

The Road to Success: Outreach, Enrollment and Retention And a Commitment to Connecting Kids to Coverage



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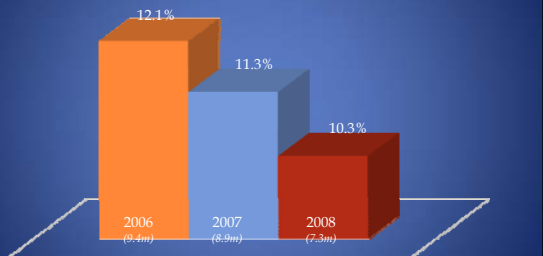


The Federal Government is here to help

- Our Mission: Help states make Medicaid and CHIP the best programs they can be.
- State-federal partnership more important than ever
 - States are struggling; but federal resources and support are available
 - It's a new day...



Continuing the Progress: Rates of Uninsured Children



Note: Each percent corresponds to the percentage of children 0-18 without health insurance coverage in the given year. Each italicized number in () represents the total number of people (in millions) in the age group without coverage in that year.

Source: John Holahan and Allison Cook, "Changes in Health Insurance Coverage 2007-2008: Early Impact of the Recession," Kaiser Commission on Medicaid and the Uninsured, (October 2009); www.kff.org



CHIPRA and ARRA

- Increased federal funding for CHIP
- New "Performance Bonuses" for Medicaid
- New eligibility and enrollment options and federal outreach grants
- New quality standards and demonstrations
- New federally-financed incentive payments to local hospitals and providers to adopt health information technology (HIT)
- Temporary increase in federal match rate (FMAP)



Enrollment Simplification

- 17 States have submitted State plan amendments to streamline enrollment and renewal processes since CHIPRA was enacted.
- 3 States adopted new Express Lane Eligibility option
- 22 States now offer 12 months continuous eligibility in Medicaid and CHIP to limit cycling on and off of coverage.
- 25 States have online applications for Medicaid and/or CHIP.
- All but one state no longer requires an in-person interview at renewal for Medicaid coverage.
- All States set up agreements with SSA to do data matches for citizenship verification
- 19 States eliminated the waiting period for lawfully residing immigrant children



Performance Bonuses

- New incentive payments for States that
 - Adopt specific eligibility and enrollment policies and procedures, or premium assistance, in Medicaid and CHIP.
 - Demonstrate significant increases in Medicaid enrollment among children.
- Nine states qualified for FY 2009, totaling nearly \$73 million.



The "5 out of 8" Requirement

- 12-months continuous coverage
- No asset test (or simplified asset verification)
- No face-to-face interview requirement
- Joint application and the same verification process for Medicaid and CHIP
- Administrative or ex parte renewals
- Presumptive eligibility
- Express Lane eligibility
- New Premium assistance options



Federal Outreach & Enrollment Funding

- CHIPRA dedicated a total of \$100 million to outreach and enrollment activities
- \$40 million awarded in September 2009 to 69 grantees across 42 States.
- Grantees include State Medicaid/CHIP agencies, community-based organizations, health centers, and faith-based organizations
 - Additional \$10 million for Tribal health providers to be awarded in April 2010.
- Supporting grantees and monitoring progress education/interaction with grantees



Federal Outreach & Enrollment Funding

\$10 million for a national enrollment campaign.

- In November 2009, the grantees joined a group of over 500 participants at a National Children's Health Insurance Summit convened by HHS.
- Refurbished and expanded www.insurekidsnow.gov



RESULTS

- An additional 2.6 million children gained Medicaid or CHIP coverage during FY 2009.
- Medicaid and CHIP together served nearly 40 million children last year.
 - CHIP served 7.7 million children during FY 2009.
 - Medicaid served 32.2 million children last year.
- Most of these gains were among the lowest income children (2.2 million of the enrollment gains were in Medicaid)
- Economy but also states' commitment to enrolling eligible children



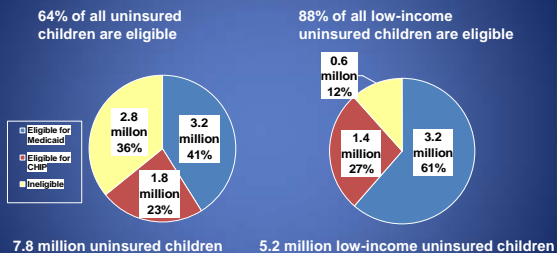
What's Next???

