at the time of their emergency room visit would be presumed eligible for either CHIP or Medicaid based on self-declaration of income and family size. Coverage would continue while the family completes the full enrollment process. Support and follow-up — critical elements in assuring that families successfully complete enrollment — would be provided by hospital social workers or community health workers.

Self-declaration of income: The departments of Insurance and Public Welfare should convene a work group to design a local pilot project to determine feasibility, efficacy, and financial effects of self-declaration of income. The pilot project should evaluate the effects on enrollment in Medicaid and CHIP and its positive and negative impacts on potentially eligible children and families. The work group should also evaluate the communication gaps, if any, in various statewide income verification systems and recommend corrections. In 2005-06, the departments could fund pilot projects based on the workgroup recommendations.

Assisted enrollment

Over-the-phone enrollment: With the Power User version of COMPASS now in place, an application for health coverage takes about 20 to 30 minutes to complete. The next step could be capturing the opportunity to complete an application when parents call the state's Helpline for information. The state could hire the necessary additional staff to take applications

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Covering Kids and Families Coalition Meeting dates, 2003-04

All meetings will be at the Harrisburg Hilton, One North Second Street, Harrisburg.

- Tuesday, December 2, 2003
- Wednesday, March 17, 2004
- Wednesday, June 2, 2004
- Wednesday, September 8, 2004
- Wednesday, December 1, 2004

For more information, contact Covering Kids and Families Project Director Ann Bacharach, 717-236-5680, ext 111; annbach@papartnerships.org.

2004-05 state budget recommendations for kids' health

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over the phone. The Helpline should conduct a two-month test to determine volume, time to process applications, and personnel needed to move to full-time over-the-phone enrollment.

Community-based assistance: The state should develop a pilot project to test the potential for funding local agencies as application assisters and their effective use of the Power User version of COMPASS in getting children and families enrolled in health care coverage. COMPASS community partners, local community-based organizations, hospitals and health centers, schools, and churches could also verify income either by reviewing and certifying pay stubs or by contacting employers for income information directly. PPC proposes a pilot project to fund 10 COMPASS community partners statewide with \$10,000 each in seed funding to assist children and families with enrolling in Medicaid and CHIP. The \$10,000 would offset additional administrative costs such as staff time, phone lines, and Internet access.

Continuous coverage at renewal: Families can lose coverage for a couple of months when they transition between Medicaid and CHIP, and children can go without health care. Pennsylvania should create an "any form is a good form" process for renewal that

not only allows the transmission of forms and verification between Medicaid and CHIP but that also confers continuing coverage during that process. This would require several infrastructure additions that would create a mechanism for a temporary ID card for the child, a payment mechanism for the health care providers during the transition, and a retrospective payment to either a CHIP or Medicaid insurer from either DPW or DOI.

Expand eligibility by raising the dependent care deduction: Pennsylvania should amend the CHIP and Medicaid dependent care deduction to reflect DPW's child care allowance for subsidized child care. This would require raising the monthly dependent care deduction, currently \$175 to \$200 per child, to:

- \$450 per month for infants under age 1.
- \$425 a month for children between ages 1 and 3.
- \$400 a month for children between ages 3 and 6.
- \$250 a month for school-age children.

CHIP benefit package

Add defined medically necessary orthodontia to CHIP: Medically necessary orthodontia remains a critical health benefit for children with chronic conditions or who have been injured. A medically defined malocclusion occurs in children with cleft palates and children with jaw or facial abnormalities, often precipitating medically necessary orthodontia to fully restore speech and eating functions. PPC recommends that Pennsylvania adopt the Cal/Mod index and add medically necessary malocclusion to the CHIP benefit package. According to the Pennsylvania Dental Association, only 0.364 percent of Pennsylvania's children require medically necessary orthodontia.

Family Based Mental Health Services added to the CHIP benefits package: FBMHS averts hospitalizations and improves outcomes for children and adolescents with severe mental illness, and PPC recommends its inclusion in the CHIP benefit package. In Pennsylvania, FBMHS is a behavioral health service package provided by a team of either two child mental health professionals or one child mental health professional and a child mental health worker. Services include intensive home therapy, casework, family support, school-based consultation and intervention as needed, and 24-hour, seven-day availability for crisis stabilization.



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20 North Market Square, Suite 300
Harrisburg, PA 17101
717-236-5680 or 1-800-257-2030
www.papartnerships.org