COVERING KIDS AND FAMILIES EVALUATION

Areas of CKF Influence on Medicaid and SCHIP Programs

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I. Introduction

One goal of State Covering Kids and Families (CKF) grantees was to effect changes in state Medicaid and SCHIP policies and procedures to make them "friendlier" to those needing such coverage, particularly in the areas of eligibility, retention, enrollment and coordination. This report examines the most important policy changes, from the perspective of state officials, where CKF had a direct effect. It also describes whether state officials viewed these policy changes as permanent or temporary, how important CKF was to the implementation of the policy change, and whether state officials and CKF grantees have different views on CKF's effect on policy.

II. Methods

The data for this memo is drawn entirely from the 2005 CKF Telephone Survey, which was designed by researchers from Mathematica Policy Research with assistance from the Urban Institute and Health Management Associates. There were two versions of the survey – one tailored to CKF grantees and the other tailored to state Medicaid and SCHIP officials – but most of the questions addressing CKF's effect on policy were the same in both versions. Both grantees and state officials were asked to provide information on the policy areas CKF influenced or sought to influence during the entire period of the CKF grant, from a start date in 2002 to the date of the interview in June 2005.[1]

Grantees and state officials were asked to respond to a list of areas by indicating which areas CKF *sought* to influence. Grantees and state officials were then asked to describe the three most important policy or procedural changes where CKF had a direct impact. Each response to this question (rank 1, 2, and 3) was coded and placed into one of several categories defined below. For responses that fell into multiple categories, a primary code was assigned based on the researchers' assessment of the most prominent policy change in the answer.

For each policy or procedural change the respondent was then asked several follow-up questions to determine:

- How CKF had an effect on the policy or procedural change;
- Whether the policy change was permanent or temporary; and
- How important CKF was to the implementation of the policy or procedural change.

The survey was administered to State CKF grantees and Medicaid/SCHIP officials in all 46 states with CKF projects. In some states – primarily those with separate Medicaid and SCHIP programs – two state officials were interviewed, yielding 65 total responses for the state official survey. The question regarding the areas CKF sought to influence

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[1]For many grantees and state officials it may have been difficult to distinguish between efforts and accomplishments during the period of the CKF grant and similar efforts under the prior *Covering Kids* Initiative (CKI) which began in 1998 or 1999 for most of these states. Many of the grantees and state officials were involved in both initiatives.

allowed the respondents to select multiple items from a defined list. For that question the responses of multiple state officials were combined to create a state-level response based on the assumption that one official might be more aware of a particular effort than the other but both responses were valid. The responses on the areas actually influenced by CKF could not be similarly combined. [2]

Definitions

"Permanent policy and procedural changes" are those that state officials and/or grantees believe will endure for the long term.

"Temporary policy and procedural changes" are those that state officials and/or grantees do not believe will endure for the long term.

"Eligibility policy changes" include changes to Medicaid and/or SCHIP that affect who is eligible for the program (e.g., expanding income limits, offering 12-month continuous eligibility[3]). CKF's effect on eligibility policy could include both policies that increase eligibility and helping to prevent the implementation of policies that would reduce eligibility.

"Enrollment changes" include changes that make the enrollment process easier, such as limiting documentation, removing a face-to-face interview requirement, implementing presumptive eligibility, shortening or simplifying applications, or training enrollment workers to better assist applicants.

"*Retention changes*" include any policy or procedural changes that are intended to make the renewal process easier and keep people enrolled.

"Coordination changes" include policy and procedural changes that better align public health insurance programs, including Medicaid, SCHIP and any state or locally funded programs. Examples include joint Medicaid/SCHIP applications, systems integration between Medicaid/SCHIP, and training eligibility workers to seamlessly screen individuals for multiple health insurance programs.

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[2]Because the respondents were asked to identify the top three areas influenced by CKF, there was no obvious way of combining responses into a state-level response. For example, in a state with two officials whose responses were mutually exclusive, they could have reported six policy areas which CKF influenced. It would not have been intuitively reasonable to have created average responses of .5 for each of six policy area measures for that state. We could have developed a measure for every policy area defined as—any state official in [state] reported that CKF influenced [given policy area]. This is the approach taken in a companion report (Highlight Memo 20) that focuses on retention—if either state official mentioned retention as one of the top three policy areas CKF affected, we counted CKF as having influenced retention policy in that state. However, in this report, where we are summarizing across multiple policy areas, we chose to report the results at the level of state official rather than at the state level since it is clearer what these measures mean. As a practical matter this approach tends to slightly understate CKF influence relative to the alternative approach.

[3]Twelve month eligibility policies allow individuals the option to retain Medicaid eligibility for 12 months even if changes in income or other circumstances would otherwise make them ineligible.

"Benefits and other policy changes" include expansions of Medicaid/SCHIP benefits (or preventing reductions in benefits) as well as other policy changes that did not fall into one of the eligibility and enrollment categories. These were grouped together because they were small in number and fell outside of the core policy areas in this highlight memo.

