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Covering Kids and Families Evaluation

Improving Medicaid and SCHIP Through Simplification and Coordination

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SUMMARY

Simplifying enrollment and renewal processes for Medicaid and SCHIP and improving coordination of existing health care coverage programs are two key strategies CKF grantees use to increase the enrollment of uninsured but eligible children and adults in Medicaid and SCHIP programs. A survey of 46 CKF state project directors and/or project coordinators and Medicaid and SCHIP officials in those states found:

- Of the activities they undertook that were the most promising in terms of achieving simplification and coordination goals, grantees reported that 76 percent of their simplification activities and 93 percent of their coordination activities led to improvements in Medicaid and SCHIP.

- According to grantees, two-thirds of the Medicaid and SCHIP simplification and coordination improvements implemented would *not* have occurred without CKF.

- Many grantees believed they were able to simplify or improve Medicaid and SCHIP coordination because of their good working relationships with state officials.

- State Medicaid and SCHIP officials acknowledged CKF's role in simplifying and improving coordination between Medicaid and SCHIP: states officials mentioned 84 simplification policy or procedural improvements and 41 coordination policy or procedural improvements. Among state officials reporting a simplification or coordination improvement, 85 percent said that the improvement either would not have occurred without CKF or that it would have occurred without CKF but occurred more slowly.

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INTRODUCTION

The Robert Wood Johnson Foundation challenged CKF grantees to use three strategies—outreach, simplification, and coordination—to increase the enrollment of uninsured but eligible children and families in Medicaid and SCHIP programs. This highlight memo examines grantees' and state officials' opinions on their success in improving Medicaid and SCHIP using the simplification and coordination strategies.[1]

TERMINOLOGY

Two key terms are used in this analysis:

- **Simplification:** Streamlining Medicaid and SCHIP enrollment and/or renewal processes. "Effective simplification policies" make it less complicated for individuals to enroll in or renew coverage for Medicaid or SCHIP.
- **Coordination:** Improving the synchronization of public health insurance programs. "Effective coordination policies" make it easier for enrollees to transition from one type of health insurance program to another (such as between Medicaid and SCHIP) or from one category of eligibility to another without loss of coverage or experiencing other difficulties in the transition.

FINDINGS ON SIMPLIFICATION

Grantees actively pursued simplification improvements, and they reported that three-quarters of their most promising simplification activities led to Medicaid and SCHIP improvements.

Grantees from all 46 states attempted to simplify Medicaid and SCHIP programs; 43 grantees reported two most promising simplification activities, while three grantees reported just one most promising simplification activity.[2] According to grantees, 76 percent of these most promising simplification activities led to a Medicaid or SCHIP simplification improvement

[1] See Appendix A for a description of the analysis methods.

[2] Figure A.1 lists the open-ended questions analyzed here.

(Table 1). Common activities reported included:

- Simplifying applications, application requirements, or application processes (33 grantees);
- Simplifying renewal processes and/or requirements (13 grantees);
- Exchanging ideas with state officials, often through the CKF coalition meetings (11 grantees); and
- Other activities, including data analysis (8 grantees), simplifying correspondence between the state and beneficiaries (7 grantees), and conducting training sessions (6 grantees), among others.[3]

TABLE 1

GRANTEES' MOST PROMISING SIMPLIFICATION ACTIVITIES

Description of Two Most Promising Activities to Pursue Simplification Goal	Number Reported	Of Those Naming the Activity, Number Reporting That Activity Led to Simplification Improvements in Medicaid and/or SCHIP
Simplifying Application, Application Requirements, or Application Process	33	26
Simplifying Renewal Processes and/or Requirements	13	10
Exchanging Ideas Through Meetings	11	9
Other Activities	32	23
Total	**89**	**68**
Total Percentage	**100**	**76**

Source: Survey of CKF State Grantees and State Medicaid and SCHIP Officials, July 2005.

