

Making Applications for Child Health Plus A and B Available in Public Schools and Child Care Centers



Children's Defense Fund

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Introduction

Good afternoon Councilmember Rivera and Councilmember Felder and members of the Health and Government Operations Committees. My name is Jennifer Marino Rojas and I am the Deputy Director at the Children's Defense Fund-New York. Thank you for holding this hearing today to discuss the important issue of enrolling uninsured New York children in public health insurance.

For nearly 35 years, the Children's Defense Fund has provided a strong, effective voice for all the children of America who cannot vote, lobby or speak for themselves. The Children's Defense Fund educates the nation about the needs of children and encourages preventive investments before they get sick, into trouble, drop out of school or suffer family breakdown. We have worked in New York for 15 years, and we are honored to be invited to speak about how we can comprehensively address the crisis of New York's uninsured children.

Uninsured Children in New York City

New York has made tremendous progress in increasing the availability of public health insurance for children and families. The City and State have initiated a range of enrollment and renewal simplifications, program enhancements, and system improvements that has created a more rational and effective health insurance system for working families.

We applaud New York City, the Human Resources Administration (HRA) and the Health Start Initiative for taking the lead on many of these simplifications and improvements. New York City has been a leader in promoting easier access for families through various initiatives and pilots. Mail-in renewal was introduced and piloted in New York City by HRA before the statewide implementation. HRA initiated the Eligibility Data and Image Transfer System demonstration project which has allowed selected Prenatal Care Assistance Programs to gather documents and transmit information electronically. HRA conducted a pilot project in 2001 that automatically enrolled children who were already enrolled into food stamps into Medicaid resulting in 15,000 children receiving coverage. Building and sustaining community partnerships has also been a high priority for HRA. These are just a few examples of the way HRA has made a commitment to increasing enrollment and access for New York City children.

However, our work is far from complete. An estimated 384,000 children and teens, statewide, are still uninsured.¹ Seventy percent of these children, 268,000, are eligible for a public health insurance program, either Child Health Plus A or B, but remain uninsured.² The remaining 116,000 uninsured children live in families whose incomes fall above 250 percent of the federal poverty level.

Half of the uninsured children live in New York City.³ The vast majority of uninsured children in New York City are school-aged, are U.S. Citizens and live in families that work.

¹ Based on the average of the percentages of uninsured children in New York in the 2005, 2006 and 2007 Annual Social and Economic Supplement to the Current Population Survey (ASEC). U.S. Census Bureau, 2005, 2006, 2007 Annual Social and Economic Supplement to the Current Population Survey and Estimates of Persons by Race/Ethnicity and State for Single Year of Age as of July 1, 2005. Calculations by the Children's Defense Fund, September 2007.

² Id.

³ Id.

Significantly, the number of uninsured children in New York has remained stagnant over the last year. Despite our best efforts to find and enroll eligible children and families, New York has stalled in its efforts to significantly decrease the number of uninsured children.

It is the goal of CDF-NY to develop a system of health insurance that will provide access to comprehensive and affordable health insurance coverage for every single child in New York State. *No child* in New York should be without health insurance. Uninsured children are four times as likely as those with public coverage to lack a regular source of health care or have an unmet need for medications. Children in poor health are more likely to have poor social and economic outcomes and even shorter life expectancies.⁴ Providing health insurance for all children is not only the right thing to do, it is a moral imperative.

New York City has been a leader in efforts to provide health insurance to children and their parents. To that end, CDF-NY is very pleased that the New York City Council is hosting this hearing on proposed legislation that would require public health insurance applications be made available at public schools and child care programs.

Barriers to Enrollment

Because the majority of uninsured children are school-age, it makes logical sense for us to explore strategies that strengthen the connections between New York City public schools and public health insurance programs.

Information dissemination at public schools is one incremental step forward in helping to make the link between these uninsured children and public health insurance. Providing brochures and applications can be beneficial, but we must do more to concretely address the challenges a family faces when trying to actually enroll in public health insurance.