III. Summary of Results

State officials overwhelmingly reported that CKF had succeeded in affecting state policies or procedures and that nearly half of the policy and procedural changes that they identified would not have occurred without CKF. The following discussion summarizes state officials' responses regarding areas of CKF impact, the permanence of the changes resulting from CKF influence and the significance of the CKF role in those changes.

Policy and Procedural Areas Which CKF Sought to Influence

State officials in almost all states identified strategies to make enrollment easier and policies and procedures to improve retention (by improving the re-enrollment and renewal processes for Medicaid and SCHIP) as policy areas that CKF sought to influence.[4] Figure 1 summarizes responses from state officials for the 46 states with CKF grants and responses from CKF state grantees in those states.[5] Interviewees were asked to respond to a list of policy and procedural areas that CKF might have sought to influence. As shown in Figure 1, there was significant agreement among grantees and state officials.

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[4]For more details on retention and renewal, see Highlight Memo 20 on this topic.

[5]For this item only the results from the 65 state officials were combined to give state level data. For states in which more than one state official was interviewed, an indication by either or both officials that CKF sought to influence a particular policy area was treated as a positive response.

**Figure 1: Policy and Procedural Areas Which CKF Sought to Influence**
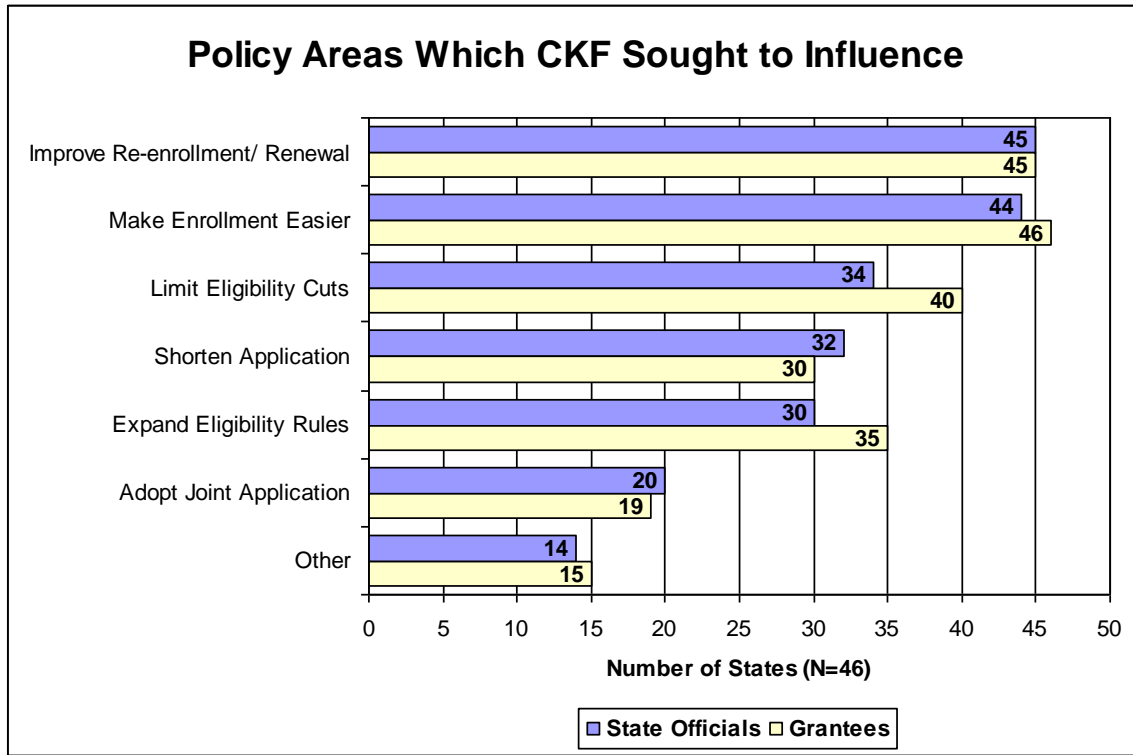
Areas of Influence

State officials overwhelmingly indicated that CKF had, in fact, affected state policies or procedures.[6] Only four state officials (out of 65) said that CKF had *no* impact on state policy.[7] Figure 2 illustrates the top three policy areas state officials identified in which CKF had a direct impact and how they ranked them. While coordination was ranked first by the largest number of state officials (26%), enrollment simplification was most frequently ranked in the top three (59%). Like the state officials, grantees ranked enrollment simplification most frequently in the top three (83%). However, in contrast to the state officials, grantees identified CKF having the greatest influence on "expanded eligibility rules/limit eligibility cuts" (labeled "eligibility policy in Figure 2) (30%) while only 11% of state officials chose eligibility policy as the primary area of CKF impact. (Figure 2) Moreover, 65% of grantees put eligibility in the top three areas of effect, whereas only 23% of state officials did so.

