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ANALYSIS & COMMENTARY

Rising To The Challenge: Tools For Enrolling Eligible Children In Health Coverage

DOI: 10.1377/hlthaff.2010.0852
HEALTH AFFAIRS 29,
NO. 10 (2010): –
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ABSTRACT Nearly five million uninsured children in the United States are currently eligible for Medicaid or the Children's Health Insurance Program (CHIP) but are not enrolled in these programs. A top Obama administration priority is to achieve the long-sought goal of ensuring that uninsured children are enrolled—and that they stay enrolled for as long as they are eligible. The author, who is secretary of the U.S. Department of Health and Human Services (HHS), outlines measures that HHS and other federal agencies are implementing to reach this goal. She also cites existing state efforts to enroll more children and improve children's coverage, and she describes steps that states, local governments, and the private sector can take to expand outreach efforts, increase enrollment, and keep eligible children covered.

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On February 4, 2009, President Barack Obama signed the Children's Health Insurance Program Reauthorization Act (CHIPRA) into law. Less than two weeks later, he signed the American Recovery and Reinvestment Act (ARRA), which continues to give critical assistance to state Medicaid programs, helping them provide essential health services during the economic downturn. With these two actions taken less than a month into his term, President Obama demonstrated this administration's strong commitment to ensuring that America's children have the high-quality, affordable health care they need. Congress's extension of the critical federal support for Medicaid in the summer of 2010, along with the historic passage of the Patient Protection and Affordable Care Act earlier in the year, underscores this nation's commitment to ensuring access to health care for children and their families.

Closing The Coverage Gap

In recent years, the nation has made great strides in covering children through improvements in

Medicaid and the Children's Health Insurance Program (CHIP). Last year's Census Bureau report showed that more children have health insurance through these programs than ever before.¹ Our job, however, is not done. We know that there are nearly five million uninsured children in the United States today who are currently eligible for health coverage through Medicaid or CHIP but are not enrolled.² As we implement the Affordable Care Act, we do not have to wait—indeed, we have a moral obligation to move forward—to close this gap in health coverage among children. No child should ever be denied or unduly delayed in having access to preventive care and the other health care services that our nation has at its disposal.

CAUSES The causes of the coverage gap for children are varied. Many families still do not know that Medicaid and CHIP coverage is available. They may mistakenly believe that their incomes are too high for their children to qualify, or they may have applied for coverage in the past but have been unable to enroll. Coverage for children has expanded greatly, but families are not always aware of recent eligibility increases in their states or of new, simplified ways they can

apply for coverage. Yet surveys show that families are eager to enroll their children once they learn that they may be eligible. Families who are losing jobs and experiencing financial stress during the economic downturn describe Medicaid and CHIP coverage for children as an essential financial support mechanism.³

SOLUTIONS Key to closing the insurance gap for our nation's children is thus ensuring that families are informed about their children's eligibility for coverage—and eliminating the last vestiges of administrative barriers that make it difficult for families to enroll their children. CHIPRA offers states a well-stocked toolbox to use in enhancing and augmenting their coverage efforts. The legislation greatly increases the federal funding levels for CHIP, provides support for several key improvements to both Medicaid and CHIP, and makes available new financial support to states that are successfully boosting enrollment in Medicaid.

PROGRESS IN THE STATES Despite the economic downturn, in the year and a half since CHIPRA was enacted, more than half of the states have embraced these opportunities and used the new tools to enroll more children and improve their children's coverage programs. In particular: (1) Sixteen states have expanded income eligibility levels in their CHIP or Medicaid programs, or both. (2) Twenty-one states have taken steps to further streamline their enrollment and renewal processes. (3) Four states have received approval for the new Express Lane Eligibility option in Medicaid or CHIP, or both. (4) Twenty-nine states have elected to lift the five-year waiting period for eligible children or pregnant women who are lawfully residing in the United States. (5) Twenty-eight states are using, with the help of the Centers for Medicare and Medicaid Services (CMS) and the Social Security Administration, a data-matching process to verify citizenship for purposes of Medicaid and CHIP eligibility.⁴

Connecting Kids To Coverage

Clearly, states have made great progress in advancing children's coverage. But more needs to be done. At the federal level, we are working to do our part to help states and local communities achieve the shared goal of covering every eligible uninsured child. On February 4, 2010, the first anniversary of the signing of CHIPRA, I issued a challenge—to my state and federal counterparts, to local governments and community-based organizations, to health centers and school districts, to faith-based groups and Indian tribes—to find and enroll the close to five million uninsured children who are currently eligible for

Medicaid or CHIP coverage under *existing* state program rules.