Note: Of the 46 grantees, 43 named two simplification activities and three named only one simplification activity.

[3]Grantees naming training sessions cited two types of training: sessions for state staff (to refresh them on program rules), and sessions for social services agencies (to help them become outreach sites).

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Seventy-one percent of those grantees reporting that their simplification activity improved Medicaid and/or SCHIP said CKF was vital to securing this improvement.

Most grantees believe that the simplification improvements made in their state would not have occurred without CKF (Table 2). The most common reasons grantees offered as to why they were able to simplify their state's programs included:

- CKF's good working relationship with the state (10 grantees);
- CKF's ability to get all of the "right" players together (5 grantees);
- CKF's local presence, allowing it to test ideas locally (5 grantees); and
- CKF's ability to identify barriers that the state was not aware of (4 grantees).

Most of the 19 grantees that said CKF was not vital to securing simplifications did not report what instigated the simplification changes made. However, three of these grantees said that state officials were planning to pursue these improvements before CKF raised the issue.

TABLE 2

CKF'S ROLE IN SIMPLIFICATION IMPROVEMENTS

Among those grantees and state officials reporting simplification improvements in Medicaid/SCHIP, number (percent) reporting …	Grantee Reports (n=68)	State Officials Reports (n=84)
Simplification improvements would NOT have occurred without CKF; CKF vital to securing these changes	48 (71%)	35 (42%)
Simplification improvements would have occurred without CKF but more slowly	17 (25%)	39 (46%)
Simplification improvements would have occurred without CKF	2 (3%)	10 (12%)
They did not know whether simplification improvements would or would not have occurred without CKF	1 (1%)	0 (0%)

Source: Survey of CKF State Grantees and State Medicaid and SCHIP Officials, July 2005.

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State officials acknowledged CKF's central role in simplifying Medicaid and SCHIP policies and procedures.

Medicaid and SCHIP officials from 39 states said that at least one of the three most important policy or procedural changes that CKF directly impacted was a simplification policy or procedural change. State officials gave grantees much of the credit for these simplification improvements: according to officials, 42 percent of the simplifications they reported would not have occurred without CKF and 46 percent of the simplifications they reported would have occurred more slowly had CKF not worked on the issue (Table 2). While their reports were not identical to CKF grantees' reports as to whether or not these activities would have occurred without CKF, state officials acknowledged and credited CKF's role in simplifying programs.

We also compared state officials' responses about the three most important policy or procedural changes CKF directly impacted to grantees' reports on the most promising activities they used to pursue simplification.[4] In nearly half of the states, officials and grantees said that CKF simplified the programs, and they reported the same simplification changes; in more than a third of the states, the two groups agreed that CKF simplified the programs although each reported different simplification accomplishments (Table 3). It is likely that the different questions used for the two groups account for the differing responses seen in Table 3.

TABLE 3

COMPARISON OF OFFICIALS' AND GRANTEES' RESPONSES ON SIMPLIFICATIONS

	Number of States	Percent of States
Officials and grantees from the same state reported CKF had an impact on simplification policies or procedures, and both reported the same simplification changes.	22	48%
Officials and grantees from the same state reported CKF had an impact on simplification policies or procedures, but they reported different simplification changes.	17	37%
Officials did not name simplification as one of the top three policy or procedural areas CKF affected, but grantees from the same states said they did have an impact on simplification policies or procedures.	6	13%
Officials did not name simplification as one of the top three policy or procedural areas CKF affected, and grantees from the same state reported CKF had no impact on simplification.	1	2%

Source: Survey of CKF State Grantees and State Medicaid and SCHIP Officials, July 2005.

[4]As Figure A.2 shows, state officials were not asked directly about simplification but rather asked to name the three most important policy or procedural changes CKF's work impacted.

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FINDINGS ON COORDINATION

According to grantees, nearly all of their most promising coordination activities led to improved coordination between public health insurance programs.