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[6]Since this was an open-ended question, the responses were coded into categories. As a result, the categories here do not match the categories in Figure 1.

[7]In comparison, two grantees (out of 46) indicated that CKF had no impact on state policy. Interestingly, the state officials who indicated that CKF had no impact on state policy and procedures represented different states than the grantees with similar responses.

Figure 2: State Officials: Top Three Areas in Which CKF Had an Influence
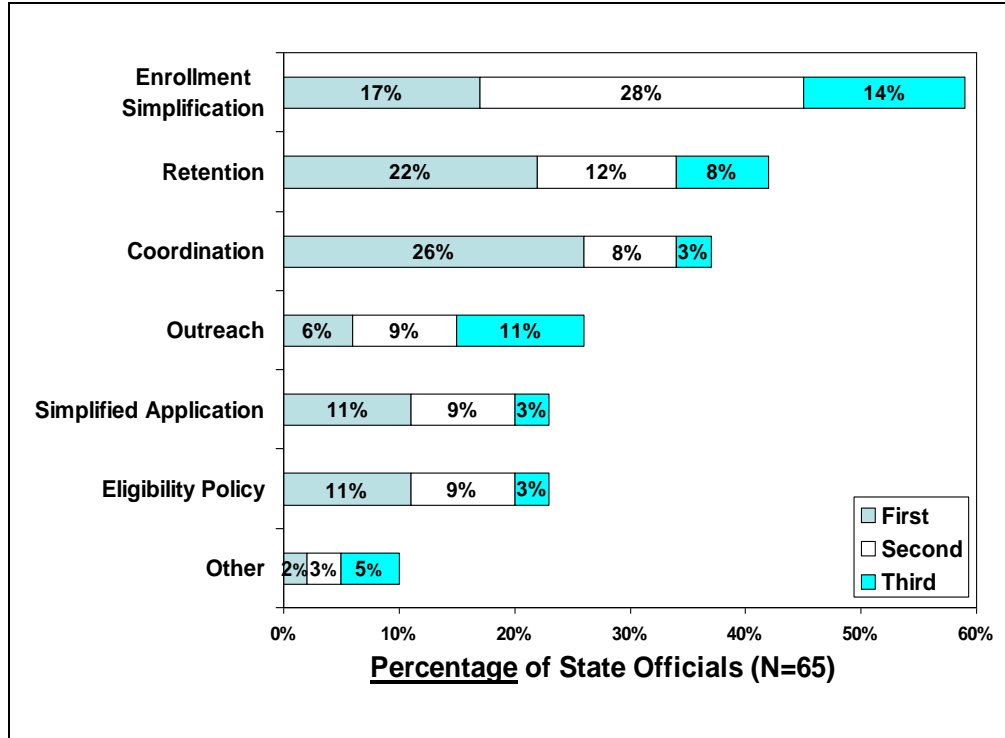
Permanence of Policy and Procedural Changes

State officials indicate that they expect that nearly two-thirds (64%) of the changes impacted by CKF will be permanent changes to policy or procedures. While the proportion viewed as permanent was highest for coordination, the number viewed as permanent was highest for enrollment policy. (Figure 3)

Effect of CKF on Policy and Procedural Changes

Overall, state officials considered CKF's involvement as critical in approximately half (48%) of the policy and procedural changes (i.e., the change would not have occurred without CKF). Thirty-seven percent of the changes would have occurred, but more slowly, had CKF not been involved; and only 8% of the changes would have occurred without CKF's involvement, according to state officials. (Figure 4)

