

THE **FRIEDEL COMMITTEE**
FOR HEALTH SYSTEM TRANSFORMATION

KCHIP
IN
ANDERSON COUNTY
KENTUCKY



A Case Study

July 2009

Background

The Kentucky Children's Health Insurance Program (KCHIP) provides health coverage to over 50,000 children through age 18 if their family's income does not exceed 200% of the federal poverty level (\$44,100/year for a family of four). Families pay a \$20 monthly premium to participate in KCHIP if their income is above 150% of poverty (\$33,075/year for a family of four). The program has a current annual budget of \$107 million with the federal government providing approximately 80% of program funding.

Health advocates have maintained that more than 62,000 children in Kentucky (two-thirds of all uninsured children) are eligible to participate in KCHIP but are not enrolled due to cumbersome enrollment requirements and a lack of outreach. In September of 2008, Governor Beshear announced a number of changes in KCHIP designed to boost enrollment, including:

- *Simplifying the enrollment process* to make it easier for families to sign up for KCHIP by eliminating the face-to-face interview requirement and shortening the application and;
- *Increasing retention efforts* to help eligible families stay enrolled in the program by allowing a grace period for renewals and following up with applicants by phone to obtain needed information; and
- *Increasing outreach* to educate the public about KCHIP.

Approach

The Friedell Committee is a statewide, independent, non-partisan, non-profit citizens' committee whose goal is to improve the health and health care of all Kentuckians through the use of Values-based Principles to transform the present dysfunctional health system. One of our purposes is to use the Principles—and related measures and metrics—as benchmarks in assessing different aspects of the present health system in different parts of the state. We began this effort by looking at the KCHIP system in Anderson County.

One of our first Principles states our belief that **each individual should have equal access** to effective care without regard to race, gender, culture, geography or socioeconomic status. We therefore decided to look at access to KCHIP services in Anderson County.

The first step in assuring access for a population to a health system is providing detailed information to that population about the system, including how to participate in it. In a word, encouraging awareness in the communities in question about the health system would include publicizing what services the system would make available, what the eligibility requirements are, and how and where families could apply. Therefore, we started by looking at community awareness. If we found shortcomings, our plan was to develop recommendations for changes in the existing procedures for providing program information to potential beneficiaries.

The Committee Work Group met with a representative group of local citizens, some of whom were involved with public agencies, others with voluntary groups and the remainder were community volunteers. Some 70 people were interviewed in the course of this case study. The ultimate goal was to contact all health care providers, a sample of the faith community, individuals in the public schools, social service agencies and the Department for Community Based Services (DCBS), the state agency with delegated responsibility from the Cabinet for Health and Family Service for enrolling eligible individuals in Medicaid and KCHIP services in Anderson County.

The Work Group found a high level of communication among the various agencies and organizations in the county, facilitated by an Inter-Agency Council which meets monthly and is chaired by a very dynamic leader. The Inter-Agency Council appears to be very effective as a communication and information sharing forum but does not appear to go beyond this role and delve into problem solving and strategic action planning. The Health and Nutrition subcommittee of the Anderson County Community of Promise identifies, researches and acts on one health issue per year in the community.

Approach continued

All individuals interviewed were very cooperative and demonstrated a high degree of competence and professionalism in their area of responsibility. They were, without question, very dedicated and committed to their work and to improving the health and general welfare of their clients and all residents of Anderson County.

Findings and Conclusions

- In Anderson County, with a total population of 21,347, although there is a DCBS office, there is no single **recognized** point of responsibility in Anderson County to provide information regarding KCHIP to the general public, providers of health and social services, wrap-around service providers, the education system, faith community and other appropriate groups and entities.
 - No one, not even the DCBS, had the latest KCHIP informational materials available.
 - The DCBS, local health department, community action agency and the school family resource centers were the only locations where the new KCHIP applications were available.
 - The latest Informational materials do not clearly communicate some of the facts people need to know to determine if they are eligible for KCHIP. The critical message is that eligibility hinges on **household income** and does not consider assets. Other factors such as the discounting of step-parent income and discounting for work and child care may make children eligible who may not appear eligible from only household income tables. Nowhere do income levels related to family size appear on the informational materials.
 - The latest application form has been improved; however, the last page that lists back-up materials which must be provided is difficult to understand. It is easy to lose track of what is required to be submitted due to the format of the document.
 - None of the physicians' offices, dental offices or pharmacies could clearly describe the differences between Medicaid and KCHIP or had much information on the KCHIP program.
- Several asked to have the information provided to them.
 - The local newspaper editor could not recall hearing about KCHIP or receiving information on the program.
 - Every agency which indicated they had assisted clients to enroll in KCHIP stated that the major problem with the total process was getting the client to provide the back-up material required.
 - The Frankfort Regional Medical Center, which was described as the hospital which served most Anderson countians, was the only agency with an organized, consistent follow-thru program to help potentially eligible persons qualify for benefits. The hospital has two contract 'Medassist' personnel who interview uninsured persons, assist in completing the application, provide detailed instruction on securing back-up materials and follow up with phone calls and personal contact if required to finalize the eligibility process.
 - The Anderson County health department has one staff member who has attended training in the KCHIP application process and is available to assist clients. The department receives a listing each month of new KCHIP eligibles and is required to follow up with the clients regarding well child needs and services. This requires the department to send an informational letter, make up to three phone contacts and a home visits if necessary to get the client to either see a physician or attend a clinic at the health department for examination. However, due to lack of staff, the department is unable to complete this work on a monthly basis and is complying only quarterly.
 - The school nurses (each school has an assigned nurse) could be an important link in getting eligible children enrolled in KCHIP. However, the nurses have a full-time job meeting the needs of students each school day and have little time to address the concern for health insurance coverage. When students present with major problems, the nurses do attempt to advise parents regarding financial assistance available through Medicaid and KCHIP and make referrals to the state agency or the family resource

