



NIHCM
FOUNDATION

CHILD HEALTH UPDATE

BRIGHT FUTURES AND MANAGED CARE

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FORUM SERIES

In 1997, the Clinton Administration and Congress collaborated to create the most significant expansion of health care coverage in 30 years. The Children's Health Insurance Program (CHIP) funded state coverage for children under age 19 with family incomes below 200% of the federal poverty level. The law also provided funding to enroll all uninsured Medicaid-eligible children into Medicaid.

To share ideas and insights about outreach to and enrollment of uninsured children, NIHCM Foundation convened health plan managers, federal, state and local Medicaid and CHIP officials, outreach organizations and other child health experts for a forum on October 6, 1999.

The State of Children's Coverage was the focus of the day's two keynote speakers. **Dr. Jeanne Lambrew, the Executive Office of the President,** articulated the Administration's efforts on enrollment and outreach. **Thomas Hefty, Blue Cross Blue Shield United of Wisconsin,** expressed concern that although the state and health plans knew which parents and children were leaving welfare and thus in danger of losing Medicaid coverage, they were prohibited from contacting them, which effectively resulted in enrollment loss. The discussion also touched on the difficulties inherent in a system with both federal and state responsibility and which separates the administration of welfare reform from Medicaid.

Dr. Leighton C. Ku, the Urban Institute, described what has happened to children's coverage since the enactment of welfare reform and CHIP. The number of adults and children receiving Medicaid because of linkage with AFDC/TANF fell by about 25%. Even when

welfare leavers were working, only one-third of them received private insurance and one-third were uninsured.

Cindy Mann, Center on Budget and Policy Priorities, and **Ned Wollman, Maryland Department of Health and Mental Hygiene,** described the relationship between welfare reform and Medicaid, some of the problems, and how states are working to overcome them. At redetermination of eligibility, **Ms. Mann** advised states to change the system so that a Medicaid beneficiary is not automatically disenrolled whenever cash assistance is closed. **Mr. Wollman** credited part of Maryland's success in promoting coverage to streamlining its application process with a simple three page mail-in form. No verification, assets test, or interview process are required.

Julia Taylor, YWCA of Greater Milwaukee, and **YW Works** and **Louise Brookins, Philadelphia Welfare Rights Organization** and **Welfare Pride,** detailed efforts to assure that health coverage continues after welfare. **YW Works** is a unique, three-way partnership. Kaiser Group assists with the employer linkage, while CNR helps with both the risk management and behavioral health components. **YW Works** provides very intensive case management for alcohol and drug abuse, mental illness, and depression, with assessment and evaluation at the outset. **Welfare Pride** has partnered with Gateway, the Medicaid program of Highmark Blue Cross Blue Shield, to contact individuals and determine whether they remain eligible for medical assistance after leaving welfare. **Ms. Brookins** believes that the employment of former welfare recipients is the key to Welfare Pride's success.

Families need to be surrounded with these messages - "on their cereal boxes, on TV, on the radio, in their electric bills" - to hear it multiple times so they will take action.

Jeanne Lambrew

"If you don't look closely at variations in state performance, you cannot figure out how to design policy."

Thomas Hefty

"People listen to their peers. We went across the State of Pennsylvania and knocked on doors. We went into the projects and pulled people out of bed. They got enrolled."

Louise Brookins

OCTOBER FORUM CONTINUED

BRIGHT FUTURE'S INITIATIVES

“Early on we felt, if you build it they will come. That’s not true. Multiple factors affect a client’s or recipient’s or prospective recipient’s decision to enroll: social class, culture, reference groups such as churches, and primarily family.”

Kurt Snodgrass

“First, the only way to get anything done is to do it; and second, remember children may be only one-third of our population, but they are 100 percent of our future.”

Randy Revelle

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Dr. Lillian K. Gibbons, Health Care Financing Administration, Michael Perry, Lake Snell Perry & Associates, Kurt Snodgrass, Oklahoma Health Care Authority and Randy Revelle, Washington State Hospital Association, each offered their thoughts on effective public and private collaborations to find and enroll uninsured children. **Dr. Gibbons** noted that it is an exciting time for the field of outreach, because more people are enrolling in Medicaid as a byproduct of CHIP activities. **Mr. Perry** described his work with the Kaiser Family Foundation to conduct focus groups on why children were not enrolled in Medi-Cal, California’s version of Medicaid. A national study, *Medicaid and Children: Overcoming Barriers to Enrollment*, can be found at www.kff.org.

Mr. Snodgrass outlined Oklahoma’s changes including elimination of the face-to-face interview, especially for applicants with higher income levels, and institution of income declaration. **Mr. Revelle** cited five primary strategies: (1) Do your homework; (2) Work through the schools; (3) Use an information and enrollment hotline; (4) Rely on trusted advocates; and (5) Implement system improvements.

An *Action Brief* summarizing the meeting in greater detail has been distributed and is also posted at www.nihcm.org.

Eileen Clark, National Center for Education in Maternal and Child Health (NCEMCH), gave a Bright Futures update. The second edition of the comprehensive *Bright Futures: Guidelines for health Supervision for Infants, Children, and Adolescents* was published this month.

Also, *Bright Futures in Practice: Nutrition* was recently released. NIHCM Foundation is considering a forum on chronic diseases and nutrition this fall. See also the following two web sites, www.brightfutures.org and www.ncemch.org, for additional information on Bright Futures.

The Maternal and Child Health Bureau, NCEMCH, and the American Association of Health Plans (AAHP), along with **Dr. Judy Palfrey, Dr. Kelly Kelleher** and **NIHCM Foundation**, have formed a Bright Futures and Managed Care Work Group. The group is looking at ways to facilitate use of Bright Futures, its materials and encounter forms by managed care organizations. **AAHP** and **NIHCM Foundation** have been discussing Bright Futures use with their member plans. **NCEMCH** is looking at the relationship between Bright Futures and quality measures used by plans, such as those under the Health Plan Employer Data and Information Set (HEDIS), the Child and Adolescent Health Measurement Initiative (CAHMI), and the Early and Periodic Screening Diagnosis and Treatment (EPSDT). Ongoing work may involve developing closer links between Bright Futures and performance measures, creating a health risk assessment tool and forming a users group of plans to identify best practices and ways to adapt Bright Futures for plan priorities.

NIHCM FOUNDATION EFFORTS

Journalism Award

NIHCM Foundation will present its **Sixth Annual Health Care Journalism Awards** on May 31, 2000. A prize will be given for excellence in reporting on children’s health care issues.

Research Award

In November 2000, NIHCM Foundation will present awards for excellence in children’s health care research. The **Seventh Annual Health Care Research Awards** covers articles published between September 1, 1999 and August 31, 2000. Solicitation for entries begins in September 2000.

For more information about either of the awards, please call **Anne Mahoney at 202-296-4426**, or visit our Web site at: www.nihcm.org.