Figure 3: State Official Assessment of Number and Permanence of Policy Changes (by Type of Change) Affected by CKF
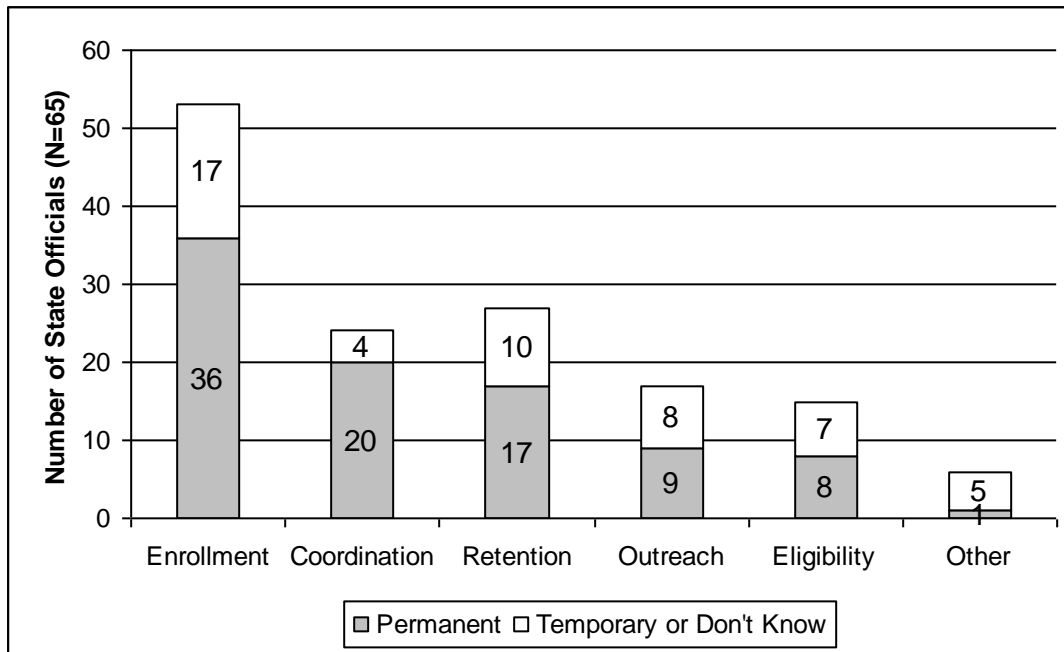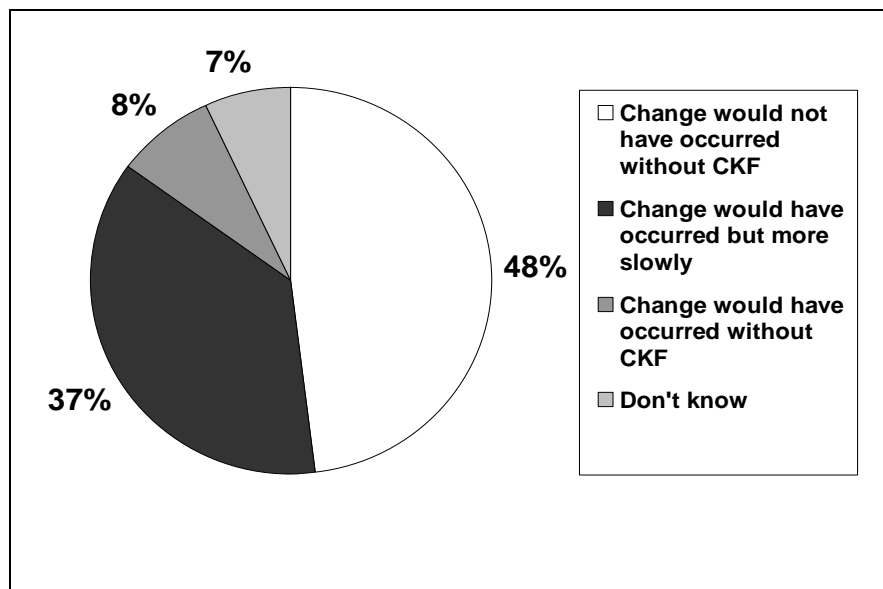

Figure 4: Aggregate State Officials' View of the Effect of CKF on Medicaid and SCHIP Policy and Procedure Changes

IV. Results by Type of Policy or Procedure

The remainder of this report describes survey results by category of policy or procedure. As described above, survey respondents were asked an open-ended question regarding the policy changes on which CKF had the greatest impact.

Enrollment Policy and Procedural Changes – Results

Thirty-nine of 65 state officials (60%) indicated that CKF influenced at least one enrollment policy or procedural change in their state. Further, the 39 state officials reported a total of 53 different changes and viewed 36, or more than two-thirds (68%), as permanent. (Figure 3)

For the overwhelming majority of these changes, state officials indicated that CKF influence significantly affected the outcome. According to state officials, more than half of the changes (27 of 53, or 51%) would *not* have occurred without CKF and 21 policy changes (40%) would have occurred without CKF, but more slowly. State officials reported that only 4 of the 53 changes (8%) would have occurred without CKF. (Figure 5)

Figure 5: State Officials' View of the Effect of CKF on Enrollment Policy and Procedure Changes
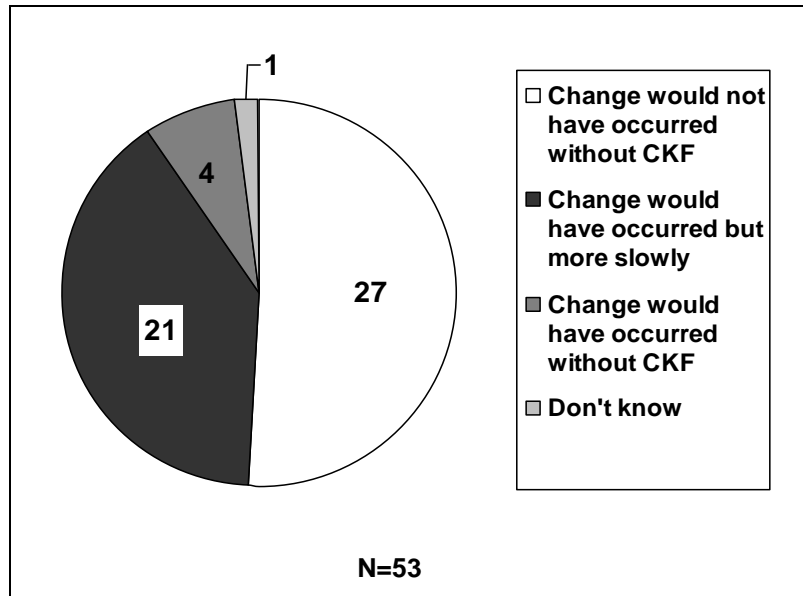
State officials indicated that CKF positively affected enrollment procedures by streamlining applications, simplifying processes, and helping to introduce new technology. For example,

