CHIP Under the Microscope

An Evaluation of the Effectiveness of CHIP Outreach and Enrollment Practices in Hamilton County, Ohio

About Children's Defense Fund

Children's Defense Fund (CDF) was founded in 1973 by Marian Wright Edelman to provide a strong and effective voice for the children of American who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities. Our goal is to educate the nation about the needs of children and encourage preventative investment in children before they get sick, drop out of school, or get into trouble.

CDF is a unique organization because it focuses on programs and policies that effect large numbers of children, rather than on helping families on a case-by-case basis. CDF educates the public about the conditions of children and successful programs. We work to shape federal, state, and local policies for children by identifying cost-effective remedies.

Our main office is in Washington, D.C. The CDF—Greater Cincinnati Project began its work in 1993. CDF maintains a state office and a local project in Columbus, Ohio, and additional offices in California, New York, Minnesota, Mississippi, Texas, and South Carolina.

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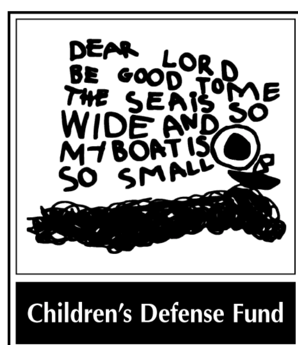

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Foreword

One of our greatest community desires is that all children in the Greater Cincinnati Region get the health care they need and deserve. We are also concerned that providers, which serve our most vulnerable children, remain viable. The State Child Health Insurance Program (SCHIP) is one way to help these happen. Congress designed SCHIP to give maximum flexibility to the states, because the states had asserted both their willingness to identify their children in need of health insurance, as well as to develop a program to address that need.

In addition to SCHIP itself, Congress provided funds for outreach by the states. The study you have before you is an attempt to tell the story of one county's venture into the SCHIP program. Originally, we wanted to evaluate only the outreach process that the county was using to reach uninsured children.

With the assistance of hundreds of interested persons, we ended up looking at outreach techniques, enrollment procedures, county and state policies related to enrollment, and the satisfaction of families who were able to take advantage of SCHIP. What we found are issues that could be addressed by everyone: policymakers, departments of human services, agencies engaged in outreach, and families. What we noticed most of all, is that "where there is a will, there is a way."

We hope that readers will find the evaluation useful wherever they are trying to enroll children. Whether it's Ohio's Healthy Start-Healthy Families, Kentucky's KCHIP, or Indiana's Hoosier Healthwise, we hope that our report helps you find ways to get children insured and get the health care they deserve.

Eileen Cooper Reed
Director/Advocate
Children's Defense Fund—Greater Cincinnati Project

Introduction

This report is intended to help policy makers and child health advocates understand how Children's Health Insurance Program (CHIP) outreach and enrollment operated in Hamilton County from August 1998 through September 1999. It details successful practices and recommends improvements to ensure that children receive the health care they need. The report grew from collaboration among the Children's Defense Fund—Greater Cincinnati Project (CDF-Cincinnati), the Hamilton County Department of Human Services (HCDHS)[1], and The Health Foundation of Greater Cincinnati to evaluate and improve Hamilton County's efforts to enroll children in Ohio's CHIP program.

[1] *On July 1, 2000, the Ohio Department of Human Services merged with the Ohio Bureau of Employment Services to become the Ohio Department of Job and Family Services. The county Departments of Human Services are currently changing their names to Department of Job and Family Services. At the time of this publication HCDHS had not yet changed its name and will be referred to under its pre-merger name throughout this publication.*

Summary

Overall, CDF-Cincinnati concluded that Hamilton County's CHIP outreach and enrollment plan proved effective, that when the stakeholders encountered problems they worked together effectively to fix many of them "on-the-fly," and that more can be done to improve access to the program for children. The following highlight the most important findings and recommendations:

Access to Care

- Hamilton County children enrolled in CHIP experienced modest increases in access to health care.
- Parents have difficulties finding physicians who accept Medicaid and, therefore, CHIP.

Outreach

- Outreach efforts in Hamilton County had a positive impact on enrollment.
- Television advertising reached parents and prompted them to apply.
- Community outreach agencies had a significant impact on the volume of applications.
- Outreach attracted African-American families more effectively than it did white families and resulted

in higher enrollment rates for African-American children.

- Parents did not want to be involved with welfare programs.
- Parents feared applying for CHIP would stigmatize them as welfare recipients.
- HCHDS failed to use its own internal databases to identify children likely eligible for CHIP who were not enrolled.
- After the initial year of well-funded CHIP outreach, outreach in Hamilton County was restricted by diminished funding. This appears to have had a serious impact on enrollment.

Enrollment

- Most uninsured children covered by the January 1998 CHIP implementation are probably enrolled. However, Ohio could cover many more children. These include:
  - o children covered by the initial CHIP implementation for whom CHIP can supplement other insurance;
  - o children previously eligible for, but not enrolled in Healthy Start Medicaid; and
  - o uninsured children included in the July 1, 2000, CHIP expansion.
- Fewer children than originally predicted enrolled in CHIP.
- The application process was effectively race neutral—the proportion of white to African-American families who applied for CHIP was the same as the proportion who had their applications approved.
- Many parents who applied but did not enroll their children reported difficulties with the application process.
- Parents enrolled in CHIP rated the outreach and enrollment agencies very highly.

Re-enrollment

- Parents rated the CHIP program highly and indicated that they planned to re-enroll their children.
- Re-enrollment after the initial period of eligibility was often just as or more difficult than initial application.
- Attrition rates were high among families that enrolled in CHIP.

Recommendations

CDF-Cincinnati makes the following recommendations to Hamilton County and Ohio. These may also be useful to other CHIP outreach and enrollment programs.

Ohio can:

- Restore outreach funding to the level available from August 1998 through September 1999.
- Reduce the drop-out rate by:
  - o simplifying eligibility redetermination further, and
  - o fixing the state computer system so that it doesn't terminate families unfairly.
- Allow self-declaration of income as permitted by the federal government.
- Increase the number of physicians who treat Medicaid patients.

Hamilton County can:

- Continue efforts to streamline the application process.
- Redouble efforts to enroll white families, families near the upper income limits, and families for whom CHIP may act as supplemental insurance.
- Monitor access to health care to ensure that children receive the care they need.
- Properly train **all** caseworkers who process CHIP applications. The HCDHS "on-going" unit (which processes families already served by HCDHS) is not as informed as the CHIP-specific intake unit. This

has resulted in processing delays and incorrect dispositions of CHIP applications have resulted.

- Reduce the “6 weeks of pay stubs” employment verification requirement. The average county across the state requires only 4 weeks.
- Comply with the state policy that parents do not have to supply Social Security numbers as a condition of eligibility for their children, unless the parents are also seeking benefits.
- Speed up application processing to comply with the state regulation of 30 days. HCDHS currently takes an average of about 45 days to process applications.

The Children's Health Insurance Program

Enacted by the U.S. Congress in August 1997 through Title XXI of the Social Security Act, the Children's Health Insurance Program (CHIP) was designed primarily to help children in working families with incomes too high to qualify for traditional Medicaid but too low to afford private family coverage. With $40 million earmarked for the program over the next 10 years, CHIP constitutes the single largest expansion of health care coverage since the establishment of Medicaid in the 1960s.

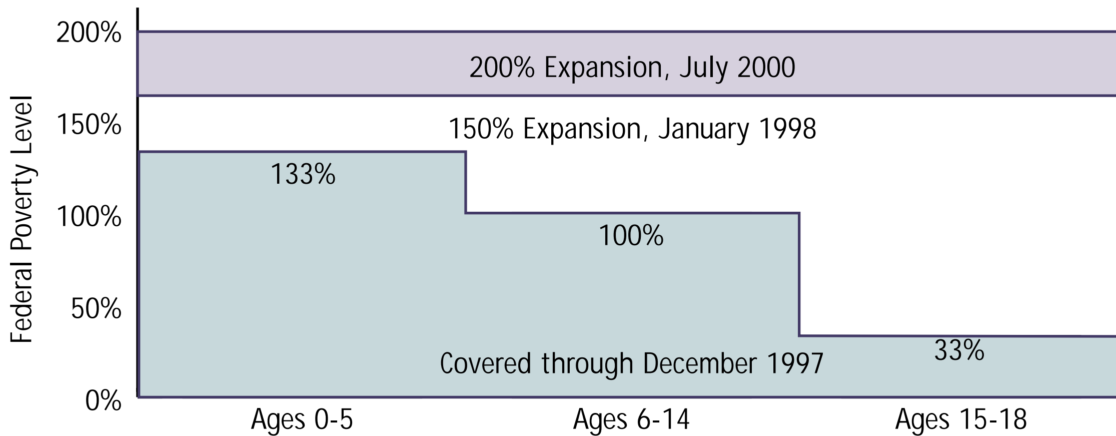
CHIP offered an unprecedented opportunity to provide health insurance to 205,000 children in Ohio under age 19 without health insurance whose family incomes were at or below 200% of the federal poverty level (FPL)—one out of every 15 children in the state—and about 200,000 children in families below 150% of FPL for whom CHIP can supplement other insurance.[2] (In 1999, 200% of FPL equated to $27,760 for a family of three, 150% was $20,820 for a family of three.)

On January 1, 1998, Ohio implemented CHIP by expanding coverage of its Healthy Start Medicaid program to uninsured and underinsured children through 18 years of age with family incomes up to 150% of FPL. On July 1, 2000, Ohio expanded CHIP to uninsured children in families between 150% and 200% of FPL. On that date, Ohio also expanded Medicaid coverage to uninsured parents of CHIP-eligible children with incomes at or below 100% of FPL. Before the January 1998 CHIP implementation, Ohio had covered a number of children through its Healthy Start Medicaid program. These

[2] *Children's Defense Fund,* All Over the Map: A Progress Report on the State Children's Health Insurance Program*, July 2000, Table 6, p. 26; ODHS, Office of Medicaid,* Caseload Analysis Bulletin, May 1999*, p. 2. Under a pre-existing federal waiver, Ohio may provided Medicaid as supplemental insurance to underinsured children under 150% of FPL.*

included children aged 0–5 up to 133% of FPL, children 6–14 up to 100% of FPL, and children 15–18 up to 33% of FPL (see Chart 1).

Chart 1: CHIP coverage and expansions between December 1997 and July 2000



CHIP, however, makes no provision for uninsured children above 200% of FPL. In Ohio, a total of 307,000 children at all income levels—one in ten of the state's children—were uninsured for at least a year during 1996 through 1998.[3] Many more had been uninsured for shorter periods of time.

To help Ohio and the other states reach eligible children, Congress provided one-time funding for CHIP outreach with the requirement that each state provide 10% of any funds spent on outreach. In turn, the Ohio Department of Human Services (ODHS)[4] authorized each county to carry out an outreach program, provided the county supplied the 10% match to the federal outreach funds and submitted the plan to the state for approval. At the same time, Ohio set up a statewide CHIP hotline to provide limited assistance to parents interested in CHIP.

Despite these outreach efforts, recent reports have noted that enrolling children in CHIP has been difficult in Ohio and across the country. Ohio initially predicted that it would enroll 50% of children eligible for CHIP by June 1999. Instead, it had enrolled only about 23% by that date. For its part, Hamilton County had enrolled only about 24% of eligible children by then. Nationally, the District of Columbia and the 47 states that had implemented CHIP enrolled only about 2 million of the approximately 7.2 million uninsured children below 200%

[3] *Children's Defense Fund,* State of America's Children Yearbook 2000, *Table B11.*

[4] *On July 1, 2000, the Ohio Department of Human Services merged with the Ohio Bureau of Employment Services to become the Ohio Department of Job and Family Services. However, for consistency in this publication and because most of what we report occurred before the name change, we refer to the department under its pre-merger name.*

of FPL during federal fiscal year 1999 (ending September 30, 1999).[5]

Evaluating Outreach and Enrollment

From the inception of CHIP, many observers, including a number of stakeholders in Hamilton County, believed it was important to examine the effectiveness of outreach and enrollment efforts and of the program itself. As a result, soon after the beginning of CHIP implementation in Ohio, CDF-Cincinnati and the Hamilton County Department of Human Services (HCDHS)[6] agreed that CDF-Cincinnati would develop and implement an evaluation and The Health Foundation of Greater Cincinnati agreed to fund it. This funding also served as the 10% match required to draw down federal funding through the state for Hamilton County's CHIP outreach program. CDF-Cincinnati and HCDHS agreed that the evaluation process should help decision makers improve CHIP outreach and evaluation in Hamilton County and the State of Ohio, both during the evaluation process and after its completion, and assist others to create or improve their own CHIP outreach and enrollment plans.