Among the most promising coordination activities grantees identified, nearly all—93 percent—reportedly led to improved coordination between Medicaid and SCHIP (Table 4).[5,6] The most common coordination activities reported were:

- Identifying and eliminating policy or procedural coordination barriers, such as creating a joint application or eliminating the gap in coverage when an individual transfers from Medicaid to SCHIP or vice versa (30 grantees);
- Creating electronic tools, such as new eligibility systems that can screen for eligibility for both Medicaid and SCHIP (8 grantees); and
- Helping to identify and eliminate coordination barriers in Medicaid/SCHIP administration, such as co-locating eligibility workers for both the Medicaid and SCHIP programs or by improving communications between agencies (6 grantees).

Sixty-six percent of grantees said CKF was vital to securing improved coordination between Medicaid and SCHIP.

Most grantees believed that CKF was either vital to securing improved coordination between Medicaid and SCHIP (66 percent) or that the improvements would have occurred without CKF but more slowly (28 percent) (Table 5). Grantees offered the following reasons why CKF was vital to securing a coordination improvement:

- Their coalitions developed strong relationships with state officials (10 grantees);
- State officials recognized that CKF was knowledgeable about the issue (4 grantees);
- Their persuasiveness about a particular issue allowed them to achieve a coordination improvement (3 grantees); and
- CKF's credibility, built on previous successes, helped them succeed in securing a coordination improvement (3 grantees).

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[5]Among the 46 grantees interviewed, 24 grantees reported two coordination activities and 9 grantees reported only one coordination activity, resulting in 57 total responses on most promising coordination activities. Another 6 grantees said the questions about coordination were not applicable, because they ran a Medicaid-expansion type SCHIP program and there were no other public health insurance programs with which to coordinate, while 7 grantees reported no promising coordination activities.

[6]For this analysis, we excluded the 6 Medicaid-expansion states that reported no other public health insurance programs, since CKF did not work on coordination in these states.

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TABLE 4

GRANTEES' MOST PROMISING COORDINATION ACTIVITIES

Description of Two Most Promising Activities to Pursue Coordination Goal	Number Reported	Of Those Naming the Activity, Number Reporting That Activity Led to Coordination Improvements in Medicaid and/or SCHIP
Identify and Eliminate Policy or Procedural Coordination Barriers	30	28
Create Electronic Tools to Assess Eligibility for Multiple Public Assistance Programs	8	7
Identify and Eliminate Coordination Barriers in Medicaid/SCHIP Administration	6	6
Other Activities	13	12
Total	**57**	**53**
Total Percentage	**100**	**93**

Source: Survey of CKF State Grantees and State Medicaid and SCHIP Officials, July 2005.

TABLE 5

CKF'S ROLE IN COORDINATION IMPROVEMENTS

Among those grantees and state officials reporting coordination improvements in Medicaid/SCHIP, number (percent) reporting …	Grantee Reports (n=53)	State Officials Reports (n=41)
Coordination improvements would NOT have occurred without CKF; CKF vital to securing these changes	35 (66%)	19 (46%)
Coordination improvements would have occurred without CKF but more slowly	15 (28%)	16 (39%)
Coordination improvements would have occurred without CKF	3 (6%)	4 (10%)
They did not know whether coordination improvements would or would not have occurred without CKF	0 (0%)	2 (5%)

Source: Survey of CKF State Grantees and State Medicaid and SCHIP Officials, July 2005.

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Among grantees reporting that CKF was not vital to securing coordination improvements, one said the improvement was mandated by its legislature, and four said that state officials were planning to pursue these improvements anyway. Even in these cases, grantees said CKF helped to make the changes more effective or occur more quickly than they would have without CKF working on the issue.

Medicaid and SCHIP officials from 19 states said CKF's work directly impacted program coordination.