> *"[CKF contributed to] eliminating face-to-face interviews for Medicaid."*
> *"[CKF contributed to] shortening the joint application and reducing verification requirements."*
> *"[CKF participated in] building a new, automated, web-based eligibility system, expected to be implemented in January 2007."*

To support enrollment procedural changes, some CKF coalitions also developed outreach programs with training guides explaining application and eligibility rules and provided training sessions to community organizations serving potentially eligible populations. One state official indicated that:

> *"CKF created a training guide that explains application and eligibility rules. CKF holds quarterly training sessions for community-based agencies and providers who serve a population that is eligible for Medicaid/SCHIP."*

CKF activities contributing to enrollment changes included identification of barriers to enrollment through ongoing communication with the state, meetings with stakeholders, and gathering information on barriers in the application process. Some CKF coalitions also participated in making application changes, creating tools for eligibility workers, conducting local pilot tests and providing education and outreach.

Eligibility Policy Changes -- Results

Fifteen of the 65 state officials (23%) indicated that CKF influenced at least one eligibility policy in their state.[8] The 15 state officials reported a total of 15 changes impacted by CKF and viewed eight, or approximately half (53%), of these changes as permanent. (Figure 3)

State officials also reported that CKF influence was significant to the policy outcome in many instances. (Figure 6) According to state officials, six of the 15 eligibility policy changes (40%) would *not* have occurred without CKF and five (33%) would have occurred without CKF, but more slowly. Only two (13%) would have occurred without CKF.

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[8]Grantees were twice as likely as state officials to indicate that CKF had influenced at least one eligibility policy change. See Appendix A.

**Figure 6: State Officials' Views of the Effect of CKF
on Eligibility Policy Changes**
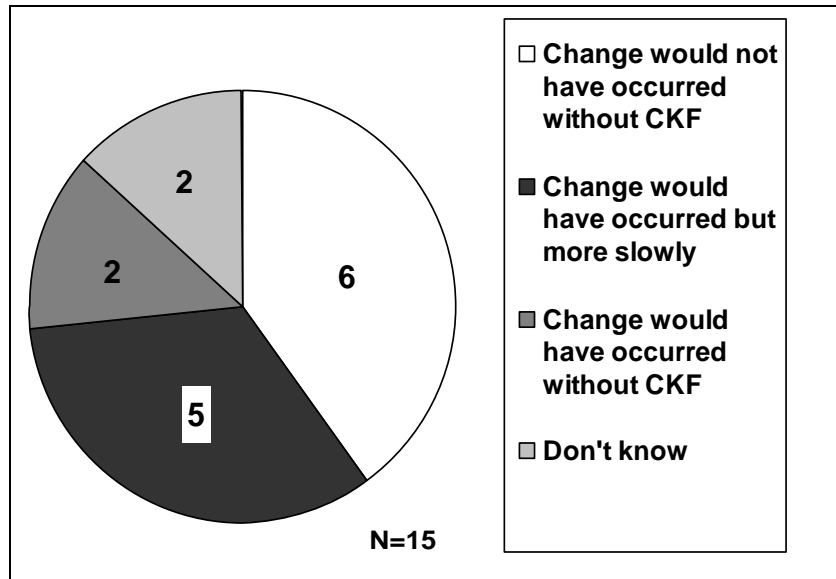
According to state officials, the types of eligibility policies positively affected by CKF include prevention or reduction of eligibility cuts and expansion of eligibility. For example,

> *"CKF was able to greatly limit the number of kids who were cut from SCHIP in 2003."*
> *"CKF prevented cuts that would have put huge premiums in for parents, cut benefits, and eliminated certain eligibility groups."*

Expansions in eligibility included eliminating asset tests in Medicaid, increasing income limits, increasing the duration of eligibility yielding less frequent renewals, and expanding coverage for selected adult populations. For example,

> *"CKF was successful in getting [the state] to pursue expanding SCHIP eligibility from 200% FPL to 300% FPL."*
> *"CKF helped develop a non-categorical waiver for childless adults. Coverage was expanded to 24,000 people and the number of uninsured was reduced."*

CKF activities contributing to eligibility policy changes included partnering with advocacy groups and grassroots organizations to educate state legislators. State officials reported that CKF provided data, wrote policy papers, and held community forums to substantiate and communicate the importance of preventing eligibility cuts and/or expanding eligibility.