Hamilton County's Outreach and Enrollment Plan

Prior to the implementation of its outreach plan, HCDHS contracted with LAO Advertising for a marketing analysis and advertising campaign. This marketing analysis proved important to the design of the outreach and enrollment plan. It found that:

- Most children newly eligible for Medicaid because of the CHIP expansion likely lived in families with annual incomes between $15,000 and $25,000. This income range included most Hamilton County families with incomes between 100% and 150% of FPL.
- The pool of eligible children would likely be between 70% and 80% white and 20% and 30% African-American, based on the proportion of households of each race in Hamilton County with annual incomes between $15,000 and $25,000.
- Many parents of CHIP eligible children would likely not want to sign up their children for a "welfare"

[5] *ODHS, "Medicaid Expansion for Children Below 150% of the Federal Poverty Level," faxed 10-07-98 from Consumer &Program Support, 6147289201 to CDF Ohio; ODHS,* Caseload Analysis Bulletin, December 1999*, Table 2, p. 7.; Children's Defense Fund,* All Over the Map*, Table 6, p. 26.*

[6] *On July 1, 2000, the Ohio Department of Human Services merged with the Ohio Bureau of Employment Services to become the Ohio Department of Job and Family Services. The county Departments of Human Services are currently changing their names to Department of Job and Family Services. At the time of this publication, HCDHS had not yet changed its name and will be referred to under its pre-merger name throughout this publication.*

program nor would they want to deal with the "welfare" department, HCDHS.

In addition, long experience with working with low-income whites in Hamilton County indicated to HCDHS that white parents would be more reluctant to sign up for a public assistance program like CHIP than African-American parents.

Consequently, HCDHS directed LAO Advertising to design a media campaign that would target both white and African-American audiences. LAO did so by creating posters and television ads, some with images of white children and others with images of African-American children, and by advertising on local radio stations whose target audiences were either young adult whites or young adult African-Americans.

To diminish the identification of CHIP with "welfare" or other public assistance programs, HCDHS also contracted with Hunter Health, Inc. to operate a Telephone Application Center (TAC) for CHIP enrollment and to market CHIP to parents at a variety of locations in communities likely to have large numbers of CHIP-eligible families. These locations included places of employment, schools, community events, and shopping centers. HCHDS also required Hunter Health to subcontract for onsite outreach and enrollment services with agencies that served CHIP-eligible children and their families, particularly health care providers.

Starting in early August 1998, Hunter Health put the TAC in operation and began to contract with community agencies for outreach and enrollment activities. At the same time, LAO's advertising campaign began to publicize the CHIP program and the telephone number of the TAC to Hamilton County media audiences. Once the evaluation process was under way, CDF-Cincinnati staff met at frequent intervals with staff from HCDHS, Hunter Health, and LAO Advertising to discuss findings and to improve outreach and enrollment in midstream.

Once the TAC and community agencies had their enrollment processes in place, consumers could enroll their children at four points of entry:

- the Hunter Health TAC,
- outreach events held by Hunter Health TAC staff at various locations in Hamilton County,
- community-based agencies subcontracting with Hunter Health for outreach and enrollment, and
- HCDHS.

Except for those applications received by HCDHS directly from consumers, all applications were funneled through the Hunter Health TAC. After consumers contacted Hunter Health, either by phone or at outreach events in the community, TAC staff:

- filled out applications as completely as possible on initial contact;
- forwarded the applications, when necessary, to consumers for signatures and for documents required to verify the accuracy of the application;
- followed up with post cards, phone calls, and home visits as needed to obtain the verifying documents and the signed applications; and
- forwarded applications and documents to HCDHS.

Community organizations provided similar kinds of help before forwarding applications to the TAC, where staff performed follow up on incomplete applications before forwarding them to HCDHS.

After receiving applications, state regulations required HCDHS to determine the child's eligibility within 30 days of the time parents signed the application. For incomplete applications, HCDHS contacted consumers by mail with instructions on what was missing from the application and indicated a deadline for return. HCDHS informed consumers of its decision within about 15 days of the determination of eligibility. Families approved by HCDHS received a Medicaid card and a notice of the duration of eligibility.

Evaluating Hamilton County's Outreach and Enrollment Plan

In carrying out the evaluation of Hamilton County's outreach and enrollment plan, we looked for evidence that:

- children enrolled in CHIP received the health care they needed ("Access to Care");
- outreach attracted parents to apply ("Outreach");
- the enrollment agencies assisted families effectively once they began the application process ("Enrollment"); and
- once children were enrolled they stayed enrolled ("Re-enrollment").

We employed three broad methodologies in our evaluation (see Appendix A for details):

- analysis of application and enrollment data from Hunter Health, HCDHS, and ODHS;
- a survey of CHIP families; and
- interviews with and observations of staff and parents at the Hunter Health TAC, community-based enrollment sites, and HCDHS.

The next section of the report details our findings and is divided into four subsections corresponding to the four areas listed above.

Findings

Overall, we concluded that Hamilton County's outreach and enrollment plan proved effective, but that more could be done to improve access to the program for children. Although this section is divided into general subsections, there are, of course, findings that apply to more than one subsection. Where that occurs we indicate the other subsections to which those findings relate. Because access to care is the most important issue this evaluation tackles, we begin there.

Access to Care

- **Hamilton County children enrolled in CHIP experienced modest increases in access to health care.**

  Forty-three percent of CHIP parents surveyed for this evaluation reported increases in use of at least one of seven types of health care services for their children since enrolling in CHIP (see Table 1).

Table 1: Change in use of health care providers following enrollment into CHIP

Responses (N=150)	Increase	Same	Decrease
Dental care	29%	66%	5%
Vision care	26%	66%	8%
Well-child checkups	20%	78%	2%
Contact with a family doctor	20%	75%	6%
Doctors' care for minor illnesses	19%	76%	5%
Disability services	19%	71%	10%
Immunizations	16%	82%	2%
Any of the above*	43%	19%	16%
Emergency room for non-emergency condition	13%	74%	13%

*For "Any of the Above," increase means that 43% of parents reported increases in the use of at least one of the seven types of care, same means that 19% of parents reported no changes in use of any of the seven types of care, and decrease means that 16% of parents reported a decrease in use of in any one of the seven types of care.

The largest increases were in dental care (29%), vision care (26%), contact with a family doctor (20%), and

well-child checkups (20%). These increases in access to care are particularly gratifying because of the short time the program had been in effect and the high likelihood, given the level of attrition in the program (see below, "Re-enrollment"), that most families surveyed had been enrolled for less than six months. Moreover, an eighth type of care—use of emergency rooms for non-emergency conditions—showed a decrease of 13%, although another 13% indicated an increase in using this type of care.

➲ **Recommendation**: Continue to monitor access to health care to ensure that children receive the care they need.

Barriers to Accessing Care

There are a limited number of physicians who accept Medicaid.

A limited number of physicians care for Medicaid, and therefore CHIP, patients. The only Medicaid managed care company in Hamilton County has difficulty finding physicians who will serve its patients. Consumers need better access to information about which physicians will accept Medicaid patients and where they are located.

✪ **Solution:** In cooperation with the Child Health Statistics Center of Children's Hospital Medical Center, advocates have been developing a database of Medicaid providers in Hamilton County, their locations, and their policies on accepting new Medicaid patients, with plans to make that available to families.

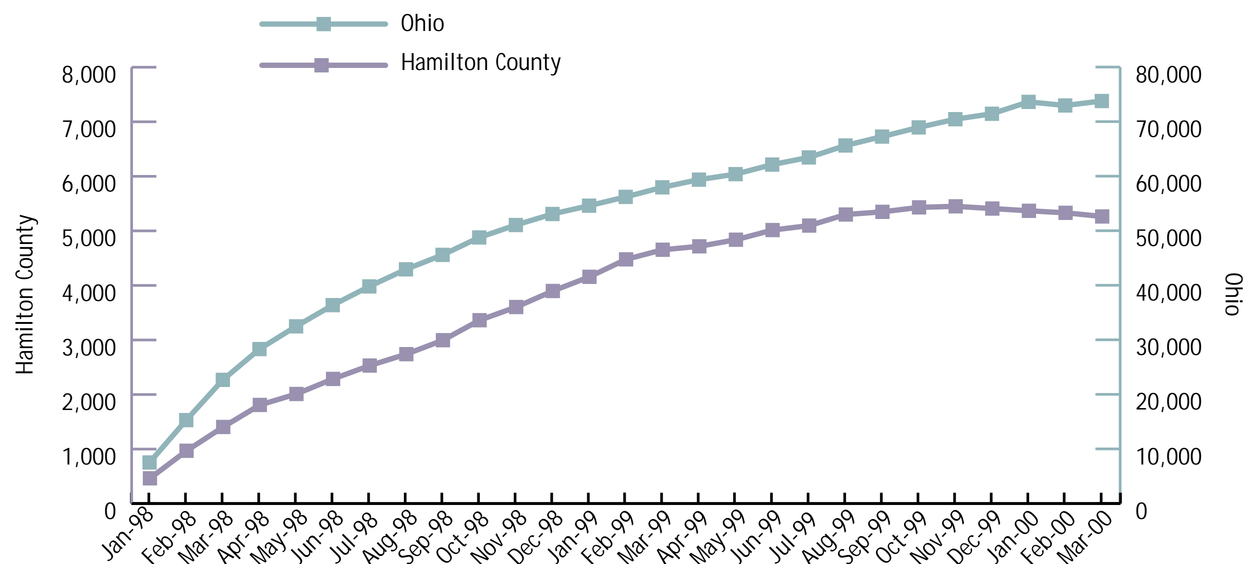
➲ **Recommendation:** Implement policies to increase the number of physicians who treat Medicaid patients.

Outreach

- **Outreach efforts in Hamilton County had a positive impact on enrollment.**

Comparison of Hamilton County and statewide enrollment data indicates that CHIP outreach in Hamilton County was effective (see Chart 2).

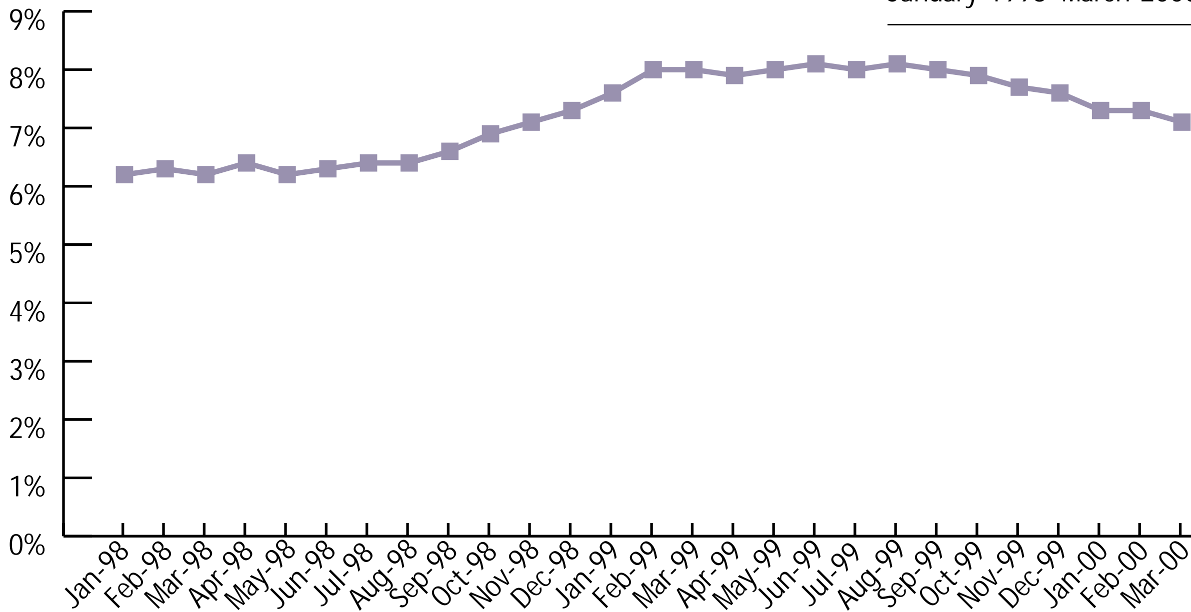
Chart 2: Children enrolled in Hamilton County CHIP and Ohio's Healthy Start expansion, by month, January 1998–March 2000



Between January 1998 and August 1998, Hamilton County enrollment in CHIP made up about 6.3% of statewide enrollment. (For comparison, Ohio estimated that about 7.6% of Ohio children covered by the January 1998 CHIP implementation lived in Hamilton County.) Between September 1998—one month after Hamilton County's outreach and enrollment campaign began—and February 1999, Hamilton County enrollment increased from 6.6% of Ohio's enrollment to 8.0%, where it stayed through September 1999. Shortly after television advertising ended in late July 1999 and contemporaneous with the end of Hunter Health's

contract at the end of September, Hamilton County enrollment began a steady drop to 7.1% of Ohio's enrollment in March 2000 (see Chart 3).