When asked to describe the three most important policy or procedural changes that CKF's work directly impacted, state officials from 19 states named 41 coordination-related changes, including:

- Changes related to improving processes for application and enrollment referrals between Medicaid and SCHIP (20 respondents);
- Changes related to securing a joint Medicaid/SCHIP application (13 respondents); and
- Changes related to instituting integrated electronic systems for Medicaid and SCHIP (6 respondents).

For nearly half of the changes reported, state officials said that CKF was vital to securing these changes; for 39 percent of the changes, state officials said that the changes would have occurred without CKF but more slowly (Table 5).

Grantees' and officials' reports on CKF's coordination impacts were reasonably consistent, although less so than for their reports on simplification activities (Table 6).[7] For example:

- In 9 states, grantees and state officials agreed that CKF had improved program coordination, and they named the same coordination improvements.
- In another 7 states, grantees and state officials agreed that CKF improved program coordination, but officials and grantees named different coordination improvements.
- In over a third of the states, coordination was not one of the top three policy or procedural areas state officials named, although grantees in those states said they did improve Medicaid and SCHIP coordination.

[7]As noted in the discussion of simplification activities, differences likely are due to the differences in questions asked of the two groups (questions are displayed in Appendix A).

TABLE 6

COMPARISON OF STATE OFFICIALS' AND GRANTEES' RESPONSES ON COORDINATION

	Number of States	Percent of States
Officials and grantees from the same state reported CKF had an impact on coordination policies or procedures; and both reported the same coordination improvements	9	23%
Officials and grantees from the same state reported CKF had an impact on coordination policies or procedures; but they reported different coordination improvements	7	18%
Officials did not name coordination as one of the top three policy or procedural areas CKF affected; and grantees from the same state reported CKF had no impact on coordination	5	13%
Officials reported that CKF had an impact on coordination, but grantees from the same states said they did not have an impact on coordination	3	8%
Officials did not name coordination as one of the top three policy or procedural areas CKF affected, but grantees from the same states said they did have an impact on coordination policies or procedures	16	40%

Source: Survey of CKF State Grantees and State Medicaid and SCHIP Officials, July 2005.

Note: The data presented exclude 6 Medicaid-expansion states where coordination was not an issue. Percentages total more than 100 due to rounding errors.

DISCUSSION

Barriers to expanding enrollment in public health insurance programs abound. In recent years, some states and the federal government have responded to fiscal pressure, including rising health care costs, by trying to limit spending on Medicaid and SCHIP; this had led to SCHIP enrollment caps or increased premiums in some states (Kaiser Family Foundation 2005). Such changes have limited enrollment in many states, but other barriers, such as the difficulties families have enrolling in the programs because of procedural hurdles, have also been well documented (Cox 2001; Kaiser Family Foundation 2005).

Given these barriers, how did CKF grantees try to increase enrollment? Initially, they focused on outreach, such as by publicizing the programs in their state or by providing direct application assistance (Hoag et al. 2005). This initial focus on outreach (rather than on simplification or coordination strategies) occurred most likely because results of outreach were tangible and immediate (Hoag et al. 2005). Also, these activities were particularly critical in a time when state budgets for outreach diminished (Wooldridge et al. 2003).

By 2005, grantees also believe they have made a difference through the simplification and coordination strategies, and so do state officials. In part, this reflects maturation of grantees' perspectives: they now have a better understanding of what simplification and coordination

mean and of how to achieve them. These results may also reflect that these two strategies require grantees to work over a longer time period to effect change. For example, more than one grantee mentioned working with the state over a period of years to create combined, simplified, or electronic Medicaid/SCHIP applications.

