

DECEMBER 2010

Using Schools and Data Matching to Enroll Kids in Medicaid and CHIP

The recently enacted health reform law provides for a national expansion of Medicaid eligibility, effective January 1, 2014, that will extend coverage to an estimated 16 million more low-income Americans, primarily uninsured adults, by 2019. In addition, the law requires implementation of a coordinated system for determining eligibility for Medicaid and subsidized coverage in the new health insurance exchanges. With these new requirements on Medicaid eligibility and enrollment processes, and continuing strains on state resources stemming from the recession, the impetus to streamline and automate Medicaid systems has never been greater.

In a recent report, *Optimizing Medicaid Enrollment: Perspectives on Strengthening Medicaid's Reach under Health Reform*, the Kaiser Commission on Medicaid and the Uninsured explored how the Medicaid program might be improved to prepare it for its expanded coverage role. Springing from that work, this new series profiles innovative applications of technology in Medicaid in selected states, illustrating a range of approaches states can adopt to enhance their systems and gear up to implement the Medicaid expansion and health reform overall. This brief examines efforts by the Chicago Public School (CPS) system to use multiple strategies including data matching with the school lunch program, marketing and local organizing to target children for outreach and enrollment in public health insurance and other benefits. Illinois has been a leader in advancing coverage for children. In the summer of 2006, Illinois expanded its All Kids public health care for children to offer coverage to all uninsured children, regardless of income, health status or citizenship. The strong leadership of the Governor, along with widespread support from state advocacy groups, health care stakeholders and the legislature were key in passing the All Kids initiative. Simplifying the enrollment process and conducting extensive outreach were credited with some of the success of the All Kids program.

How do Chicago Public Schools (CPS) promote enrollment in public health insurance programs?

The CPS created the Children and Family Benefits Unit (CFBU) in 2004 to increase public awareness, provide application assistance and manage cases to enhance enrollment in All Kids and food stamps/SNAP as a result of two important factors. First, the school superintendent for CPS in 2000 focused on the connection of children's health and school performance (i.e. lack of health insurance results in poor attendance due to untreated illnesses). Second, state legislation was passed in 2004 which re-defined the formula for allocating state education funds to target additional funds to schools with children from poor families. Specifically, the legislation created the Poverty Grant, which is an annual unduplicated count of students enrolled in Medicaid, CHIP, SNAP/food stamp and TANF. Currently, the Poverty Grant provides CPS approximately \$2000 per student in the Poverty Count. Under-enrollment in these public programs translates to revenue losses for CPS so the CFBU was created to help boost enrollment. CFBU has 14 liaisons (nine of whom are bilingual and bi-cultural) located in schools throughout Chicago. The annual budget for CFBU is about \$1,000,000 (about half comprised of federal funds). CFBU uses a combination of data-matching, organizing and marketing to fulfill its mission.



Data-Matching. The Chicago Public Schools has over 600 schools with 435,000 students. About 84 percent of CPS' students are eligible for the National School Lunch Program (NSLP). CFBU estimates that 70,000 to 80,000 CPS students who receive benefits in the NSLP are potentially eligible but not enrolled in All Kids resulting in an annual revenue loss of \$144 million for CPS. CPS receives a daily updated file with All Kids enrollment information for all Chicago children. The CPS' Office of Technology matches the two datasets (NSLP & All Kids) to identify children who are receiving free or reduced school lunch but are not on All Kids (receipt of free lunch is a proxy for Medicaid eligibility and reduced lunch is a proxy for CHIP eligibility). This identification helps CFBU liaisons to target schools with the highest level of under-enrollment in All Kids, as well as the actual students who are eligible but not enrolled. In 2005, CFBU started using a web-based application, HelpEngen, for benefit screening and application creation. HelpEngen allows families to apply for multiple programs without duplicative questions and documents. Because HelpEngen is web-based, applications can be completed on the phone or in person with a liaison at their school or off site. Since 2005, CFBU has screened over 49,000 families and produced more than 24,000 applications for All Kids, food stamps/SNAP or joint applications for both. The disposition rate for approved medical only applications has consistently been at 90 percent.

