

**CASE STUDY  
in  
ASSURANCE**

**EXPANDED CHILD HEALTH INSURANCE  
IS IT WORKING?**

**By**

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***Millennium Bugs***

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## DIGEST/ABSTRACT OF THE CASE

**A. Title:** Expanded Child Health Insurance – Is it Working?

**B. Functional Area Focus:** Assurance

**C. Major Subjects Involved:** Implementation of legislative policy  
Program support systems  
Accountability

**D. Setting the Case:**

**1. Type of Health Department/Agency/Facility**

Suburban County Health Department: provides a broad spectrum of medical and dental services to those who may be unable to access services through the private sector.

**2. Relevant Geographic and Demographic Information**

Suburban County has a population of approximately 605,100 residents. Population consists of 5% Black, 8.5% Hispanic with the remainder being predominately White.

Incorporated and unincorporated areas within Suburban County are highly affluent but numerous pockets of poverty also exist.

**2. Branches of Government, Departments and Personnel Involved**

U.S. President and Congress  
State Governor and Congress  
State Department of Public Aid  
Suburban County Health Department Nursing Director  
Suburban County Health Department Staff

**3. Fiscal Resources**

Federal and State Funding: \$17,698,811

**E. Authorship Information:**

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## **EXPANDED CHILD HEALTH INSURANCE-IS IT WORKING?**

### **INTRODUCTION**

Childhood is a critical time for healthy human development. Unfortunately, according to U.S. Census Bureau data, 11 million American children (about one in seven) are uninsured and are at significantly greater risk for preventable and developmental health problems that can affect them throughout their lives. Through improved access to health services, preventable death and disability can be reduced.

Healthy People 2000 identified barriers that disproportionately affect the poor, the near poor and racial and ethnic minorities in obtaining primary and preventative health care services. An objective to overcoming these barriers includes improving financing and delivery of clinical preventive services so that virtually no American has a financial barrier to receiving the minimum screening, counseling and immunization services recommended by the U.S. Preventive Services Task Force.

Another objective included legislation passed by the U.S. Congress to fund state initiatives for expanded child health care coverage in an effort to reduce preventative health care problems. This case study examines the experiences of Suburban County Health Department in assuring that goals and objectives of ChildFirst are being met.

### **DISCUSSION**

Children's health insurance became the subject of national debate early in 1997 when the President of the United States and members of Congress began to develop a variety of competing

proposals to expand coverage for children. After several months of active discussion and negotiation, Congress enacted the Youth Health Insurance Program (YHIP). YHIP makes \$24 billion available to states over five years and \$40 billion over ten years to help expand health insurance to children whose families earn too much to qualify for Medicaid, yet not enough to afford private health insurance.

States were given some flexibility in designing their child health insurance program. Insurance coverage could be provided by the state through expansion of its existing Medicaid program, initiating a separate children health care program or using a combination of the two. Home State elected to expand its Medicaid program. Prior to the expansion, Medicaid covered children from ages 0 through 18 but only if the family's income level was below 133% of the Federal Poverty Level (FPL).

Home State's version of YHIP began April 1, 1998 and is administrated through the ChildFirst program. The program has five categories of coverage to be determined by family income. In order to be eligible for ChildFirst, the applicants must be a resident of Home State, meet family income requirements, and must be a U.S. citizen or qualified legal immigrant. ChildFirst covers pregnant women and their babies up to age 19 if the applicant is a member of a household who's income is below 185% FPL.

The number of Home State children eligible for ChildFirst has been estimated to be over 200,000. For the first year of ChildFirst, the Federal cost share of the program was \$11,504,227 and the State's cost share \$6,194,584 for a total of \$17,698,811. The Governor announced in June 1999 that 208,000 children of working poor parents would be eligible for low cost health coverage under the ChildFirst Program. Based upon Home State's Department of Public

Aid statistics, by the end of November 1999, enrollment was 75,127 or 39.38% of the estimated 208,000 eligible children. Of this number 33,509 were from Book County, representing 44.60 percent of the total number enrolled for the entire state. Book County is the home of the largest city in the state, Windy. Of the 75,127 children enrolled in ChildFirst, 35,092 (46.71%) enrolled by end the of November 1999 were children of families with incomes below 133 percent of the FPL (qualify for Medassist). The remainder is divided among other category options.

The enrollment of 33,509 children in Book County provided favorable statistics for program accountability when reviewing total enrollment numbers. However, the numbers also highlighted the disparity between the percentage of children enrolled in Book County and the remainder of the state. Low enrollment of children into ChildFirst has been encountered in Suburban County since the program's implementation. It is estimated that 19,000 children in Suburban County are eligible for enrollment in ChildFirst. At the end of November 1999, only 1971 children had been enrolled.