Connecting Kids to Coverage

- Secretary's Challenge: Connecting Kids to Coverage
 - Estimated 5 million uninsured children eligible for Medicaid or CHIP under current rules
- National enrollment campaign
 - Technical assistance to states
 - Emphasis on technology and community innovations
 - Partnering with other federal agencies
 - Sports teams/Coaches Campaigns
 - Measuring and reporting on progress

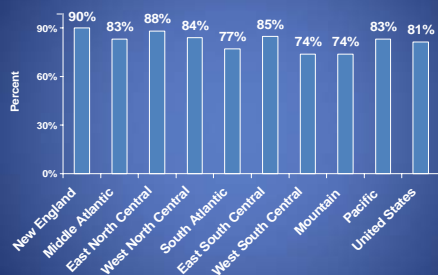


Eligibility of Uninsured Children for Medicaid/CHIP Coverage, 2007



Note: Uninsured estimate reflects an adjustment for the underreporting of public coverage on the CPS.
 Source: Kenney, Cook, and Dubay. "Progress Enrolling Eligible Children in Medicaid/CHIP: Who is Left and What Are the Prospects for Covering More Children?" Urban Institute/Robert Wood Johnson Foundation, 2009.

Medicaid/CHIP Participation Rates by Division



Source: Kenney, Cook, and Dubay. "Progress Enrolling Eligible Children in Medicaid/CHIP: Who is Left and What Are the Prospects for Covering More Children?" Urban Institute/Robert Wood Johnson Foundation, 2009.

Cutting Red Tape



- Data matches/paperless verification
 - PERM revisions
- On-Line applications
- Express Lane Eligibility
 - Partnerships with federal agencies
 - Technical assistance to states



Participation of Low-Income Families with Uninsured Children in Other Public Programs



Source: Kenney, Cook, and Dubay. "Progress Enrolling Eligible Children in Medicaid/CHIP: Who is Left and What Are the Prospects for Covering More Children?" Urban Institute/Robert Wood Johnson Foundation, 2009.

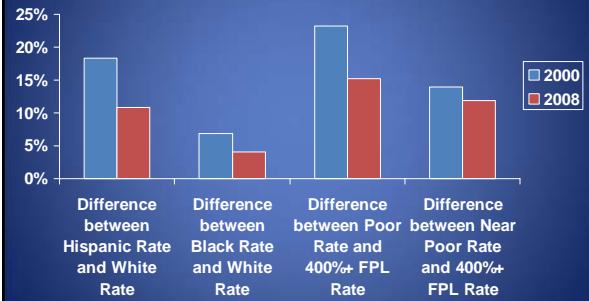
The "Intractable" Challenges Are Not Intractable

- Parents who learn that their children are eligible want to enroll
- There does not have to be a "hole in the bucket"
- Disparities in enrollment can be narrowed/eliminated

Retention

- Louisiana reduced procedural terminations at renewal to less than 1%
 - “Ex parte” renewals
 - Web-based renewals
 - Automatic renewals
 - Off-cycle renewals
 - Culture change

Differences in Uninsured Rates Among Children by Race/Ethnicity and Income, 2000 & 2008



SOURCE: Urban Institute analysis of the 2001 and 2009 Annual Social and Economic Supplement to the CPS.

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“In a decent society, there are certain obligations that are not subject to tradeoffs or negotiation – health care for our children is one of those obligations.”

–President Barack Obama
February 4, 2009