Organizing. As part of a bottom-up strategy to increase enrollment, liaisons meet with principals where individualized plans are developed to increase awareness and enrollment in public benefits. Each liaison is assigned to 50-60 schools. At some schools with high rates of under-enrollment, CFBU in collaboration with Family Community Resource Centers (FCRCs) of the Illinois Department of Human Services (IDHS) do on-site enrollment. If all documents are provided, an eligible family may leave the event with approval for benefits. During various times in the year, targeted letters are sent out to families whose children are potentially eligible but not enrolled in All Kids. By having bilingual and bi-cultural staff located in local schools, the CFBU has been able to build trust with families to promote enrollment which is critical in areas with high proportions of immigrant populations. As part of a top-down strategy, the CFBU collaborates with Directors and managers in at least 10 departments at CPS to incorporate enrollment efforts into the department's activities. CFBU trains over 1,500 school clinicians including nurses, social workers, and counselors as well as 600 schools based Homeless Liaisons who in turn, identify and refer children to CFBU. CFBU also works collaboratively with both state agencies involved in processing All Kids applications—the Illinois Department of Healthcare and Family Services (HFS) and the IDHS—and with advocacy coalitions and organizations.

Marketing. Each year, CFBU does three large-scale marketing events as part of CPS's Back to School Campaign and its two Report Card Pickup events, which parents are mandated to attend. In total, CFBU distributes 1.5 million leaflets at these events. Within a week of leaflet distribution, automated calls go out to all CPS families. CFBU has a hotline that is modeled after the City of Chicago's 311 Call Center to field questions about the program during major enrollment events and year round which enhances the efficiency and the number of calls that can be processed. The Hotline refers information on families requesting application assistance to the Liaisons, who make contact within five business days. Liaisons offer application assistance over the phone and/or in person at their schools, manage the applications to obtain verifying documents and then fax or email the applications to the pertinent state agencies.

What key issues have emerged?

While CFBU liaisons can complete an online application, enrollees must still provide verification documents and signature pages via fax, mail or in person at Liaisons' schools. While CFBU has worked to facilitate getting this information by enabling applicants to send documents at no cost via CPS's internal mail system, it is often challenging to obtain all necessary documents. Illinois' initial expansion of children's coverage that occurred in 1998 was coupled with a single application for health coverage for children. These applications may be submitted to HFS's central processing unit or the applicant's local DHS office for processing. While either agency will process any application received, case maintenance and other customer service is divided based on income. Cases with children under 133 percent of poverty are maintained only by local human services agencies while HFS maintains all higher income cases. These are largely paper records and it is difficult to deal with transfers from one local office to another or to the central unit. A recent state audit focused on children above 200 percent of poverty was critical about some aspects of the All Kids program despite responses that the program is in compliance with the laws governing the program. While not focused on Medicaid and CHIP directly, the audit could have implications for the enrollment process for these programs. More broadly, state budget constraints, reductions in state workforce (including eligibility workers), an antiquated electronic infra-structure for eligibility as well as increases in applications tied to the economic downturn all contribute to enrollment challenges for All Kids.

What's next for CPS and Illinois in promoting enrollment in public health insurance programs?

In an attempt to streamline the application process, the state is moving forward with the option to conduct data matches with the Social Security Administration (SSA) to substantiate US citizenship for determining eligibility for Medicaid and CHIP. In preparing for health reform, seven state agencies are looking to develop a framework and Request for Proposal (RFP) for planning for an upgrade to antiquated eligibility systems. However, the state indicated that this is a very big project that will need a lot of time and funding. The state was also waiting for Centers for Medicare and Medicaid Services (CMS) guidance about the federal match rate for new eligibility systems. Regulations stating that states could potentially receive a 90 percent federal match rate for design and development of new eligibility systems and a 75 percent federal match rate for maintenance and operations of these systems were released on November 3, 2010. In the immediate future, the state will need to manage the budget crisis and also look forward to the implementation of health reform.

The experience in Illinois shows that even with new technology, there is value in building community relationships, conducting on-going outreach and providing one-on-one application assistance to promote enrollment, particularly in areas with large immigrant and non-English speaking communities. The experience in Illinois also illustrates that even with legislation to expand coverage (such as All Kids) it is critical to have the underlying systems in place to help facilitate enrollment to achieve the full promise of the policy change. Finally, the CPS experience shows that schools can be an effective place to conduct enrollment and maintenance of benefits.

This publication (#8123) is available on the Kaiser Family Foundation's website at www.kff.org.