The 2005 survey data indicate that CKF grantees have had more success with simplification efforts than coordination: more state officials viewed simplification improvements as among the top three areas where CKF had the most direct impact (officials from 39 states reporting successful simplification activities versus officials from 19 states reporting successful coordination activities), and more grantees said their activities led to simplifications in the Medicaid and SCHIP programs (68 simplification activities versus 53 coordination activities reportedly led to program changes). In part, these numbers reflect program administration: six of the states in our survey administer Medicaid expansion programs for their SCHIP population (in other words, they operate only one program) and have no other public health insurance programs, so coordination issues do not exist.[8] In the states where program coordination issues do exist, these findings may indicate that coordination is a more difficult area to influence than simplification. It may be easier, for example, for CKF grantees and coalitions to persuade state officials to agree on using a simplified application than for CKF grantees and coalitions to get officials from two different state agencies to agree to accept applications for either Medicaid or SCHIP (which might require legislative changes or other governmental assistance).

Medicaid and SCHIP are complicated programs: they are jointly funded by states and the federal government; many of the rules are set by the states, permitting the programs to vary significantly from state to state; and they can be incorporated into one insurance program or administered as two separate insurance programs. CKF grantees used creative strategies to simplify and improve coordination between Medicaid and SCHIP, and their successes—many of which grantees and state officials agreed would not have occurred without CKF—have benefited current and future enrollees.

[8]According to the Centers for Medicare and Medicaid Services, 11 of the 46 states we interviewed operate Medicaid-expansion programs (Centers for Medicare and Medicaid Services 2005). In those 11 states, five grantees said that there are other public health insurance programs that require coordination with Medicaid and SCHIP, while 6 grantees said that there are no other public health insurance programs and so coordination is not an issue in those states.

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REFERENCES

Centers for Medicare and Medicaid Services. "FY 2005 First Quarter Ever Enrolled Data by State—Total SCHIP." Available at www.cms.hhs.gov/schip/enrollment/chenroll0105.pdf]. June 27, 2005.

Cox, Laura. "Allowing Families to Self-Report Income: A Promising Strategy for Simplifying Enrollment in Children's Health Coverage Programs." Washington, D.C.: Center on Budget and Policy Priorities. Available at [www.cbpp.org/12-28-01health.htm]. Dec. 28, 2001.

Hoag, Sheila, Holly Stockdale, Eileen Ellis, and Licia Gaber. "Effective and Ineffective Activities: The Grantees' Perspective." CKF Highlight Memo No. 11. Princeton, NJ: Mathematica Policy Research, Inc., June 14, 2005.

Kaiser Family Foundation. "Enrolling Uninsured and Low-Income Children in Medicaid and SCHIP." Available at [www.kff.org/medicaid/upload/Enrolling-Uninsured-Low-Income-Children-in-Medicaid-and-SCHIP-Fact-Sheet-UPDATE.pdf]. March 2005.

Wooldridge, Judith, Debra Strong, Ian Hill, Eileen Ellis, Karen Sautter, and Holly Stockdale. "Outreach in a Time of Budget Tightness." CKF Highlight Memo No. 3. Princeton: Mathematica Policy Research, Inc., July 18, 2003.

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APPENDIX A

METHODS

In June and July 2005, interviewers from Mathematica Policy Research and Health Management Associates surveyed 46 CKF project directors and/or project coordinators, representing all CKF state grantees, and interviewed 65 state Medicaid and SCHIP officials in these same states. The response rate was 100 percent. Among the topics they explored in the survey, interviewers asked grantees to describe their most promising simplification and coordination activities, to discuss whether and how the activities affected Medicaid and SCHIP programs, and to assess whether or not the programs would have changed without CKF's influence. Figure A.1 displays the questions asked of grantees. In addition to other questions, state officials were asked to describe the policy or procedural areas in which CKF had the most direct impact, to describe the significance of these changes on enrollment, and to assess whether or not the programs would have changed without CKF's influence; these questions are shown in Figure A.2. We analyzed the grantees' and state officials' datasets separately and compared the datasets to determine the level of agreement between grantees and officials from the same state.