Suburban County covers an area of 500 square miles, has a population of 605,100 and is located forty miles from the state's largest city. It is home to some of the wealthiest communities in the country; it is also home to five of the poorest communities located within a five county area. The population consists of approximately 5% Black, 8.5% Hispanics with the remainder being predominately White. The Hispanic population is the fastest growing minority group in the County.

The Suburban County Health Department is the largest provider of a broad spectrum of medical and dental services for individuals and families of all races, genders and ages who may be unable to access services through the private sector. The Suburban County Health

Department is also one of 13 enrollment agents in the county for ChildFirst. As the specifics of ChildFirst began to emerge, Suburban County Health Department staff examined how to best enroll the greatest number of eligible children.

In surveying the options for implementation of the ChildFirst Program, the health department director, human resources and program administrators knew the department did not have funds to hire enrollment agents. The decision was made to cross-train existing staff to do outreach and enrollment in addition to their regular duties. Given the limited staff resources and time required to successfully complete the original nine page application, they attempted to set reasonable goals by enrolling children already accessing existing health department programs. Prenatal care clinics, well child, and Women, Infant, Children (WIC) clinics were chosen as target programs due to the high volume of uninsured patients. The Nursing Director felt strongly that outreach should include schools, targeting several small school districts in Suburban County that have long-term relationships with the health department. Supervisors in each targeted clinic or school would identify two workers who would be trained to enroll children in the ChildFirst Program.

Of the applications completed by Suburban County Health Department enrollment agents 70% were approved while 3 of every 4 applicants who applied on their own were denied health care coverage through ChildFirst. However, the health department found their staff were unable to meet the high demand and time required for processing applications. Staff determined each application required 45 minutes to one hour to complete. The decision was made to narrow the scope and enroll the youngest children first, as well as all pregnant women.

The Nursing Director met with several community health agencies to discuss their experiences with the ChildFirst process. They expressed concern with the limited number of

enrollment sites where trained personnel would help an applicant navigate the enrollment process. The group agreed to attend meetings at the state level to express their concerns about low enrollment rates to program officials. The Suburban County Health Department was encouraged to submit a proposal requesting funding for additional enrollment agents. The proposal was submitted but, to date, there has been no response from the funding agency that the request will be financially supported.

Another serious barrier to accessing ChildFirst is the actual amount of time it takes for an individual to receive ChildFirst coverage after completion of the application. The state's goal of a turn-around time for application completion was 45 days, but the statistics compiled by Suburban County enrollment agents show the average turn-around time was longer than 60 days. For example, a mother was encouraged to apply for ChildFirst at her child's six-month check-up. The child is now ten months old and still has not been approved.

### **CONCLUSION**

Taken at face value, the intent of ChildFirst Program is beyond reproach. The Federal government with a bipartisan vote was willing to financially assist states to insure uninsured and underinsured Americans from birth to age nineteen. Enrollment and implementation of the program is another matter. The experience of the Nursing Director has been repeated by many of the health departments surrounding Book County; the most obvious barrier being lack of funding for enrollment agents.

The state realized the burden placed on health department personnel, and addressed the problem by reducing the application from nine pages to the current three pages. However, each change in protocol meant new training for assigned personnel, taking more time away from their

other job responsibilities and adding to the overall confusion regarding the enrollment process. The simplification of the application decreased the amount of time required to complete each application, and made it easier for individuals to fill out their own applications without the assistance of an enrollment agent. Statistics are not currently available on whether the acceptance rate has changed for those filling out their own applications.

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TEACHER'S GUIDE DISCUSSION POINTS

1. Given the limitation on staff resources, how does the director and her staff prioritize the importance of their existing duties relative to their ChildFirst duties?
2. How may Home State serve to eliminate barriers associated with the enrollment process? Discuss possible options to promote increased participation in the ChildFirst Program.
3. What is the impact of YHIP on ChildFirst and are the goals of YHIP being met?
4. Is providing insurance coverage equivalent to increasing children's access to health care? If not, what other factors influence whether or not children and youth receive health care?
5. It has been stated there is a disparity between the percentage of children enrolled in Book County and the rest of the state. What can this disparity be attributed to?
6. How can outreach efforts be improved to ensure program awareness and enrollment opportunity into ChildFirst for children throughout the state?
7. What are the experiences of others regarding enrollment of children into ChildFirst and why are so many children who are eligible for ChildFirst not yet enrolled?
8. How does the Suburban County Health Department address the need for insurance coverage for children who are not legal residents of Home State and therefore, not qualified for enrollment into ChildFirst?