The Urban Institute study by Genevieve Kenney and colleagues that accompanies my commentary online² provides a wealth of new data and analyses that will assist us in this endeavor. The study shows that although ten states have achieved Medicaid or CHIP participation rates for children close to or above 90 percent, thirteen states still have participation rates that are below 80 percent.² We will rely on data like these to help us target our federal technical support efforts, as well as our grant funding. On our “Insure Kids Now” website, <http://www.insurekidsnow.gov>, we will also highlight new approaches and share successes as they are identified.

Our partners can join us in rising to meet this challenge through an array of strategies to get and keep eligible children covered. Among them are the following.

CAPITALIZE ON TECHNOLOGY We will provide federal support and technical assistance to build on efforts already under way in several states to streamline the enrollment process. Newer technologies allow families to apply for and check on their eligibility status online. Others have used data-matching techniques to reduce paperwork for families as well as states. We are also working with partners across the country to explore ways to expand the use of telephones, text messaging, and other technologies in outreach and enrollment efforts.

EXPAND OPPORTUNITIES TO ENROLL We are working with states and community organizations to identify the most effective ways to reach out to families, and then enroll their children where they live, learn, play, work, worship, and receive health care. We are striving to make enrollment assistance an ongoing and routine activity.

FORGE PARTNERSHIPS We are also working closely with other federal agencies, such as the Department of Agriculture, to engage and integrate our work with other health and nutrition, education, employment, and social services programs as a mechanism to ensure that families get enrolled through multiple pathways and venues. CHIPRA gives states an explicit opportunity through the Express Lane Eligibility option to use data and findings from other programs and databases (such as income tax records) to facilitate children's enrollment and continuity of coverage through Medicaid and CHIP.

For example, states are using data from the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), along with income tax information, to avoid duplicative requests to families as well as unnecessary

10 states

Have 90% Participation

Ten states have achieved Medicaid and CHIP participation rates for children of 90% or more, but thirteen states still have rates below 80%.

paperwork for government agencies. To date, New Jersey, Alabama, Louisiana, and Iowa have received approval to use Express Lane Eligibility in their Medicaid programs, and many more states have expressed interest in this option for both Medicaid and CHIP.

STOP THE CHURNING Cycling on and off of coverage, commonly known as churning, is one of the key reasons that children do not have adequate access to a regular source of preventive medical and dental care. Churning also wastes scarce state and local administrative resources. We are working with states and consumer advocates to reduce churning by simplifying enrollment and renewal processes, reducing paperwork, and improving administrative efficiency while removing unnecessary barriers to coverage for eligible children.

All too often, eligible children lose coverage at the point of renewal, when, in order to stay enrolled, families are required to resubmit lengthy applications and income and household information that is often already on hand at the state agency or is unlikely to change. One of the most effective simplification strategies for ensuring continuity of coverage is adopting twelve months of “continuous eligibility.” This means that a child, once enrolled, is assumed to remain eligible for an entire year—and that a given state does not require that families notify the agency of changes in income or other family circumstances during the course of that year.

We are also highlighting the ways in which federal rules allow states to ensure program integrity—meaning that only eligible children become enrolled in coverage—while still making

the renewal process as simple and seamless as possible. These include “prepopulating” renewal forms with the necessary enrollment information, permitting electronic signatures, and relying on other databases for verification. These steps will minimize the chances that children will lose coverage simply for procedural reasons. By making the renewal process a priority, Louisiana, for example, has reduced its rate of procedural closings to less than 1 percent.⁵ As a result, tens of thousands of eligible children have stayed enrolled in coverage and are able to continue to receive the ongoing care they need.

The Time For Children Is Now

When fully implemented, the Affordable Care Act will fundamentally reshape our health care system and guarantee health coverage for millions of Americans who do not have access to or cannot afford coverage today. Indeed, the Congressional Budget Office has estimated that thirty-two million additional individuals will be enrolled in health coverage either through the new insurance exchanges or through the Medicaid program by 2019.

But even as the nation moves forward with health insurance reform for all Americans, children do not have to wait. Millions are eligible for, and can be enrolled in, Medicaid and CHIP right now. We hope that all organizations that have an interest in the well-being of children will join me and the rest of the federal government in this pursuit. This and future generations of children depend on it. ■

[Published online September 3, 2010.]

NOTES

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- 3 Kenney GM, Cook A, Dubay L. Progress enrolling children in Medicaid/CHIP: who is left and what are the prospects for covering more children? [Internet]. Washington (DC): Urban Institute; 2009 [cited 2010 Aug 20]. Available from: http://www.urban.org/uploadedpdf/411981_Progress_Enrolling_children_11_10.pdf
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- 5 Georgetown University Health Policy Institute, Center for Children and Families. Postcards from CCF: Louisiana [Internet]. Washington (DC): Georgetown University; [cited 2010 Aug 19]. Available from: <http://ccf.georgetown.edu/index/postcards-from-ccf-la>