Obtaining an application is not the barrier to getting uninsured families enrolled. Based on our close working relationship with community-based facilitated enrollers, we know that families require a tremendous amount of assistance in actually filling out the application. Despite New York's efforts to simplify and streamline the applications, the majority of families do not understand how to fill it out alone and do not know what information is being asked of them. For example, in order to apply for Child Health Plus B, a family must pick a health plan at the time of the application. Without the assistance of the local district or a facilitated enroller, this is an extremely difficult task for a family to accomplish on their own.

In addition to the difficulties in understanding the application, a family is required to provide documentation as proof of their eligibility. At a minimum, a family applying for their child is required to provide at least four documents to prove their eligibility. Mandatory documents include proof of income, identity and age, citizenship/immigration status and other health insurance. Additionally, a family may be required to provide documentation if their child is disabled or pregnant, if they seek child care deductions, or if they want retroactive coverage for medical bills. Based on conversations with the New York City Human Resources Administration, as well as facilitated enrollers, the number one documentation hurdle is providing acceptable documentation

⁴ Medical Care Research and Review, "The Consequences of Being Uninsured", Kaiser Commission on Medicaid and the Uninsured, Volume 60, No. 2, June 2003.

that verifies the last four weeks of their income. When families have been asked to document their income on their own at renewal, it proves to be a major obstacle.

Even if a family has been able to successfully fill out the application and gather up their multiple documents, they must still have a face-to-face interview. This face-to-face interview is met by going to either a community-based or health plan facilitated enroller or to the New York City Human Resources Administration. For families that work long hours, finding the time to meet this face-to-face interview is difficult to arrange. Notably, New York is one of only six states that still require a family to meet a face-to-face interview for children's coverage.

We also know that families simply do not think they are eligible for coverage. Despite New York's best efforts to change the name of children's public health insurance programs to Child Health Plus A and Child Health Plus B, in an effort to further de-link Medicaid from public assistance, working families truly believe that they are not eligible for public health coverage.

Further, we know that many immigrant families are hesitant to apply for public coverage for a host of reasons. Undocumented parents do not know that their children are eligible for coverage, regardless of their parents' immigration status. Even if parents were told that their children are eligible for coverage, immigrant families are reluctant to share their information with a government entity for fear that their information will be shared with the United States Citizenship and Immigration Services. Finally, immigrant families incorrectly believe that if they apply for public health insurance, they will be deemed a Public Charge, and will not be able to successfully adjust their status.

The State and the City have made huge strides in implementing simplification policies that have made it easier for families to enroll. Unfortunately, existing bureaucratic obstacles still prevent hundreds of thousands of children from getting coverage that they are eligible for. Until complicated enrollment and renewal pathways are truly streamlined, families need more assistance than just receiving a notice or application for the programs.

Recommendations

We urge the City Council to think more broadly about how we can link these uninsured children and their families to a facilitator who will help families navigate the enrollment process and get them enrolled in coverage. Without this type of personal assistance, we fear that the applications that are provided to parents will remain empty and New York City's children will remain uninsured. To that end, our recommendations follow a two prong strategy: 1) identify the uninsured and where they live and 2) establish concrete linkage strategies between these families and entities that can help enroll families into public coverage.

I. Identify the Uninsured

There are already efforts underway to improve outreach efforts between public schools and health insurance. Currently, every School Lunch/School Breakfast Application Form has additional questions inquiring whether the family has health insurance. The intended goal of adding these questions to the application is to find out whether the children are uninsured, to enter this information into the Department of Education's record systems, and to connect that family to coverage.

While a laudable goal, this effort will only be successful if the information is uniformly collected throughout the New York City schools, entered into a database in a timely manner, and used to ensure direct follow-up with the uninsured families.

Additionally, the School Lunch/School Breakfast Form requires a family to give consent to being contacted by an outside entity. When a parent does not provide consent, aggregate data should still be collected and made publicly available, so that other community-based outreach efforts can be employed to find and enroll those harder to reach families.