Chart 3: Hamilton County CHIP enrollment as a percentage of Ohio's enrollment, by month, January 1998–March 2000



Moreover, Hamilton County enrollment reached a peak of 5,450 children in November 1999, but fell to 5,124 by March 2000. Statewide enrollment continued to increase over this latter period, from 70,443 to 73,243.

ODHS made it difficult to interpret changes in enrollment numbers because the state failed to separate these changes into their components—increases due to children newly covered by CHIP versus decreases due to children who had left the program. We simply have total enrollments for each month. This is important because as we report below, attrition rates were high for the program in part because parents faced burdensome redetermination procedures every six months. This means that only during the first six months of CHIP implementation—January 1998 through June 1998—would changes in enrollment represent almost entirely new enrollment. That is, we would expect few children to leave the CHIP rolls before they had been enrolled for six months. At six months, children began to leave the rolls as their initial enrollment period ended. Because of that, starting in July 1998, change in enrollment could have been

affected significantly both by children being newly covered and children losing coverage.

➲ **Recommendation:** Determine the cause for decline in enrollment and apportion it between decreases in new enrollment and increases in disenrollment.

⭘ Television advertising reached parents.

Of more than 26,000 calls to the TAC between August 1998 and September 1999, 40% of parents reported hearing about the program through television ads. Calls to the TAC tended to increase during weeks when television ads were showing. The number of applications received by Hunter Health also increased during TV ad periods, peaking a few weeks after the beginning of these periods. As the number of TV ads decreased, so too did both inquiries and applications (see Charts 4 and 5).

Chart 4: Phone inquiries about CHIP generated by TV ads, July 27, 1998 through September 27, 1999

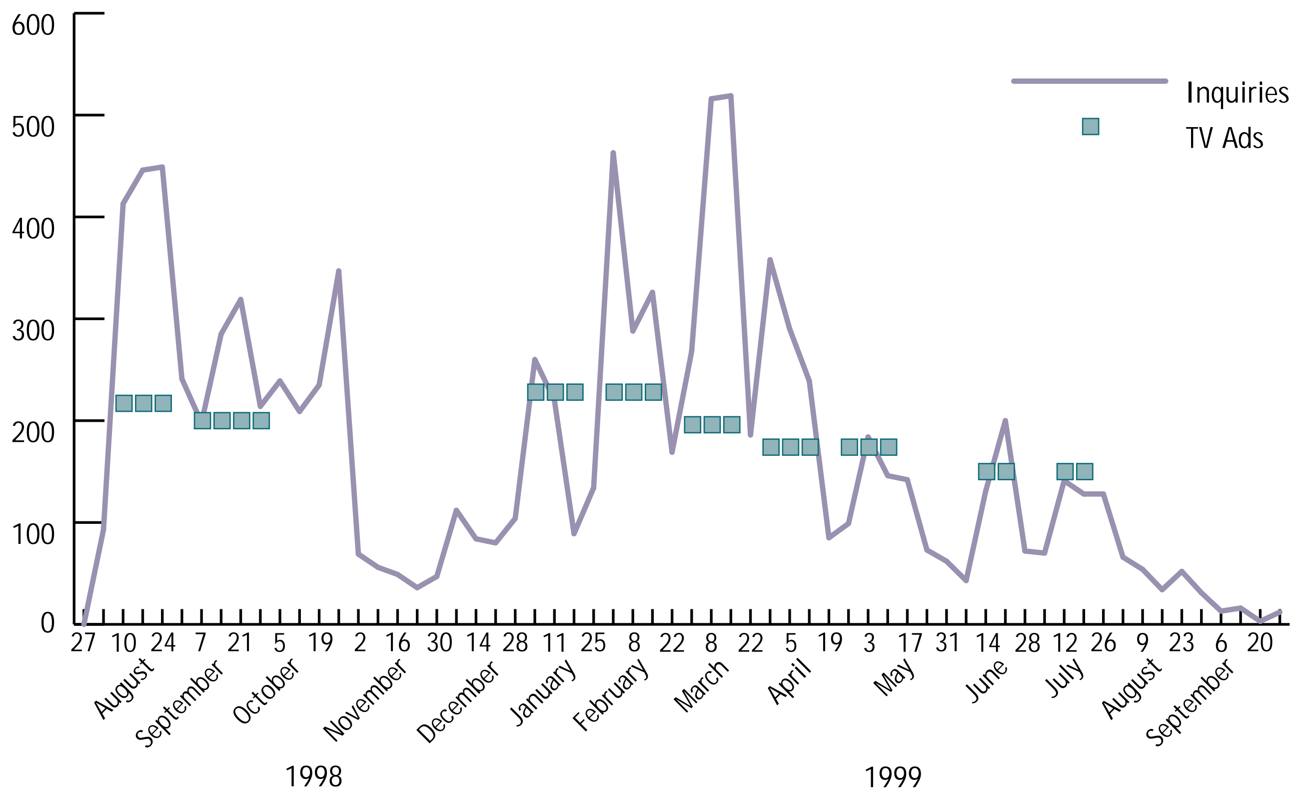
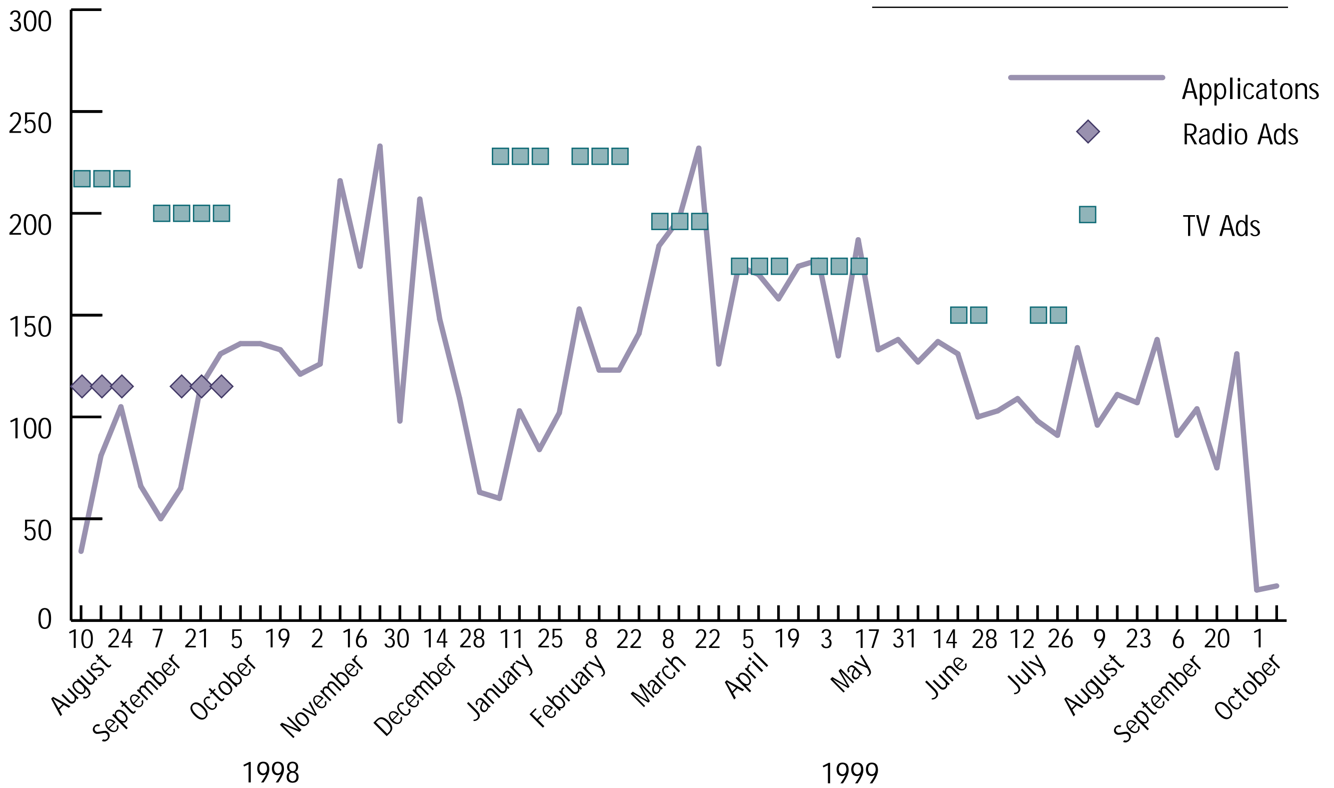


Chart 5: Television and radio advertising and CHIP applications received by Hunter Health, August 1998–October 1999



➲ **Recommendation:** Resume television advertising for CHIP including the message that it may be able to supplement existing insurance. (See below, "Enrollment: Most uninsured children covered by the January 1998 CHIP implementation are probably enrolled.")

❍ Community outreach agencies had a significant impact on the volume of applications.

Community-based outreach sites generated about 45% of approved applications and the TAC generated

approximately 28%. The remaining 27% originated within HCDHS (see Chart 6).

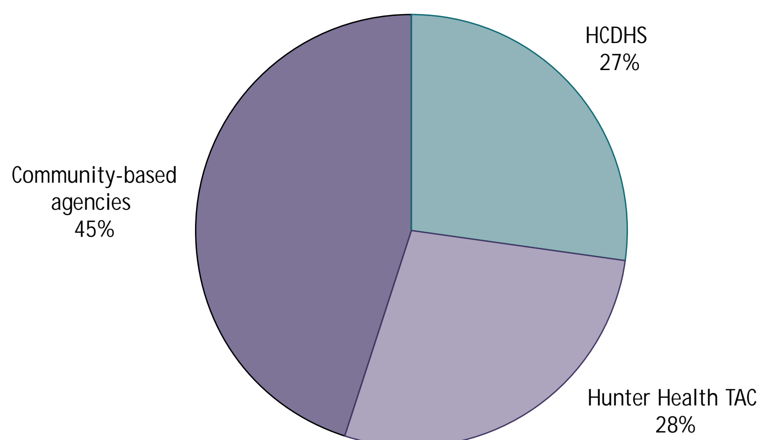


Chart 6: Source of approved CHIP applications in Hamilton County

➲ **Recommendation:** Expand the number of community-based outreach sites.

- **A much higher percentage of African-American than white families enrolled in CHIP**

Before the outreach campaign began, LAO Advertising estimated that 70–80% of Hamilton County children eligible to enroll in CHIP were white and 20–30% were African-American. In contrast, in December 1999, about 50% of enrolled children were African-American and 47% were white. Based on this we estimated that 40–60% of eligible African-American families had children enrolled, compared to 14–16% of white families. Since we found that the ratio of white to African-American families who applied for CHIP was virtually the same as the ratio of those who actually enrolled, the outreach campaign must have failed to attract white families effectively. (See below, “Enrollment: The application process was effectively race neutral.”)

➲ **Recommendations:** Conduct consumer focus groups or surveys to deepen understanding of this phenomenon and assist in crafting more effective outreach strategies to white families, while not neglecting outreach to African-American families.

