

Community-based Facilitated Enrollment: Meeting Uninsured New Yorkers Where They Are



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Executive Summary

In 1998, Governor Pataki and New York legislators created one of the country's most innovative programs for enrolling uninsured children and teens in public health insurance. Launched in 2000, the facilitated enrollment program uses community-based organizations and health plans to find and enroll "hard-to-reach" New Yorkers who have historically been left out of public health insurance. In 2001, the program was expanded to include adult-focused outreach and enrollment.

This report focuses on the highly effective work of the more than 100 community-based facilitated enrollment agencies funded by New York State to conduct locally tailored outreach and enrollment in New York's public health insurance programs. These multi-service agencies, health and human service providers, immigrant service organizations and local government agencies meet the uninsured where they are - where they live, work, go to school and carry on everyday activities.

The work of these organizations has been enormously successful. Since 2000, they have enrolled more than 600,000 children, teens and adults. Tens of thousands more have received help with the often difficult annual renewal process. The impact of community-based facilitated enrollment is apparent. Analysis of recent Census data indicate that New York has 250,000 fewer uninsured children today than when facilitated enrollment was created. More low-income adults are also getting the health care they need to stay healthy and working.

New York must protect this progress. Pressure to relieve the burden of rising health care costs on local taxpayers has led to proposals to cut outreach, enrollment, eligibility and benefits in New York's public health insurance programs. This report underscores the tremendous value of these programs in the lives of low-income New Yorkers. In particular, it highlights how community-based facilitated enrollment has brought health care access into the hearts of communities throughout New York State.

Meeting the Uninsured Where They Are

Given the fragility of many people's lives and health coverage, the uninsured population is constantly changing. No single outreach event or enrollment campaign could keep pace with this fluid population. Community-based enrollment programs weave outreach into the very fabric of a community's life so that people have access to information and enrollment assistance when and where they need it.

Approximately 70 percent of uninsured New Yorkers work.¹ By offering weekend and evening hours in convenient locations, community-based facilitated enrollment ensures that working families and individuals do not have to miss work to apply for health insurance or receive help to renew coverage.

Immigrants face numerous barriers to enrollment including language, culture, fear, distrust of government programs and a lack of familiarity with the important role that health insurance plays in our health care delivery system. Facilitated enrollment staff speak more than 40 languages and provide culturally sensitive outreach and enrollment services.

In rural parts of New York, many people have been isolated from the public health insurance system simply because of the long distances that separate them from a Medicaid office. Community-based facilitated enrollment has bridged these distances by providing home visits as well as outreach and enrollment in local libraries, health centers and schools.



Removing Structural Barriers

Despite significant simplifications to New York's public health insurance application and renewal processes, the system remains multi-faceted and extremely complex. In many ways, the burden of navigating this complex system has been shifted from applicants to the facilitated enrollment agencies.

The enrollment and renewal processes can feel like a maze of forms, income calculations, eligibility rules, managed care decisions and documentation requirements. Facilitated enrollment counselors help applicants navigate this complex maze.

Behind the scenes, facilitated enrollment agencies work directly with departments of social services, managed care plans and other enrollment entities to troubleshoot systems problems such as processing delays, data entry errors and inactive or never received insurance cards.



Toni is a single mom raising three daughters, Jasmin, Michaila and Noel, ages 10, 9 and 2 respectively, in the Lake Champlain region. Building on her experience of working in a hospital unit when she was in the Army, she is currently studying to become a registered nurse. For now, Toni is a waitress in a local restaurant. Like most restaurants, it does not provide health insurance for its workers. Because Toni was not earning a lot of money and did not have health insurance she could not get all of the health care that she and her family needed. She could not afford eyeglasses for one daughter and she did not see a doctor for a simple urinary tract infection. This resulted in a trip to the emergency room and a \$400 bill, which could have been avoided if she had health coverage. When a friend told her about Child Health Plus, she called their number. They sent her to the Ticonderoga Health Center where a facilitated enroller with the **Upper Hudson Primary Care Consortium** assisted her with applying for public health insurance and within an hour she was on her way back home.



Effecting Systems Improvements & Policy Change

Facilitated enrollment helps New York State meet the federal mandate for seamless enrollment into Medicaid.