Retention Policy and Procedural Changes - Results

Twenty-five of the 65 state officials (38%) indicated that CKF influenced at least one policy or procedure to increase retention of Medicaid and/or SCHIP enrollment. The 25 state officials mentioned 27 retention changes and viewed 17 of them (63%) as permanent. (Figure 3)

State officials indicated that 14 of these 27 changes (52%) would *not* have occurred without CKF. Nine of these changes (33%) would have occurred without CKF, but more slowly, and only three (11%) would have occurred without CKF. (Figure 7)

**Figure 7: State Officials' View of the Effect of CKF on
Retention Policy and Procedure Changes**
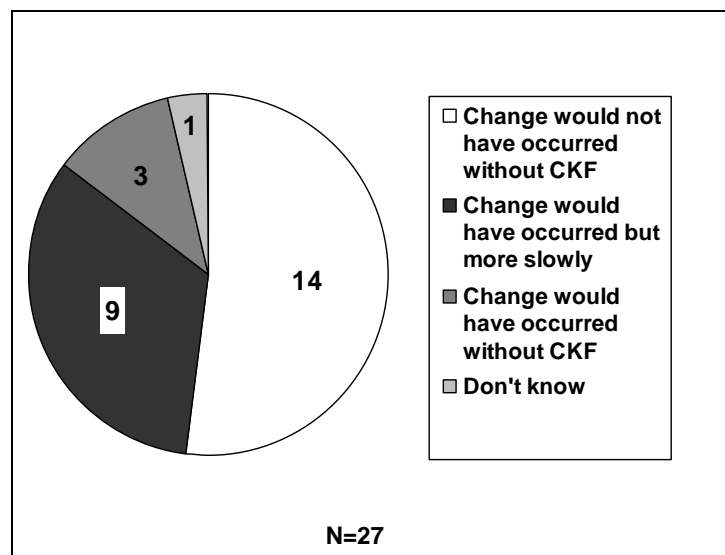
According to state officials, retention strategies positively affected by CKF included renewal simplification, such as streamlining the application, making it a mail-in or telephone process as opposed to an in-person contact, and establishing passive eligibility processes. For example,

> *"CKF helped develop the new mail-in recertification form. The new form has previously entered/stored information printed out by the computer system. Enrollees only have to note if there are any changes."*

> *"[CKF contributed to] several renewal process improvements, including simplifying forms, automating processes and getting the word out about the new, simplified processes."*

> *"CKF was instrumental in helping the state implement a retention pilot project in the social services agencies."*

CKF activities contributing to retention changes included identifying barriers to retention/re-enrollment, advocating that states address these issues, and providing support in revising and field-testing re-enrollment forms and processes.

Coordination Policy and Procedural Changes – Results

Twenty-two of the 65 state officials (34%) indicated CKF influenced coordination policy and procedures. The 22 state officials mentioned a total of 24 coordination changes and viewed most (20 or 83%) as permanent. (Figure 3)

Among the 24 coordination changes cited by state officials, nine (38%) would *not* have occurred without CKF. Eleven (46%) would have occurred without CKF, but more slowly, and only 3 (13%) would have occurred without CKF. (Figure 8)

**Figure 8: State Officials' View of the Effect of CKF on
Coordination Policy and Procedure Changes**

N=24
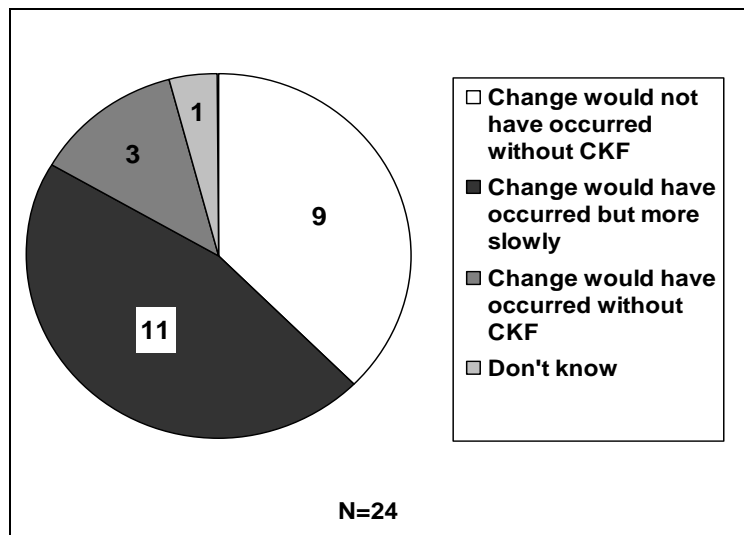
According to state officials, CKF contributed to changes in coordination including the alignment of Medicaid and SCHIP procedures, the development of joint Medicaid/SCHIP applications, and the coordination of data systems through either a single combined system, or through enabling data transfer between Medicaid and SCHIP systems.