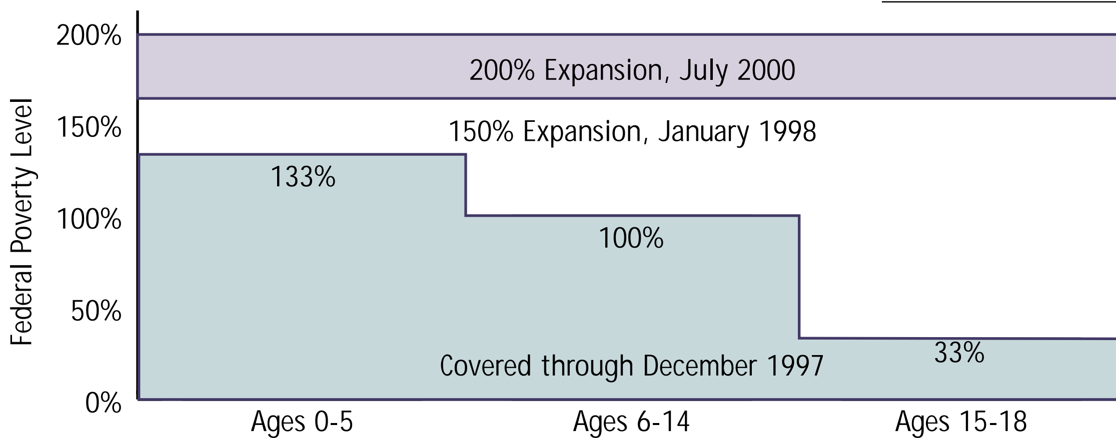
- **Enrollees had incomes lower than expected.**

LAO Marketing had predicted that most potential enrollee families would have annual incomes between

about $15,000 and $25,000—corresponding roughly to 100–150% of FPL for average sized families. Those consumers whose children were enrolled in CHIP and who were surveyed for this analysis reported, however, a mean annual income of $14,480. Moreover, more than half of CHIP enrollees had incomes below 100% of FPL.

➲ **Recommendations:** Explore the reasons for this and if appropriate develop outreach strategies that attract more families in the upper range of income eligibility. This may be particularly important given the recent increase in the upper limit of CHIP eligibility to 200% of FPL (see Chart 1).

Chart 1: CHIP coverage and expansions between December 1997 and July 2000



Barriers to Outreach

- **Parents did not want to be involved with welfare programs.**

In focus groups carried out by LAO Advertising in preparation for Hamilton County's CHIP outreach efforts, parents said that they didn't like dealing with the "welfare" department and that they feared being stigmatized as welfare recipients if they applied for CHIP for their children. Informal interviews by CDF-Cincinnati staff during the evaluation period confirmed these concerns.

In addition, once outreach had begun, parents appeared to avoid outreach staff at public events and at enrollment fairs at worksites. Outreach staff believed that parents feared that if they talked to outreach staff in public, their employers, neighbors, and co-workers would know that they were poor and needed "welfare."

✪ **Solutions:** In response to the focus group findings, HCDHS attempted, as noted previously, to keep itself in the background as much as possible during outreach and enrollment while retaining control over the eligibility determination as required by law. It hired Hunter Health to assist with outreach to parents and to enroll children in CHIP, engaged LAO Advertising to publicize the availability of the program, and worked with Hunter Health to subcontract outreach and enrollment to community organizations where potential consumers sought services such as health care.

In addition, HCDHS originally instructed Hunter Health to withhold the information that CHIP was a Medicaid program administered by HCDHS. This backfired, however: when HCDHS caseworkers began to contact families about their applications, consumers expressed surprise and anger. Moreover, when some applicants received their Medicaid cards, they failed to understand that these cards were for CHIP.

HCDHS reversed its earlier decision and instructed subcontractors to fully inform applicants of the connection to HCDHS and Medicaid. In addition, outreach workers emphasized that CHIP was a program for working families whose taxes helped pay for it, that it had no connection to cash assistance or Food Stamps, that there were no time limits or asset tests, that the complete application process could be done by mail with no direct contact with HCDHS caseworkers, and that it could cover medical expenses incurred up to three months prior to the application date. According to Hunter Health staff, this explanation persuaded many families to continue their applications.

To deal with parents' avoidance of outreach staff at outreach events, CDF-Cincinnati and Hunter Health persuaded some employers to insert literature about CHIP in all pay envelopes and to provide CHIP applications to all workers at the time they filled out their employment paperwork. In addition, Hunter Health collaborated on outreach efforts with

community-based organizations, like the Urban Appalachian Council, that had rapport with specific populations. Hunter Health also made the TAC phone number readily available at outreach events so parents could contact the TAC privately later.

- **Multiple, overlapping media campaigns confused parents.**

Because Ohio allowed each county that engaged in outreach to market CHIP separately, each county could use a different name for the program. Hamilton County advertised CHIP, Ohio advertised Healthy Start. Nearby counties used other names. In addition to confusion caused by multiple names for the same program, several Southwestern Ohio counties advertised different phone numbers to call about CHIP, while Hamilton County initiated a TV and radio marketing campaign that crossed county and state lines. This meant that many parents called CHIP application agencies in counties other than their own and initially received little help when they did so. At the same time, Ohio refused to instruct staff at the state's CHIP hotline to refer parents to their own counties for more intensive assistance even after some county agencies asked for this to occur. Instead, the Ohio hotline simply mailed applications with instructions on how to fill them out and instructed parents to mail them to their county Department of Human Services.

✪ **Solutions:** CDF-Cincinnati convened a health committee of the Southwest Ohio Children's Coalition to build better cooperation and coordination among area counties engaged in CHIP outreach. These counties agreed among themselves to take names and phone numbers of those who contacted the wrong county and forward this information to the appropriate county outreach agency. In addition, local CHIP staff instructed callers how to contact their own county outreach agency.

➲ **Recommendations:** CHIP agencies in Southwest Ohio should develop ways to share the cost of a single outreach phone number and of coordinated advertising campaigns. Ohio should refer hotline

Meet Eric and Anne

Eric and Anne met at college. They found that they both had dreams of joining the Peace Corps and that they shared an interest in art. They fell in love and married during their third year of college. A short time later, Anne became pregnant and Eric's father's died after battling cancer for several years. With these major changes in their lives, the couple took time off from school.

Eric went to work, while Anne stayed home. Eric's employer paid reasonably well, but monthly premiums for the family health insurance plan at work were $467 per month. To afford this health insurance, the couple had to take out loans to pay their monthly rent, utility bills, and other expenses. Pushed to the financial limit, Eric dropped his family plan even though the baby was due soon. Looking for help to make ends meet and to protect their baby's health, they applied for CHIP.

Eric and Anne's two children have been covered by CHIP for two years. They are glad that

callers to their own county's enrollment agency when those agencies provide enhanced help with applications.

- **Lack of internal HCDHS integration limited outreach.**

HCDHS did not effectively use its own internal databases that might have identified children eligible for CHIP. For example, most children eligible for childcare assistance or Food Stamps would also be eligible for CHIP. Moreover, HCDHS could have used documents on file for those families already receiving other assistance to simplify the verification process.

✪ **Solutions:** Late in the evaluation period, the department began to identify families who had recently left Medicaid to see if they remained eligible for CHIP or other Medicaid programs. A number of difficulties prevented HCDHS from contacting these families until after the end of the evaluation period.

➲ **Recommendation:** HCDHS should use all of its client databases to identify potential CHIP-eligible children and contact their parents to see if they are interested in applying. Wherever possible, HCDHS should also use documents already on file to verify application information.

- **School officials resisted outreach efforts in their schools.**

Many schools proved resistant to assisting with CHIP outreach efforts. Principals and other administrators resisted outreach at their schools and central administration policies often made it difficult to include CHIP information in district mailings or to include outreach workers in school open house programs.

✪ **Solutions:** Nurses and athletic coaches were often helpful in enabling outreach workers to gain entry into some schools. In addition, in preparation for the 2000–2001 school year, advocates worked with the Ohio Department of Education and ODHS to send a mailing to all school children in the state informing

they enrolled in the program. Their first child, Blaine, had 20 ear infections before he was one year old. Tubes had to be put in his ears. The CHIP program saved his hearing by covering the costs of his surgery and the bi-weekly checkups that followed.

Eric and Anne's family has reaped benefits from being on CHIP. They have both taken time to serve in AmeriCorps and finish their college educations. CHIP has enabled them to do this and still be able to take care of their children's health.

This partnership has benefited both family and community. Eric and Anne have already started to pay back the community's investment in them through CHIP by their service in AmeriCorps. As they finish their education and expand their skills, their contributions to their community will certainly continue to grow.

them and their parents of CHIP. Hamilton County advocates arranged to have a county-specific insert included in mailings to its students in place of the general statewide mailing.

- **Hunter Health sometimes targeted its outreach poorly.**

  Initially, Hunter Health targeted community outreach events to communities with large number of families in poverty. Despite intensive efforts, Hunter Health was unable to enroll many families from these neighborhoods because many already received Medicaid.

  - **Solution:** Late in the evaluation period, CDF-Cincinnati gave Hunter Health data indicating which low- to moderate-income neighborhoods seemed most likely to have numbers of eligible children. The current outreach contractor reports that these data have been helpful in identifying additional families who may be eligible for CHIP.

- **Confusing rules and language barriers made outreach difficult to immigrant families.**

  The American-born children of immigrants are eligible for CHIP as U.S. citizens and receipt of CHIP has no impact on citizenship or residency applications by parents. However, when non-citizen immigrants participate in many other public assistance programs, they may be disqualified for citizenship. This well-known fact interfered with the ability of outreach workers to attract immigrant families to apply for CHIP. In addition, Hamilton County's increasing Hispanic population faced language barriers to completing applications.

  - **Solutions:** The federal government and Hamilton County began widely publicizing the fact that receipt of CHIP would not have a negative effect on citizenship applications or continued residence in the U.S. In addition, Ohio crafted a bilingual CHIP application to reach Spanish-speaking parents and Hamilton County outreach workers worked with community outreach sites that had Spanish-speaking staff.

- **Reduced funding has limited outreach since September 1999.**

  Outreach in Hamilton County and elsewhere was supported by one-time funding that ended in September 1999. At a 90/10 federal to local match rate, the cost to the counties was relatively low. After that funding ended, Hamilton County committed to use some funding at a 50/50 match rate, but this severely reduced budget has limited advertising. Other poorer and rural counties were unable to continue their outreach efforts.

  ✪ **Solution:** Hamilton County has continued to fund a TAC that subcontracts with community-based agencies.

  ➲ **Recommendations:** Restore outreach funding to the level available from August 1998 through September 1999 and engage in a vigorous media outreach campaign.

Enrollment

- **Most uninsured children covered by the January 1998 CHIP implementation are probably enrolled. However, Ohio could cover many more children.**

  In December 1999, Hamilton County had only 823 underinsured children enrolled in CHIP, or about 5% of children for whom CHIP may act as supplemental insurance. At the same time, CHIP covered 3,951 uninsured Hamilton County children, or about 75% of uninsured CHIP-eligible children.[7]

  However, these figures do not cover the total population of uninsured and underinsured children below 150% of FPL. Ohio estimated that during November 1999, 67,580 children below 150% of FPL lived in Hamilton County and that about 24,700 (37%) of them remained uninsured through Healthy Start Medicaid programs, including CHIP. An unknown number of these may have private insurance and be underinsured. Moreover, the expansion of CHIP to 200% of FPL on July 1, 2000, has increased the pool of eligible uninsured children by about 3,000 in Hamilton

[7] *Note that the enrollment numbers from the December 1999 Caseload Analysis Bulletin reported here sum to less than the total December enrollment reported by later Caseload Analysis Bulletins cited elsewhere in this report. This occurs because additional children are found eligible retroactively in later months.*

County. However, this expansion leaves an unknown number of underinsured children ineligble for CHIP.

➲ **Recommendation:** Ohio should increase its efforts to enroll families for whom CHIP may act as supplemental insurance and to enroll families eligible for Healthy Start Medicaid at all income levels. Ohio should also do more to insure health care coverage for children whose family incomes exceed the upper limits for Healthy Start Medicaid.