There should be a similar data-collection process established in subsidized child care. Child care providers are a natural link to families who may be in need for public health insurance. Child care centers have daily contact with parents. In addition, the eligibility levels for subsidized child care are similar to the eligibility levels for Child Health Plus A and B, and therefore, a family that is eligible for subsidized child care is most likely eligible for public health insurance. Given the overlap in potential eligibility, linkages need to be established between child care programs and public health insurance.

As part of the eligibility process for subsidized child care, a parent should be asked whether the family has health coverage and whether they consent to be contacted to receive assistance to enroll in a public health plan. This data can be used in the aggregate to better identify communities where the uninsured live, and for individual follow-up and enrollment.

II. Connect and Enroll the Uninsured

Once the information is collected by the public school or the child care center, a formalized system must be established to collect the information and share it automatically with a facilitated enroller. At this point of referral, the facilitated enroller can reach out to the family, schedule an appointment, help the family fill out the application, collect the necessary documents, meet the face-to-face interview and send in the application.

Our recommendation relies heavily on linking public schools and child care providers to the Facilitated Enrollment (FE) Program because it has proven to be the most effective strategy of finding and enrolling uninsured families. Facilitated enrollers, health plans and community-based organizations, are in the communities where the uninsured live and work, all providing evening and weekend hours and speaking more than 40 languages. Currently, nearly half of all applications come in through the Facilitated Enrollment Program, and as a result, has become the backbone of the public health insurance enrollment system. FEs know how to reach into communities and help families navigate the public health insurance system and therefore we should tap into their effective outreach strategies as we create automated linkages with public schools.

While the Office of Citywide Health Insurance Access has worked hard to establish a matching system between facilitated enrollers and public schools, more must be done. Based on a recent survey of the 17 downstate community-based Facilitated Enrollment Lead Agencies, a fragmented and informal referral system exists. Not all community-based FEs are connected to public schools. Not all schools are connected to an FE. Many schools that are connected are working with a health plan facilitated enroller and not a community-based facilitated enroller. While both types of FEs provide enrollment assistance, the community-based FE can also link the family to other needed social services through connections they have established within their own agencies.

Generally, community-based FEs need to be better integrated into the New York City schools. An established referral system needs to be created in every single school between the FE and the principals, teachers, guidance counselors, therapists, nutritionists, parent coordinators and school nurses. Questionnaires should be incorporated into these professionals' regular communication and work with families. Referral forms should be widely disseminated among faculty and staff informing them of how to make a referral for a child who they learn does not have health insurance.

We recommend that school nurses and health clinics be trained to make referrals to FEs and to send information about Child Health Plus home with sick children. Also, nurses and clinic personnel should inquire about the health insurance status of every child they treat and provide health insurance and referral information for local facilitated enrollers.

Facilitated enrollers should become a familiar face at the public schools. They should be allowed to be on-site at times when parents are coming to the school. This includes at parent/teacher conferences, PTA meetings, recitals and sports events. Finally, to cast the broadest net, FE referral information should be sent home when report cards are sent home.

All of these referral systems can also be created within the subsidized child care system. In fact, since parents are on-site at child care programs almost daily, there is even more potential for reaching and enrolling uninsured families. Child care workers need to be trained to discuss health insurance with parents and have the ability to connect a family with a facilitated enroller. Establishing formalized linkages between these programs and facilitated enrollers will be critical to providing every family in child care programs with important benefits and services.

Conclusion

Until we do more to streamline and simplify the existing system to help find and enroll those who are eligible yet uninsured, the door to enrollment will continue to be closed for hundreds of thousands of children. We must eliminate the face-to-face interview requirement, eliminate onerous documentation verification, simplify the renewal process to keep families covered and expand eligibility levels to make every uninsured child eligible for public health insurance.

We are extremely appreciative to the New York City Council for your vision and commitment in hosting this important hearing and in continuing to focus on the critical issue of health coverage for New York's. All of us at the Children's Defense Fund are deeply grateful to you for your leadership and look forward to working in partnership with you to ensure that in New York State we truly Leave **No** Child Behind