> *"CKF was intricately involved in creating a combined Medicaid/SCHIP application and then a web-based application. They were the lead 'outside' group; they encouraged it, helped develop it."*
>
> *[CKF contributed to] creating a single computer system for Medicaid and SCHIP. This new system will make it much smoother for applicants and enrollees to get into the right program."*
>
> *"[CKF] helped improve the system of movement of applications between SCHIP and Medicaid."*

The types of CKF activities that contributed to coordination changes included convening stakeholders to address coordination issues, analyzing differences between the various applications and making recommendations about ways that programs could be better aligned, and testing new coordination approaches through local CKF projects.

Outreach Policy and Procedural Changes – Results

Sixteen of the 65 state officials (25%) indicated CKF influenced outreach policies and procedures. The 16 state officials mentioned 17 outreach policy changes and viewed about half (9 or 53%) as permanent. (Figure 3)

Among the outreach changes that they cited, state officials indicated that about half (9 or 53%) would *not* have occurred without CKF and six (35%) would have occurred without CKF, but more slowly. State officials indicated that none would have occurred without CKF. (Figure 9)

**Figure 9: State Officials' View of the Effect of CKF
on Outreach Policy and Procedure Changes**

N=17
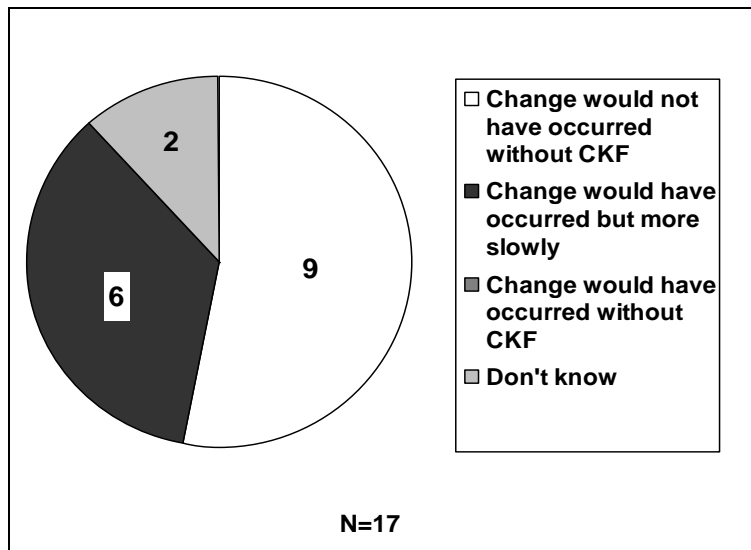
According to state officials, the outreach policy changes positively affected by CKF included data matches between state agencies to identify individuals potentially eligible for Medicaid/SCHIP and the implementation of more Medicaid/SCHIP outreach. Most of the outreach activities named by state officials and grantees, however, were not actual changes to outreach policy, but rather reflected direct outreach work by CKF such as application assistance, education and "getting the word out" about Medicaid/SCHIP.

Other Policy and Procedural Changes – Results

Eight percent of state officials indicated changes related to other policy areas not discussed above as one of the three top areas influenced by CKF. Examples include the

restoration of benefit cuts and contributions to Medicaid/SCHIP regulations by participating in the regulatory review process. Of six "other" changes cited by state officials, only one was viewed as permanent. (Figure 3)

Among the six "other" changes cited by state officials, half would not have occurred with CKF. CKF's effect on the remaining half of "other" policy changes was not known.

IV. Conclusion

Based on the survey responses of state officials, it appears that CKF was successful in most states in affecting state policies and procedures in the areas that it set out to influence: enrollment simplification, improvement in retention policies and procedures and coordination of public programs. It also appears that most of the changes influenced by CKF would not have happened at all, or would have occurred more slowly, in the absence of the CKF program. Finally, the survey results indicate that state officials expect that nearly two-thirds of the changes which CKF influenced will be permanent. Future aspects of the CKF evaluation will track the longevity of these policy and procedural changes after the CKF grants from the Robert Wood Johnson Foundation have ended.

Appendix A: Response of Grantees

Areas of Impact

As stated earlier in this report, state officials overwhelmingly indicated that CKF had affected state policies or procedures. Only four state officials (out of 65) said that CKF had *no* impact on state policy.[9]

State grantees were also asked to identify the top three areas in which CKF had an influence on state policies and procedures. Like the state officials, grantees ranked enrollment simplification most frequently in the top three (83%). However, in contrast to the state officials, grantees identified CKF having the greatest influence on "expanded eligibility rules/limit eligibility cuts" (labeled "Eligibility Policy" in Figure A-1) (30%) while only 11% of state officials chose eligibility policy as the primary area of CKF impact. (Figure A-1) Moreover, 65% of grantees put eligibility in the top three areas of effect, whereas only 23% of state officials did so.