Findings and Conclusions continued

- personnel.
- The Family Resource Centers at each school appear to be a major untapped resource for KCHIP advocacy. While most have Medicaid and KCHIP applications, the information is shared on a reactive rather than proactive basis. Due to the workload, the Centers' personnel must be selective about whom they assist in the eligibility process and usually focus on those students with potentially expensive service needs or long term needs.
 - Many other organizations and agencies that have regular contact with potentially eligible KCHIP families, e.g. food pantry, clothing bank, churches, extension service, mental health center, court system, etc. are left out of the loop. All of these entities expressed a sincere desire to post informational materials, provide KCHIP applications, include information in children's backpacks, food boxes, church bulletin inserts, etc. Apparently, the DCBS has not approached such organizations to provide needed information.
 - Every agency emphasized that needs are increasing, people who have never before sought assistance are presenting for services and at the same time resources are diminishing. While all service personnel acknowledged the need for KCHIP and their desire to promote it, they nevertheless noted that their primary mission was to provide direct service to their clients. Unfortunately every minute utilized to assist clients with KCHIP applications is a minute lost for services. However, they also acknowledged the long range potential for KCHIP to yield significant revenue for their operations.
 - It was generally thought that the DCBS should provide more commitment and take more initiative to promote KCHIP, provide a more consumer-friendly atmosphere for clients visiting their offices and be more proactive in assisting clients in the application process. Other organizations and agencies are very willing to assist in making KCHIP known, but the primary responsibility would appear to be with the DCBS.

Local Recommendations

(In the context of the need for a systems approach to the problem)

1. In order for the KCHIP program to be successful in Anderson County some agency or group needs to take a proactive position to enroll children into KCHIP. There needs to be a community champion.
2. Existing informational materials need to be made broadly available to physicians' offices, service agencies and churches in the community.
3. The materials need to include detailed eligibility criteria along with the general program information.
4. It would be useful if local contact names could appear on the flyers of people or agencies that are willing to help fill out applications, eg. local health department, family resource centers, community action agency and the social service agency.
5. A simple checklist could be provided to assist the application coaches regarding the correct information needed.
6. Some follow-up with individual families to confirm their application and its status needs to be made because so many are turned in with incomplete information.
7. An annual drive by local churches could be of some value to identify eligible children and assist with applications.
8. Program information could be put into backpacks at places that distribute food, newspapers, back to school materials and other materials.
9. Applications could be distributed with initial school enrollment materials.

State Level Recommendations

(In the context of the need for a systems approach to this problem, and with the belief that our generic approach derived from an investigation in this county would be applicable to other counties.)

1. **Responsible, Proactive Agency:** The Cabinet for Health and Family Services division responsible for KCHIP should provide the leadership, technical assistance and staff

State Level Recommendations continued

resources to the local KCHIP office (DCBS) to ensure that all potentially eligible children and their parents receive adequate information in order to clearly understand the eligibility requirements and benefits of KCHIP. If potential clients desire to apply, the necessary assistance and guidance should be made available to assist the applicant in successfully completing the KCHIP application process and receiving prompt determination regarding their eligibility.

2. **Critical Role for Education System:** The Kentucky Department of Education should be called upon to establish policies to insure that all schools follow specified protocols to inform students and parents regarding KCHIP. Such efforts could be linked with the annual enrollment of students with particular attention to initial enrollment in early childhood programs and special education programs. All Family Resource Centers' personnel should be well informed regarding KCHIP and should be expected to reach out to students receiving free or reduced fee lunch as a particularly high risk group and to work with school nurses in bringing students into KCHIP.
3. **Health Department Outreach:** The local health department should be considered a key outreach partner and should be provided adequate resources to enable it to carry out grass roots outreach to potentially eligible KCHIP clients currently served in well baby clinics, EPSDT, immunization clinics and other preventive and case-finding programs. An equally important need exists for resources to reach out to those determined eligible for Medicaid and/or KCHIP services to bring them into the health care environment. Eligibility for KCHIP should be viewed only as a means to an end with the end being the establishment of a meaningful relationship between the eligible KCHIP recipient and a health home.
4. **Enrolling Community Resources as Partners:** The DCBS should provide the leader-

ship to effectively inform and involve the various community resources in the KCHIP enrollment effort. A KCHIP familiarization program should be available for personnel of community agencies and providers. Consumer-friendly brochures and leaflets should be available to social service agencies (CAA, food pantry, clothing bank, etc.) for distribution to clients. The faith community should be approached to cooperate in an outreach campaign, eg., a church bulletin insert or a designated Sunday focus. Regular media releases to local papers and radio stations could feature local personalities highlighting experiences related to KCHIP.

The Friedell Committee's 10 Core Principles

1. Health systems are accountable to the public in every aspect of care and resource use.
2. Health systems are responsible for promoting the health of individuals and populations throughout the entire life span.
3. Health professionals and systems are responsible for providing safe and effective care.
4. Each individual has equal access to effective care without regard to race, gender, culture, geography or socioeconomic status.
5. Care for each individual is safe and of high quality.
6. The social responsibility to assure that care for each individual is affordable is honored. Cost must not create a barrier to care nor may individuals be forced to compromise basic needs to afford necessary care.
7. Care for each individual is efficient and of high value to recipient and family.
8. Patients and families are treated with respect.

Core Principles continued

9. Patient rights are clearly expressed and honored.
 10. Individuals and communities share responsibility for their health and for the cost of care.
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