- **Fewer children than originally predicted enrolled in CHIP.**

In 1997, ODHS estimated that about 10,117 Hamilton County children (49% of an estimated 20,567 Hamilton County children eligible for CHIP under 19 years old) would enroll in CHIP by June 1999. However, only 5,015—fewer than half the predicted number—were enrolled as of that month. Actual enrollment was 24% of the total estimated number of eligible children. However, in May 1999, Ohio revised its predictions of the number of children expected to enroll to make those predictions more in line with actual enrollments and to provide the state with more realistic budgeting predictions. As of December 1999, Hamilton County had 101.87% of predicted enrollment for that month, a figure comparable to the percentage of predicted enrollment for the state as a whole. Three of the other six largest urban counties in Ohio exceeded Hamilton County's rate, including Cuyahoga County at 108.72% of predicted. Locally, Butler, Clermont, and Warren Counties all had rates below 65% of predicted.[8]

[8] *ODHS,* Caseload Analysis Bulletin, December 1999*, Table 2, p. 7.*

➲ **Recommendations:** Ohio and Hamilton County should improve outreach, enrollment, and redetermination procedures as detailed throughout this report.

- **The application process was effectively race neutral.**

Once outreach had reached families and convinced them to apply, the application process proved effectively race neutral. The estimated ratio of white to African-American applicants did not change between consumers' first contact with Hunter Health or its

community outreach agencies and when Hunter Health forwarded applications to HCDHS. The same holds true for the period between when HCDHS received applications from all sources and when it made its eligibility determinations.

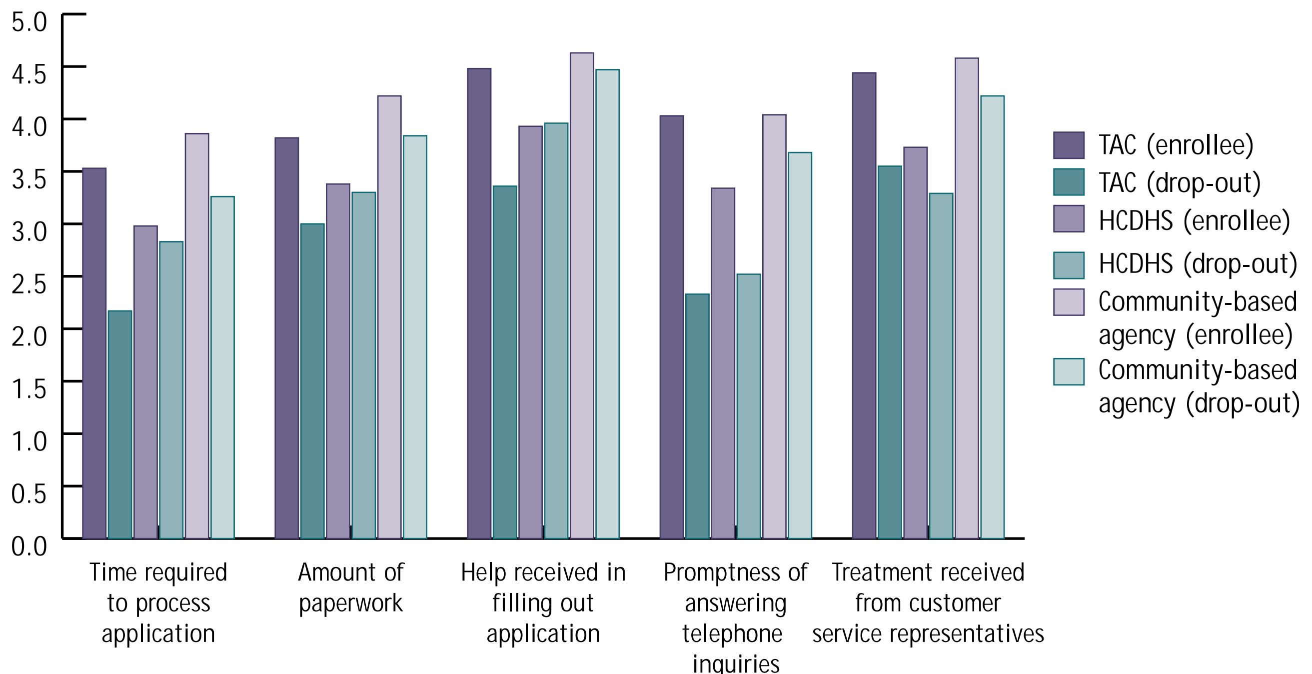
➲ **Recommendation:** None, this is a very positive indicator.

Parents liked the agencies that administered the CHIP enrollment process.

Our CHIP consumer survey queried two sets of parents: parents who had successfully enrolled their children in CHIP and parents who began the application process but did not complete it. Both groups of parents gave high ratings to the agencies involved with their applications. They rated community outreach sites highest at 4.45 on a 5-point scale, Hunter Health's TAC at 4.02, and HCDHS at 3.32. Enrollee parents rated all three agencies about 1 point higher than did non-enrollee parents. (See Appendix B for survey questionnaire.)

When asked about five specific aspects of the application process, parents also gave generally high ratings—about 3.0–4.5 for each agency (see Chart 7).

Chart 7: Satisfaction rating of agencies involved with the CHIP application process



Parents who did not complete an application rated all three agencies consistently lower than did enrollee parents, with the TAC receiving the lowest ratings from the parents who did not complete an application. Enrollee families rated HCDHS lowest. Both groups gave high marks to the community outreach sites. White enrollees were more satisfied with HCDHS and the TAC than were African-American enrollees on these five aspects.

➲ **Recommendation:** This is generally good news; however, it may be useful to explore the satisfaction differences between whites and African-Americans.

Barriers to Enrollment

The parent survey conducted for this evaluation indicated that many parents who applied but did not enroll their children had difficulties with the application process. Just over 40% of survey respondents who began an application but did not enroll their children cited problems with the application process: 15% were still waiting to hear about their applications, 13% said they couldn't provide the required documents, 11% hadn't had time to follow the application process to completion, and 7% had difficulties reaching enrollment staff to ensure that the application was completed. Analysis of the application process revealed similar problems, which are discussed below.

- **Application forms were confusing and complicated.**

  Consumers sometimes failed to properly sign their applications in all places because the forms were unnecessarily confusing and complicated. Often Hunter Health had to return forms to consumers for additional signatures. Separating verification documents from the applications sometimes caused documents to be lost.

✪ **Solution:** Advocates from Hamilton and other counties relayed these problems to ODHS officials. As a result, the state simplified signature requirements. Later, ODHS released a simpler application form.

○ Verification requirements were burdensome.

Verification requirements proved to be a major barrier to enrollment. Although the federal Health Care Financing Agency (HCFA) allows states to accept self-declaration of many of the questions on the CHIP application form, Ohio required detailed documentation (see Table 2).

Table 2: Comparison of federal and Ohio Medicaid verification requirements prior to July 1, 2000

Requirement	Federal	Ohio
Income	States may accept self-declaration of income.	*Earned income:* paycheck stubs for the past 4 weeks or letter from employer *Child support:* copy of court order or case number *Unearned income:* official letter stating benefit or copy of recent check *Income from rental property*: letter from tenant stating rent paid *Self-employed:* copy of previous year's tax return, current business records, and name and number of bookkeeper
Proof of residence	Self-declaration of residence may be used.	Must provide third party verification, ex. Copy of lease agreement or utility bill.
Proof of identity	Not required.	Must provide proof of identity for each applicant, ex. school identification card, current school report card, library card, medical record, U.S./state identification card, U.S. passport, voter registration card, work badge or building pass, draft card or military identification.
Proof of age	Self-declaration of applicant's age may be used.	Must provide proof of age for each applicant, ex. birth certificate, baptismal record, school record, driver's license, U.S. passport, marriage certificate, draft card or discharge papers, insurance policy.
Social Security number (SSN)	Self-declaration of applicants' SSN may be used.	Must show social security card of applicant or notice of application for social security card.
Proof of citizenship	Self-declaration of applicants' U.S. citizenship may be used.	Must provide proof of U.S. citizenship, ex. birth certificate, baptismal record, U.S. passport, voter registration card, naturalization certificate, consular report of birth.

Table 2, continued: Comparison of federal and Ohio Medicaid verification requirements prior to July 1, 2000

Requirement	Federal	Ohio
Proof of legal alien status	Non-citizens must verify alien status.	Must provide one of the following for non-U.S. citizen applicant: INS I-94, I-151, I-551, INS I-688; Alien registration card.
Proof of other insurance (if applicable)	Self-declaration of proof of other insurance may be used.	Must provide copy of health insurance card for applicant.
Payment for past medical bills (if applicable)	No third party verification required.	Must provide medical bills and proof of income for each month that bills were incurred.
Proof of pregnancy (if applicable)	Self-declaration of proof of pregnancy and other requested information may be used.	Must provide document signed by doctor or nurse with expected date of delivery and number of births expected.
Expedited prenatal care (if applicable)	Self-declaration of proof of pregnancy and other requested information may be used.	Must provide proof of pregnancy, proof of identity, and signed statement of income.

Among other verifications, Ohio required that parents verify income either by an employer-signed form or with four recent pay stubs. However, many families did not save pay stubs, and waiting until they had collected enough sometimes delayed applications.

In addition, some consumers did not want their employers to know they were applying for government assistance at the welfare department and were reluctant to ask employers to complete enrollment verification forms. For their part, some employers—especially small business owners without human resources staff—were reluctant and others refused to complete employment verification forms. Some large businesses required that employees submit the forms to regional offices, a situation that sometimes resulted in lost or delayed forms.

In addition, Hamilton County initially required parents to present copies of Social Security cards or official birth certificates for their children. Obtaining either of these documents was often time consuming.

✪ **Solution:** As of July 1, 2000, Ohio only requires documentation of income, pregnancy for women applying for CHIP for prenatal care, social security numbers if not verified through a computer match, and job related deductions from gross income such as child care expenses. The state no longer requires proof of age, identity, residence, living arrangements, or citizenship, although falsification of these can lead to fraud charges.

➲ **Recommendation:** Continue efforts to streamline the application process including allowing self-declaration of income as permitted by the federal government.

✪ **Parents encountered a number of customer service difficulties.**

A number of customer service difficulties emerged during the enrollment process. Among the litany of phone communication problems were lengthy periods on hold, repeated transfers, filled voicemail boxes making it impossible to leave a message, and failure of some caseworkers to return repeated phone calls. After parents finally reached caseworkers, the caseworkers sometimes were unable to tell the parents the status of their applications. HCDHS occasionally lost applications. In addition, some consumers said that they did not have enough time to submit verification documents before HCDHS denied their application. They also reported that caseworkers failed to properly inform them of how to appeal denials of their applications or discouraged them from appealing altogether.

Some consumers found that determination of eligibility took an unnecessarily long time. Community agencies increased delays when they failed to assign sufficient staff to outreach and enrollment. Some community agencies kept applications too long before forwarding them to Hunter Health. In turn, Hunter Health sometimes kept applications too long while trying to assemble completed applications.

✪ **Solutions:** Hunter Health and HCDHS assigned contact persons at their sites to ensure that parents

obtained the information they needed after applications were submitted. HCHDS staff instructed CDF-Cincinnati, Hunter Health, and outreach workers at community agencies to follow up with the HCDHS contact person if alerted to problems by parents. HCDHS also placed fax machines at the desks of supervisors who oversaw the delivery of faxes and mail to the appropriate caseworkers. Finally, outreach and enrollment staff instructed parents to report full voicemail and busy phones to supervisory staff. To better track applications, HCDHS assigned code numbers to applications when received from Hunter Health and confirmed their delivery with Hunter Health.

- **Parents must make separate application to CHIP despite their children's enrollment in programs with similar eligibility requirements.**

Despite the fact that many CHIP-eligible families already had children in programs with similar eligibility criteria, no mechanism existed to use determination of eligibility for these programs to help determination of eligibility for CHIP. These programs include the Special Supplemental Nutrition Program for Women, Infants, and Children, (WIC); Food Stamps; Head Start; and Free and Reduced Lunch programs at school, all of which have lower income eligibility standards than CHIP.

➲ **Recommendation:** The State of Ohio should seriously explore the possibility of implementing "adjunctive eligibility" determinations for programs with similar eligibility guidelines.