Figure A.1: Grantee Questions Related to Simplification and Coordination Activities

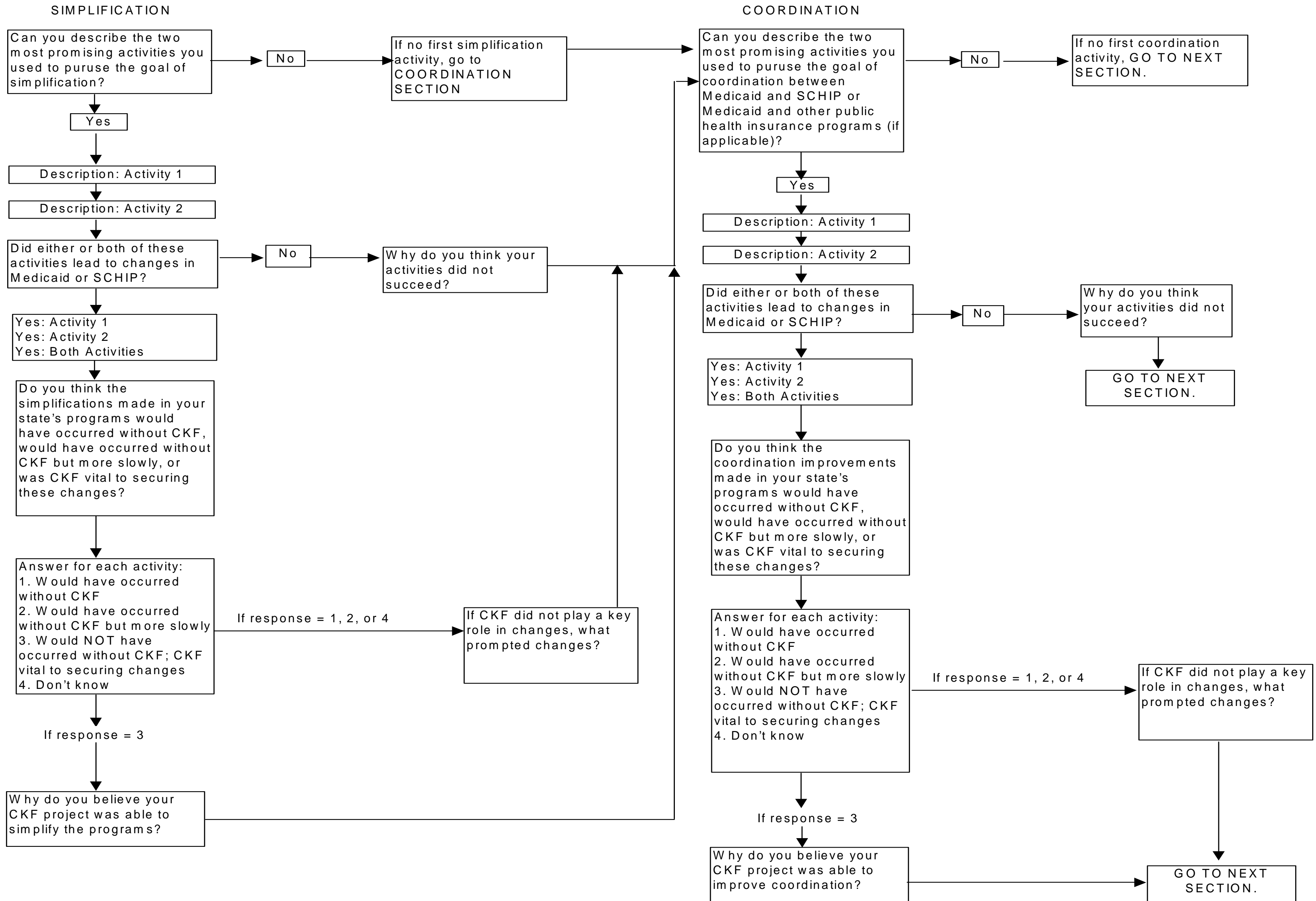

Figure A.2: Questions from State Officials' Protocol used in Simplification and Coordination Analysis