Figure A-1: Grantees: Top Three Areas in Which CKF Had an Influence
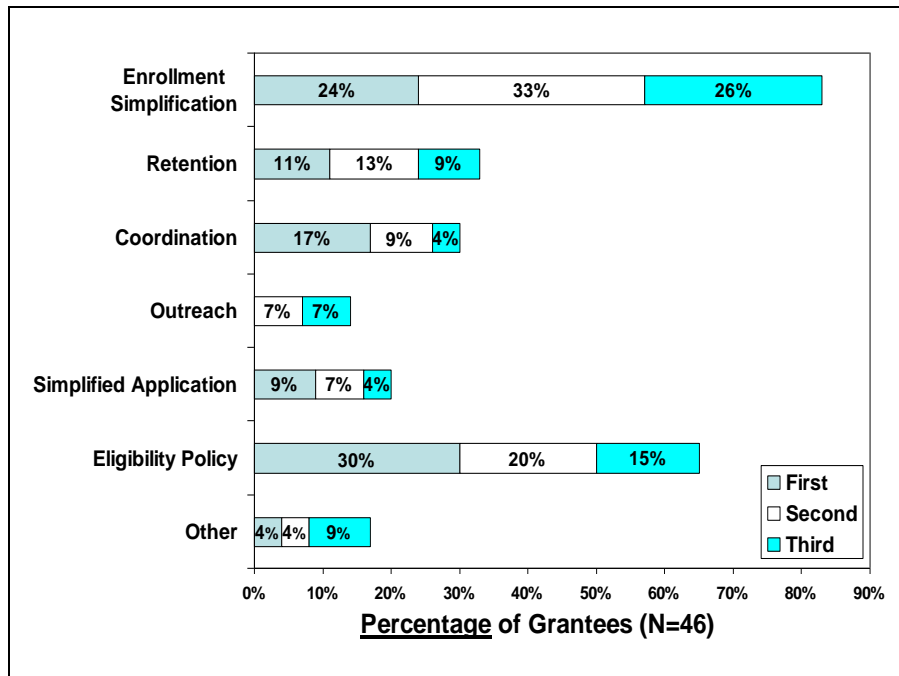
Effect of CKF on Specific Policy and Procedural Changes

The remainder of this appendix compares survey results from state officials and state grantees by category of policy or procedure.

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[9]In comparison, two grantees (out of 46) indicated that CKF had no effect on state policy. Interestingly, the state officials who indicated that CKF had no impact on state policy and procedures represented different states than the grantees with similar responses.

Enrollment Policy and Procedural Changes – Results

State officials and grantees were in agreement that the most significant CKF influence was on enrollment policies and procedures (Figures 2 and A-1). Thirty-nine of 65 state officials (60%) and 31 of 46 grantees (67%) indicated that CKF influenced at least one enrollment policy or procedural change in their state. (Table A-1)

Table A-1 Respondents reporting at least one enrollment change influenced by CKF		
	State Officials	Grantees
Number of Respondents	39	31
Percentage of all Respondents	60%	67%

Eligibility Policy Changes -- Results

Grantees were twice as likely as state officials to indicate that CKF had influenced at least one eligibility policy change. Fifteen of the 65 state officials (23%) and 22 of the 46 grantees (48%) indicated that CKF influenced at least one eligibility policy in their state. (Table A-2)

Table A-2 Respondents reporting at least one eligibility change influenced by CKF		
	State Officials	Grantees
Number of Respondents	15	22
Percentage of all Respondents	23%	48%

Retention Policy and Procedural Changes - Results

A slightly smaller portion of grantees (30%) reported that CKF influenced retention policy and procedural changes as compared with state officials (38%). (Table A-3)

Table A-3 Respondents reporting at least one retention change influenced by CKF		
	State Officials	Grantees
Number of Respondents	25	14
Percentage of all Respondents	38%	30%

Coordination Policy and Procedural Changes – Results

Grantees were less likely than state officials to indicate that CFK influenced policies and procedures for coordination of coverage programs. Only 24% of grantees versus 34% of state officials report that coordination was one of the top three areas influenced by CKF. (Table A-4)

Table A-4 Respondents reporting at least one coordination change influenced by CKF		
	State Officials	Grantees
Number of Respondents	22	11
Percentage of all Respondents	34%	24%

Outreach Policy and Procedural Changes – Results

Twenty-five percent of state officials indicated CKF influenced state outreach policies and procedures. Fewer grantees (13%) included outreach as one of the top three areas affected by CKF. (Table A-5)

Table A-5 Respondents reporting at least one outreach change influenced by CKF		
	State Officials	Grantees
Number of Respondents	16	6
Percentage of all Respondents	25%	13%

Other Policy and Procedural Changes – Results

Eight percent of state officials and 15% of grantees indicated changes related to other policy areas not discussed above as one of the three top areas influenced by CKF. (Table A-6) Examples include the restoration of benefit cuts and contributions to Medicaid/SCHIP regulations by participating in the regulatory review process.

Table A-6 Respondents reporting at least one "other" change influenced by CKF		
	State Officials	Grantees
Number of Respondents	5	7
Percentage of all Respondents	8%	15%