- **Correspondence from ODHS was sometimes confusing.**

Many consumers who had applied for CHIP found the state's computer-generated correspondence confusing. Because the state referred to the program as Medicaid rather than CHIP, some consumers did not recognize their Medicaid cards as being for CHIP. In addition, ODHS wrote some correspondence at a higher reading level than some parents' literacy skills.

Meet Tina

At 49, Tina is a single mother employed part time by her neighborhood grocery store. She gets out of work before her children return from school. Tina supports her children on $6.50 an hour and child support payments of $350 per month. She has tried in the past to increase her hours at work, but the company does not offer more work. The company also does not provide health insurance. CHIP fills that crucial gap.

Besides her teenage son and daughter, Tina also cares for her five-year-old granddaughter, Brianna. Brianna had had chronic medical problems since birth caused by her mother's drug and alcohol abuse during pregnancy. Concerned about her granddaughter's health, Tina intervened and obtained custody when Brianna was four months old.

Because Tina did not have health insurance to cover the cost of treating Brianna, she

✪ **Solution:** When Hunter Health showed consumers what the Medicaid card looked like and explained that it was used for CHIP, confusion diminished. HCDHS also agreed that Hunter Health would write follow-up letters to parents explaining determinations in simpler language. As this latter initiative began near the end of the evaluation period, we have no data on the success of this initiative.

✪ **Families were transient.**

Outreach teams sometimes reported difficulty following up with families who expressed interest in CHIP. They found disconnected phone numbers and no forwarding addresses.

✪ **Solution:** The use of community-based service agencies helped ameliorate this problem. Because families often returned to the agencies for services, outreach workers were more likely to be able to maintain updated contact information.

Re-enrollment

In response to the CHIP consumer survey conducted for this evaluation, most parents of CHIP enrollees said that they definitely (71%) or probably (17%) would re-enroll their children in CHIP at the end of their current eligibility period. The two most important reasons for not planning to re-enroll were they received insurance through an employer (6%) and they believed their children would no longer qualify (4%). Both reasons had nothing to do with satisfaction. Virtually all enrollee respondents (99%) said that they would recommend CHIP to others.

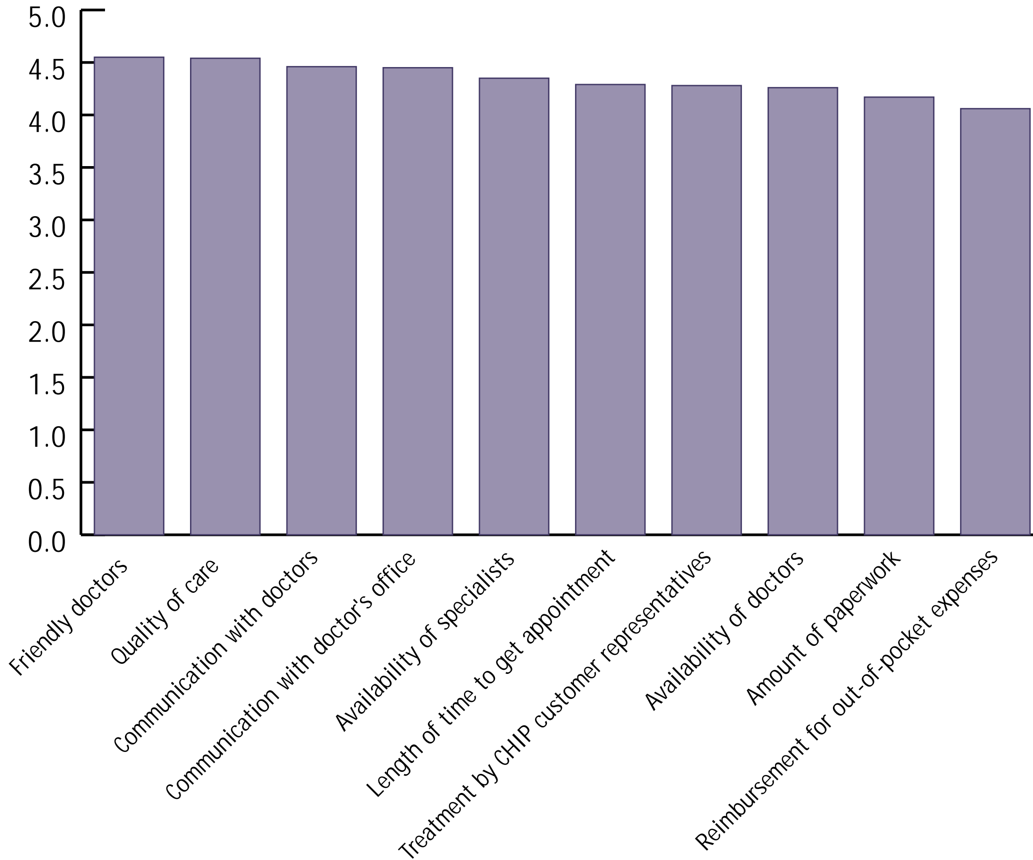
Moreover, on a five-point scale with 5 as highest, parents of enrolled children rated CHIP at 4.61. CHIP enrollees also rated ten specific aspects of the CHIP program very

sought out programs where she could get health care coverage. When she went to Babies Milk Fund, the staff signed up Tina's children and granddaughter for CHIP, which paid for the detoxification and blood-monitoring treatment that Brianna needed. By her fifth birthday, she had a clean bill of health. Now, she returns for yearly, not monthly, check-ups. CHIP helped Tina's children as well. Regular physicals confirmed her 16-year-old son's good health and gave him the opportunity to join the Army ROTC at his school. Good health also allows Tina's 15 year-old-daughter to play music with her high school band.

Tina is proud. She is a working mother who has healthy, active children. She has access to good health care for her children and granddaughter, who is now a normal five year old thanks in large part to CHIP.

highly, with a mean of 4.35 on a 5-point scale and a range from 4.06 for reimbursement for out-of-pocket expenses to 4.54 for quality of care provided (see Chart 8).) Whites rated the ten aspects of the CHIP program slightly higher than did African-Americans.

Chart 8: Rating of CHIP by enrollee respondents



Barriers to Re-enrollment

Despite high satisfaction ratings with CHIP, attrition rates were high. About 64% of families enrolled in CHIP in December 1998 could no longer be found on the rolls in December 1999, using locally collected and analyzed enrollment data. About 50% of children ever enrolled between January 1998 and December 1999 remained enrolled at the end of December 1999. Attrition rates were slightly higher for African-Americans than for whites. Using a different dataset, Ohio reported in December 1999 that only 4,942 out of the 11,840 Hamilton County children (42%) who were ever enrolled in CHIP remained on the rolls—an attrition rate of 58%. (Note: the actual number of children enrolled in CHIP in December 1999 eventually rose to 5,409 due to retroactive eligibility determinations made in later

months.)[9] Analysis of the redetermination process revealed problems that are discussed below.

[9] *ODHS,* Caseload Analysis Bulletin, December 1999, *Table 3.*

- **Ohio required that CHIP eligibility be redetermined every six months.**

  The time required of parents to comply with redetermination requirements proved unnecessarily burdensome.

  ✪ **Solutions:** Effective July 1, 2000, ODHS extended the redetermination interval to 12 months for those receiving CHIP with incomes up to 150% of FPL. However, it still requires parents to notify their caseworker of income increases or other changes that might affect eligibility. Children eligible for the CHIP expansion—those with incomes at 150-200% of FPL—receive continuous eligibility for a year regardless of changes in status during the year.

- **The caseworkers who processed redetermination applications had inadequate training.**

  HCDHS assigned families whose eligibility period was ending to “ongoing” caseworkers for redetermination. The ongoing caseworkers had little CHIP-oriented training. Moreover, ongoing caseworkers were accustomed to processing verifications for other programs, such as cash assistance, in which the goal is to encourage families to leave the program rather than to find ways to help them receive benefits. This difference in philosophy caused some caseworkers to discourage families from reapplying or to impose burdensome reapplication requirements on them. For example, families were sometimes asked to provide documents such as birth certificates and social security numbers, even though these documents had been collected during the original application process. The time required to meet with caseworkers and obtain required documents resulted in lost hours of work, lost pay, and the risk of job termination due to absence for some parents.

  ✪ **Solutions:** In Hamilton County, the contract for outreach and enrollment services now also includes funding for the TAC and community agencies to

assist consumers with redetermination of eligibility. In addition, rules eliminating most eligibility verification documentation apply to redetermination.

➲ **Recommendations:** Properly train **all** caseworkers who process CHIP applications. Simplify redetermination further, including allowing self-declaration of income as allowed under federal law.

- **Medicaid eligibility is linked to Food Stamp eligibility in the state's computer system.**

Rules in effect before the enactment of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996 (PROWRA), the so-called welfare reform law, linked eligibility for Medicaid, Food Stamps, and cash assistance. Ohio's public assistance client database linked them as well, so that losing eligibility for one automatically led to termination of the other programs. However, PROWRA delinked eligibility for these programs. Ohio has not yet reprogrammed its computers to remove these links and caseworkers sometimes fail to manually unlink them in the computer.

This has proved to be a problem for families receiving Medicaid, including CHIP. Although CHIP families have incomes too high for cash assistance, many of them remain eligible for Food Stamps, which requires redetermination of eligibility every three months. Food Stamp eligibility rules are also more stringent than Medicaid eligibility rules. This means that families have their eligibility for Food Stamps more frequently terminated and unless caseworkers manually override it, their Medicaid eligibility is also automatically terminated. This has resulted in numbers of Medicaid eligible families throughout Ohio being unfairly terminated.

➲ **Recommendations:** Reprogram the state computer system as quickly as possible. In the meantime, implement increased training and quality control for caseworkers.

Conclusion

The collaboration that resulted in this evaluation has already helped improve CHIP outreach and enrollment in Hamilton County. Many of the solutions detailed here arose as CHIP staff at the HCDHS, CDF-Cincinnati, Hunter Health, and LAO Advertising worked together to uncover problems and smooth the way for more children to be served by CHIP. Others solutions developed as this same group worked with groups around the state to share information and do state-level problem solving. Without this effort, far fewer children would have the health coverage that they need.

But, it is clear that more needs to be done. Recommendations throughout the evaluation detail the remaining problems. We understand that achieving solutions sometimes can take a great deal of time and effort. But, we trust, given the already successful efforts to ensure that health care reaches all our children, that the remaining solutions will be achieved.

Appendix A: Methodology and Sources

The Children's Defense Fund—Greater Cincinnati Project (CDF-Cincinnati) performed a two-part evaluation of Hamilton County's Children's Health Insurance Program (CHIP) outreach and enrollment program. CDF-Cincinnati's Health Advocate observed outreach and enrollment procedures at Hunter Health's Telephone Application Center (TAC), community agency outreach sites, and the Hamilton County Department of Human Services (HCDHS). She interviewed staff at these sites and interviewed parents applying for CHIP for their children. She also tracked applications from first receipt by the TAC and the community outreach sites through final disposition by HCDHS.

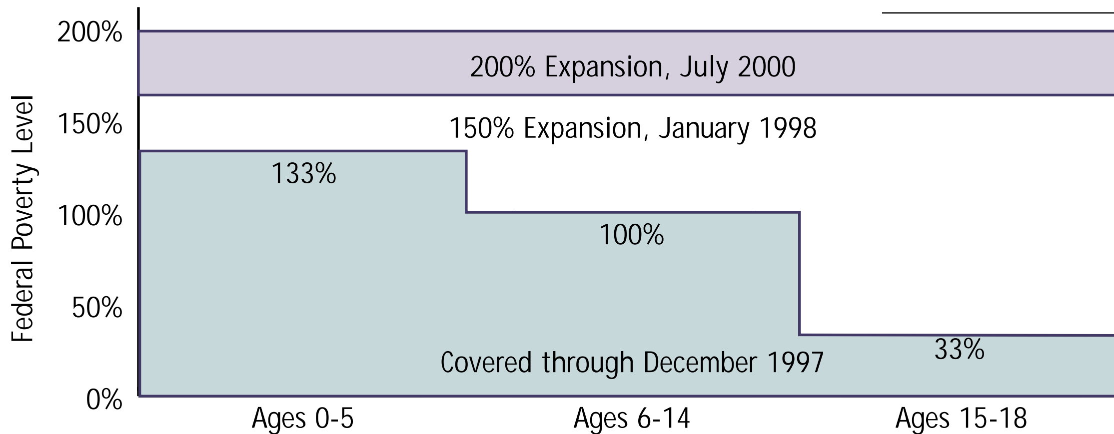
CDF-Cincinnati's research analyst analyzed consumer databases provided by Hunter Health and HCDHS, and Ohio Department of Human Services (ODHS) data reported in its CHIP *Caseload Analysis Bulletins*. He also worked with LAO Advertising's marketing research contractor to craft a computer-assisted telephone survey of parents who had called the TAC.

Definitions of CHIP Enrollment in this Report

The analysis of CHIP enrollment was complicated by the fact that the State of Ohio and Hamilton County counted CHIP enrollment differently and no mechanism available to us allowed us to measure the overlap in enrollment between these two groups. As we have noted in this report, the State of Ohio implemented CHIP on January 1, 1998 to cover children with family incomes at or less than 150% of the federal poverty level, who had

not been previously eligible for coverage by Healthy Start Medicaid (see Chart 1).

Chart 1: CHIP coverage and expansions between December 1997 and July 2000



ODHS tracks the number of these children separately from other enrollment in Healthy Start Medicaid because the federal government provides more generous matching funds for CHIP enrollment. These numbers include some children with family members enrolled in Healthy Start Medicaid at the time of the enrollment of the CHIP-eligible child.

HCDHS calculates CHIP enrollment by counting the number of Hamilton County children in new Healthy Start Medicaid assistance groups each month.[1] Thus, HCDHS CHIP enrollment figures include children who could have been covered by Healthy Start even if the CHIP expansion hadn't been implemented. These figures also exclude some children covered under the new CHIP eligibility criteria and reported in the ODHS CHIP enrollment figures who were added to existing Healthy Start assistance groups. HCDHS counts CHIP enrollment this way because it wants to measure the effectiveness of its outreach and enrollment efforts. Thus it matters little whether the child would have been eligible under the pre-1998 Healthy Start rules or not; what is important is that new children are enrolled because their parents were reached by the outreach and enrollment efforts.

Generally, in the body of this report, we do not make a distinction between ODHS CHIP enrollment data and HCDHS CHIP enrollment data unless it is necessary to clarify how we arrived at our conclusions or if the distinction is important to the interpretation of the data.

[1] *ODHS groups family members into "assistance groups" for the purpose of calculating eligibility for benefits. Each family is enrolled in one assistance group for each kind of assistance it receives, so that members of a family receiving Healthy Start benefits and Food Stamp benefits would be enrolled in two different assistance groups which might or might not include all of the same members depending on the eligibility of each family member for that benefit. For instance, all members of a family might be members of a Food Stamp assistance group, but only children would belong to the Healthy Start assistance group, because only children are eligible for that.*

Survey Methodology

CDF-Cincinnati contracted with J. Faus & Associates Strategic Marketing Research through LAO Advertising to conduct a computer-assisted telephone survey of 300 Hamilton County adults who had contacted the TAC. This sample was divided into two groups of 150 each: parents who had enrolled their children in CHIP and parents who had not enrolled their children, either because they did not complete the application process or because HCDHS rejected their applications. Faus & Associates randomly selected its samples from a list of 1,593 names of parents with children enrolled in CHIP and 3,110 who had not enrolled their children. The interviews were conducted during the period of December 7–27, 1999.

CDF-Cincinnati assembled its lists by cross-matching names and addresses in the Hunter Health Cleo database against names and addresses of parents listed in the HCDHS IMFDOWN1 database who had children enrolled in Healthy Start Medicaid (see below, "Databases used for the CHIP outreach and enrollment evaluation"). Names and addresses for which we found a match were put into the enrollee list. Unmatched names in the CLEO database were put into the non-enrollee list. HCDHS supplied us with an additional 86 names and phone numbers of parents who had enrolled their children in CHIP, which we also forwarded to Faus & Associates.

On completion of the survey, Faus & Associates analyzed the data and provided CDF-Cincinnati with a written analysis of the results and a detailed printout of crosstabulations of responses to the questions including by enrollment status and race (see Appendix B for the survey).

Databases used for the CHIP outreach and enrollment evaluation

- **Hunter Health, CLEO database.** This database contained the name, address, and telephone number of any parent who contacted Hunter Health and who indicated an interest in applying for CHIP for their children, whether the application had

originated with the TAC or a community-based agency, and whether or not Hunter Health had forwarded the application to HCDHS. The database was cumulative in the sense that, except for changes to client records that might have been recorded from time to time, it included all data entered into it from its inception in August 1998.

- **HCDHS, Apptrack database.** This database was cumulative starting in January 1998 and included all families from whom HCDHS received CHIP applications, as defined by HCDHS CHIP enrollment criteria. It also indicated which of these applications it had approved.
- **HCDHS, IMFDown1 database.** This database is an extract of the ODHS CRIS-E human services client database provided to HCDHS just before the end of each month. Fields in it included the name of the head of household, address, race, and type of public assistance awarded to the family. It included only those assistance groups with open cases at the time ODHS created the extract.

Methodology and Sources Specific to Conclusions Included in the Report

The following section of this report notes, where it is not clear from the text of the report, sources of the data and the methodology for arriving at our conclusions.

- Hamilton County children enrolled in CHIP experienced modest increases in access to health care.

  Source: J. Faus & Associates Strategic Marketing Research, "Summary Report: The Impact of CHIP on the Quality of Children's Health Care," January 25, 2000.

- There are a limited number of physicians who accept Medicaid.

  Source: Interviews with parents, health care providers, and HCDHS staff.

- Outreach efforts in Hamilton County had a positive impact on enrollment.

  Sources:

  o Ohio Department of Human Services, Office of Medicaid, Bureau of Health Plan Policy, Health Services Research Section, *Caseload Analysis Bulletin*, September 1998 through June 2000, http://www.state.oh.us/odjfs/ohp/reports/.

  o LAO Advertising, "CHIP Program Media Flow Chart, Per Broadcast Month – '98-'99," revised June 16, 1999.

- Television advertising reached parents.

  Sources:

  o Ohio Department of Human Services, Office of Medicaid, Bureau of Health Plan Policy, Health Services Research Section, *Caseload Analysis Bulletin*, September 1998 through June 2000, http://www.state.oh.us/odjfs/ohp/reports/.

  o Hunter Health, "CHIP Application Center Consumer Inquiries Advertisment Information," August 1998 through September 1999, attachments to Steven K. Saylor, Hunter Health to Charles H. Woode, Hamilton County Department of Human Services, reports on Hunter Health CHIP outreach activities, various dates September 1998 through October 1999.

  o LAO Advertising, "CHIP Program Media Flow Chart, Per Broadcast Month—'98–'99," revised June 16, 1999.

- Community outreach agencies had a significant impact on the volume of applications.

  Sources:

  o Hunter Health, "CLEO" database, September 24, 1999.

  o Hamilton County Department of Human Services, "Apptrack" database, July 1999, December 1999.

- A much higher percentage of African-American than white families enrolled in CHIP

Of the databases available for this study, only the Ohio Department of Human Services CRIS-E database, IMFDOWN1, identified the race of the head of household. It, however, did not identify CHIP families separately from all Healthy Start Medicaid families, nor did the *Caseload Analysis Bulletins* report the race of enrolled children. Therefore, in order to calculate the number of approved CHIP children by race, we cross-matched families listed as approved for CHIP in the HCDHS Apptrack database against Healthy Start assistance groups in IMFDOWN1. For December 1999, we arrived at 5,329 children enrolled in CHIP. Of these, 47.1% were white and 50.2 % were black.

Hamilton County, however, had no estimate of the total number of children that it expected to enroll under its definition of CHIP enrollment. But, Ohio had estimated that 20,567 children could potentially enroll in CHIP under its definition of enrollment. For the purposes of arriving at our estimate, we assumed that the racial breakdown of Hamilton County CHIP enrollment as counted by the state would be similar to the racial breakdown of Hamilton County CHIP enrollment as counted by the county. With 4,942 Hamilton County children enrolled in December 1999, according to the ODHS December 1999 *Caseload Analysis Bulletin*, we estimated that about 2,482 black children and 2,327 white children were enrolled in that month.

LAO Advertising had previously estimated that the ratio of black to white households in Hamilton County likely eligible for CHIP would be between 30/70 and 20/80. Its staff based their estimates on the numbers of households of each race with annual incomes between $15,000 and $25,000 as recorded in the 1990 U.S. Census and updates to it done by marketing research data firms. This range corresponds roughly to families of three to four people with incomes at 100–150% of FPL. From this we estimated that out of 20,567

eligible children, the number of eligible white children ranged between 14,397 and 16,454 and the number of eligible black children ranged between 4,113 and 6,170. We then compared these figures to our estimates of how many children of each race were actually enrolled to arrive at our estimate of 40–60% of eligible black families enrolled and 14–16% of eligible white families enrolled.

Sources:

- o Hamilton County Department of Human Services, "IMFDown1" databases, September 1998 through July 1999, October 1999, December 1999.
- o Hamilton County Department of Human Services, "Apptrack" database, July 1999, December 1999.
- o Ohio Department of Humans Services, Office of Medicaid, Bureau of Health Plan Policy, Health Services Research Section, *Caseload Analysis Bulletin*, September 1998 through June 2000, http://www.state.oh.us/odjfs/ohp/reports/.

- Enrollees had incomes somewhat lower than expected.

  Sources:

  - o LAO Advertising, "Hamilton County CHIP Overview," presentation to Hamilton County Department of Human Services, October 20, 1998.
  - o J. Faus & Associates Strategic Marketing Research, "Summary Report: The Impact of CHIP on the Quality of Children's Health Care," January 25, 2000.

- Most uninsured children covered by the January 1998 CHIP implementation are probably enrolled. However, Ohio could cover many more children.

  To arrive at the conclusion for Hamilton County that most uninsured CHIP eligible children were covered by December 1999, we assumed that the ratio of uninsured to underinsured children eligible for coverage by CHIP, as tracked and reported by ODHS, was the same in Hamilton County as it was in all of Ohio's urban counties

combined as reported in the December 1999 *Caseload Analysis Bulletin*. This ratio was 38,000 uninsured to 110,000 underinsured children. Apportioning the ODHS estimate of 20,567 Hamilton County CHIP-eligible children this way gives us 5,302 uninsured and 15,265 underinsured Hamilton County children. In December 1999, Hamilton County had 3,951 uninsured children enrolled in CHIP and 823 underinsured children. This allows us to estimate that 75% of uninsured CHIP eligible children and 5% of underinsured CHIP-eligible children in Hamilton County were covered by December 1999.

Sources:

- o Ohio Department of Human Services, Office of Medicaid, Bureau of Health Plan Policy, Health Services Research Section, *Caseload Analysis Bulletin*, December 1999, http://www.state.oh.us/odjfs/ohp/reports/.
- o Ohio Department of Human Services, "County Progress Report, Children in Healthy Start," July 2000.
- o ODHS, "Estimate of County Level Distribution of Ohio's Uninsured Children 150%–200% FPL," unpublished data.

- Fewer children than originally predicted enrolled in CHIP.

  Source: Ohio Department of Human Services, Office of Medicaid, Bureau of Health Plan Policy, Health Services Research Section, *Caseload Analysis Bulletin*, September 1998 through June 2000, http://www.state.oh.us/odjfs/ohp/reports/.

- The application process was effectively race neutral.

  We estimated the race of consumers at four points in the application process:

  1. at first contact with either the TAC or the community outreach agencies,
  2. when Hunter Health forwarded applications to HCDHS,

3. when HCDHS received applications from all sources, including internal ones, and
4. when HCHDS approved applications.

Since neither Hunter Health nor the HCDHS database that tracked CHIP enrollment indicated the race of the family, we estimated the race of households through their addresses. In Hamilton County, this is a reasonable assumption since the county has a high degree of residential segregation.

R.L. Polk and Co. donated staff assistance to assist us with this portion of the evaluation. Polk staff used "geocoding" software to locate each address in our databases in a census block group, the smallest unit for which the Census reports household income by race. The proportion of addresses recognized by Polk geocoding ranged from 92–99% depending on the point in the application process. We then aggregated the geocoded addresses into census block groups, to arrive at the number of families in our databases living in each block group in the county. We apportioned race among these families based on the ratio of white to black households with annual incomes between $15,000 and $25,000 in 1989, the latest year for which census figures are available. LAO advertising estimated this income range as containing the greatest number of children likely eligible for CHIP and it corresponds roughly to 100 - 150% of FPL for families with three to four members. We then aggregated the estimated number of households by race in each block group to arrive at a total number for each race for the county as a whole. We repeated this procedure for all four points in the application process. The results showed virtually no difference in the ratio of whites to blacks among each of these points.

Sources:

o Hunter Health, CLEO database, September 24, 1999, geocoded by R.L. Polk and Co.

- o Hamilton County Department of Human Services, Apptrack database, July 1999, December 1999, geocoded by R.L. Polk and Co.

- Parents liked the agencies that administered the CHIP enrollment process.

  Source: J. Faus & Associates Strategic Marketing Research, "Summary Report: The Impact of CHIP on the Quality of Children's Health Care," January 25, 2000.

- Parent Satisfaction

  Source: J. Faus & Associates, Strategic Marketing Research, "Summary Report: The Impact of CHIP on the Quality of Children's Health Care," January 25, 2000.

- Attrition rates

  We extracted from the HCDHS Apptrack database a list of families approved for Medicaid with the date of their application, and cross-matched names and addresses against the IMFDOWN1 database to determine which families had members enrolled in Healthy Start in December 1999. For families for whom we failed to find exact matches, we searched for similar names and addresses and increased the match rate in that fashion. We then multiplied the number of children in each family by the number of families for both the total Apptrack list of approved families and those families listed as still enrolled in December 1999, to arrive at total number of children ever enrolled and the number of children enrolled in December 1999. In addition, the ODHS *Caseload Analysis Bulletin* for December 1999 reported attrition rates of children enrolled in CHIP under the ODHS definition.

Sources:

- o HCDHS Apptrack database; HCDHS IMFDOWN1 database, December 1999
- o Ohio Department of Human Services, Office of Medicaid, Bureau of Health Plan Policy, Health

Services Research Section, *Caseload Analysis Bulletin*, September 1998 through June 2000, http://www.state.oh.us/odjfs/ohp/reports/.

Appendix B: Survey Questionnaire

J.Faus & Associates
Project 99008
11/22/1999 – Draft 4

ID:_________

Sample
Enrollee……1
Drop-out……2

CHILDREN'S HEALTH INSURANCE PROGRAM ASSESSMENT

PART A: RESPONDENT SCREENER

A1. ASK TO SPEAK WITH PERSON LISTED FIRST ON THE SAMPLE. SCHEDULE CALL-BACK OR TERMINATE AS NECESSARY.

A2. **(AS NECESSARY READ)** good evening. My name is _________. I'm with Horizons, a national market research and opinion company. We are NOT selling anything and are only interested in people's opinions. This evening we're calling on behalf of the Children's Defense Fund of Cincinnati.

A3. Are you the person or one of the people in your household responsible for decisions for health insurance or health care?

Yes>>> **GO TO A4**

No>>> **ASK TO SPEAK TO PERSON RESPONSIBLE FOR DECISION ON HEALTH INSURANCE. SET CALL-BACK DATE/TIME OR TERMINATE AS NECESSARY.**

A4. Do you, or does any member of your household, work for Hunter health, a health insurance company, the Hamilton County Department of Human Services, an advertising agency, or a market research company. **(CIRCLE ONE ANSWER.)**

Yes>>> **TERMINATE AND TALLY**
No>>>> **CONTINUE**

A5. We'd like to invite you to participate in our short survey regarding your opinion of the Children's Health Insurance Program. Will you help us and participate? **(IF RESPONDENT ASKS ABOUT LENGTH OF SURVEY:)** The survey will take only about 10 minutes to complete.

Yes>>> Continue
No>>>>**MAKE CALL-BACK APT. AS NECESSARY, TERMINATE & TALLY**

COMPLETE INFORMATION BELOW AT END OF INTERVIEW

===

Name____

City/State/Zip____

Telephone Number_________________________ TIME END_____________am/pm

PART B: CHIP ENROLLMENT PROCESS

I'd like to talk with you about a state and federally funded health insurance plan for dependent children 18 years of age and younger. The name of the plan is Children's Health Insurance Program, or CHIP for short.

ASK B1 IF CURRENT ENROLLEE, OTHER WISE SKIP TO B3a.

B1. According to the Department of Human Services we understand that you currently have one or more children enrolled in CHIP. Is that correct?

Yes>>>>>>>1============→ **GO TO B4**
No>>>>> >>2============→ **GO TO B2**
Don't know>>3============→ **TERMINATE AND TALLY**

B2. Did you previously receive an application for enrolling a child in CHIP?

Yes>>>>>>>1============→ **GO TO B4**
No>>>>> >>2============→ **TERMINATE AND TALLY**
Don't know>>3============→ **TERMINATE AND TALLY**

ASK B3a IF DROP-OUT SAMPLE.

B3a. According the Department of Human Services we understand that you previously received an application for CHIP but have not enrolled any children in the program. Is that correct?

Yes>>>>>>>1============→ **GO TO B3b**
No>>>>> >>2============→ **TERMINATE AND TALLY**
Don't know>>3============→ **TERMINATE AND TALLY**

B3b. Did you take any action on the application materials you received?

Yes>>>>>>>1============→ **ASK B3c**
No>>>>> >>2============→ **SKIP TO C7**

B3c. I would like to know what you did after receiving the CHIP application materials. Did you **(READ LIST BELOW AND RECORD ALL RESPONSES THAT APPLY):**

Contact any organizations representing CHIP	1
Partially complete the application	2
Receive additional paperwork as part of the application	3
Complete the application but did not send it in	4
Complete and send in the application	5

B4. About how long ago did you receive the CHIP application materials? **(READ RESPONSES BELOW AND RECORD)**

Within the past month or two	1	
Within the past three to six months	2	**IF QB2 WAS ASKED, TERMINATE**
Within the past seven to 12 months	3	**AND TALLY. OTHERWISE, CONTINUE.**
A year ago or longer	4	
(DO NOT READ) Don't Know	5	

B5. When you were applying to CHIP, did you have any contact with the CHIP Telephone Application Center operated by Hunter Health, Hamilton County Department of Human Services, or a community outreach site? **(IF YES, CIRCLE NUMBER BELOW)**

CHIP Application Telephone Application Center operated by Hunter Health	1
Hamilton County Department of Human Services	2
Community outreach site	3

ASK B6a – B6c AS A SERIES FOR EACH AGENCY CONTACTED PER B5 ABOVE. IF NO AGENCY WAS CONTACTED, SKIP TO SECTION C.

B6a. Now I would like you to think about how satisfied you were with the agencies you were in contact with regarding specific parts of the CHIP enrollment process. As I read each one, please indicate how satisfied you were with that part of the enrollment process again by using a scale from one to five, where 1 is very dissatisfied and 5 is very satisfied.

The first item is [READ X'd ITEM FROM LIST BELOW]. On that five-point scale we have been using, how would you rate your satisfaction with the Hunter Health Telephone/Application Center on this part of the enrollment process? **(RECORD RATING BELOW.)**

B6b How would you rate the Hamilton County Department of Human Services on **[READ X'D ITEM]?**

B6c. And how would you rate your satisfaction with the community outreach site on this part of the CHIP application process?

	SATISFACTION RATING		
	B6a Hunter H	B6b HCDHS	B6c Outreach
The time required to process your application	_______	______	______
The amount of paperwork	_______	______	______
The help you received in filling out the application	_______	______	______
Promptness of answering your telephone inquiries	_______	______	______
Treatmeant received from Customer Service Representatives	_______	______	______
(ASK B7 FOR EACH AGENCY RATED ABOVE) B7. How would you rate your overall satisfaction with (AGENCY) when you were applying to CHIP	_______	______	______

PART C: PERCEPTIONS OF CHIP

Next, I'd like to hear about your opinions of CHIP.

C1. Using a scale from 1 to 5, where 1 is "poor" and 5 is "excellent", how would you rate CHIP overall?

RATING______

C2. Based on your personal experience or just your general impression, how do you think CHIP compares to other health insurance plans? Please use a scale from 1 to 5 where 1 is "much worse" and 5 is "much better".

RATING______

C3-C6 FOR CURRENT ENROLLEES ONLY. DROP –OUT SAMPLE SKIP TO C7.

C3 I'm going to read you several characteristics of a health insurance plan. As I read each one, please indicate how well you think **CHIP** performs by giving me a rating from 1 to 5 where 1 is "poor" and 5 is "excellent".

The first characteristic is **[READ X'd CHARACTERISTIC FIRST]**

CHARACTERISTIC	RATING
Availability of Doctors	_______
Quality of Health Care	_______
Reimbursement for Out of Pocket medical costs	_______
Communications with the doctors	_______
Availability of specialists	_______
Treatment by CHIP customer service representatives	_______
How long you have to wait to get an appointment	_______
Friendliness of doctors	_______
Communications with doctors' office staff	_______
The amount of paperwork	_______

C4a. How likely are you to re-enroll in CHIP? Would you say you**…(READ RESPONSES BELOW)**

Definitely will	5
Probably will	4
Might or might not	3
Probably will not	2
Definitely will not	1

C4b. Why do you say that ? **(PROBE AND CLARIFY COMPLETELY)**

____

C5a. Would you recommend CHIP to a friend who was seeking health insurance for his or her children?

Yes	1
No	2
Don't know	3

C5b I'm going to read you a list of ways your use of health care providers may have changed following enrollment into CHIP. As I read each one, please tell me if that usage increased, stayed the same, or decreased.

	Increased	Stayed the same	Decreased
Emergency room for Non emergency conditions	3	2	1
Contact with a family doctor	3	2	1
Well child check-ups	3	2	1
Immunizations (shots)	3	2	1
Dental care	3	2	1
Vision care	3	2	1
Doctors' care for minor illnesses	3	2	1
Disability services	3	2	1
C5c. As a result of the CHIP program, would you say your satisfaction with health care has increased , stayed the same, or decreased	3	2	1

ASK C7 FOR ENROLLMENT DROP-OUTS ONLY

C7. Why didn't you enroll your child or children in CHIP? **(PROBE FULLY)**

PART D: DEMOGRAPHICS

My last questions are to help us profile survey participants as a group. Your individual survey responses will be kept confidential.

D1a. Which of the following categories include your age? **(READ LIST. CIRCLE ONE ANSWER).**

D1b. Including yourself, how many people in your household fall into the following age groupss? **(READ LIST AND RECORD BELOW)**

	D1a	D1b.
19-24	1	____
25-34	2	____
35-44	3	____
45-54	4	____
55-64	5	____
65 or older	6	____
Refused **(DO NOT READ)**	7	____

D1c. How many children in your household fall into the following age groups?

5 years and under	_______
6 to 9 years	_______
10 to 13 years	_______
14 to 18 years	_______

D2. What is the highest level of education you completed? **(READ LIST AND CIRCLE ONE ANSWER)**

Some High School	1
High school graduate/GED	2
Some College or Technical School	3
College Graduate	4
Post Graduate degree	5
(DO NOT READ) Refused	6

D3. Which of the following best describes your marital status? **(READ LIST. CIRCLE ONE ANSWER.**

Married	1
Single, never married	2
Divorce, widowed or separated	3
(DO NOT READ) Refused	4

D4. Which of the following best describes your employment status? **(READ LIST. CIRCLE ONE ANSWER.**

Employed full-time	1
Employed part-time	2
Unemployed but looking for work	3
Homemaker	4
Student	5
Retired	6
(DO NOT READ) Refused	7

D5. Which of the following categories best describes your ethnic background? **(READ LIST AND CIRCLE ONE NUMBER BELOW)**

African American or Black	1
Native American	2
Hispanic	3
Caucasian or White	4
Other	5

D6. **RECORD GENDER**

Male	1
Female	2

D7 Into which of the following categories does your annual income fall? **(READ LIST. CIRCLE ONE ANSWER).**

Under $15,000	1
$15,000-19,999	2
$20,000-24,999	3
$25,000-29,999	4
$30,000-34,999	5
$35,000 and above	6
(DO NOT READ) Refused	7

Thank your very much for helping us with this survey

COMPLETE INFORMATION AT BOTTOM OF PAGE 1.