Community-based facilitated enrollment agencies play a vital role in addressing the health disparities that exist in underserved communities by connecting hard-to-reach populations with preventive health care, thereby discouraging reliance on emergency room and other costly forms of acute care.

Prior to facilitated enrollment, the consumer's perspective on our public health insurance system was scattered and difficult to aggregate. By serving as a repository for the enrollment experiences of hundreds of thousands of New Yorkers, facilitated enrollers have been able to track trends in consumer problems and provide valuable feedback to program administrators at the state and local levels.

By channeling the on-the-ground reality back to policy makers and program administrators, facilitated enrollment agencies have contributed to important systems improvements and a greater understanding of how the implementation of state policy varies in different parts of the state.



"When I was uninsured, I took my medication every other day to make it last. I was walking a tightrope without a safety net."

Stacy is a single mother living on Long Island with her two teenage children. She suffers from multiple chronic health problems including asthma and arthritis. Stacy lost her health insurance when she and her husband divorced in 1997 and has been unable to find a job that provides it. Without health insurance, Stacy could no longer afford the medications she desperately needed to manage her illnesses and they became worse. Her hands, back and feet became more disfigured from the arthritis, breathing became more difficult and she suffered from chronic pain. Her doctor told her that the **Nassau-Suffolk Hospital Council**, a community-based facilitated enrollment program on Long Island, might be able to help her get coverage. Stacy met with an enrollment counselor who helped her complete an application. Today, Stacy has Medicaid and is able to see her doctors and take her medications on a regular basis.

New York's Uninsured

"Facilitated enrollers are saving lives when they help the uninsured enroll into public health insurance programs."

- Stacy, Long Island mother of two teens

More than three million New York State residents, or almost one in six people, have no health insurance.² Compared with New Yorkers who have insurance, uninsured New Yorkers are more likely to:

- Go without routine check-ups as well as medication and other treatment for chronic illnesses such as asthma, heart disease and diabetes;
- Be diagnosed with life-threatening diseases such as cancer in late-stages; and
- Have reduced earnings from work and chances for educational attainment.³

The uninsured often turn to the most expensive form of care, the emergency room, for conditions that easily could have been treated, or even prevented, if they had access to the comprehensive primary care afforded to people with insurance.

The reasons that so many New Yorkers have no health insurance are numerous, many of them rooted in the rising cost of health coverage for both employers and individuals. Nearly 70 percent of uninsured New Yorkers are working and yet do not receive health insurance through their employer, either because it is not offered to them or because they cannot afford it. Many hard working people such as self-employed individuals, contract workers and those piecing together a living through multiple jobs count among these numbers.

Affordable coverage is available for many uninsured New Yorkers. Approximately 1.3 million of the state's uninsured are eligible for, yet simply not enrolled in, free or low-cost coverage through one of New York's four principle public insurance programs: Child Health Plus A, Child Health Plus B, Medicaid and Family Health Plus.⁴ An overview is provided in Table 1. Often times, they remain uninsured because they do not know they are eligible or because they confront insurmountable barriers to enrollment such as complex enrollment systems, language, limited literacy skills, rural distances, lack of transportation, fear or the inability to miss work to apply.

The community-based facilitated enrollment program works to find these eligible New Yorkers, helps them overcome the barriers to enrollment and keeps them from rejoining the ranks of the uninsured every 12 months when they must renew their coverage.



Table 1: Overview of New York's Public Health Insurance Programs⁵

Health Insurance for Children and Teens:

New York offers health insurance to children under age 19 through a program called Child Health Plus. This program has two parts: Child Health Plus A (Children's Medicaid) and Child Health Plus B.

Child Health Plus A (Children's Medicaid) is a free public health insurance program that provides children with complete coverage for all of their health care needs. **Child Health Plus B** is for children under 19 years of age who are not eligible for Child Health Plus A because of their family's income or immigration status. Child Health Plus B is free for some families and others may have to pay a small monthly premium, depending on the family's income.

Both Child Health Plus A and B provide children and teens with a wide range of medical services including primary care, hospitalization, emergency care, prescription drugs, vaccinations, dental, vision, lab tests, x-rays, speech and language services, some mental health services and much more. Child Health Plus B has limits on some medical services and care is provided exclusively through managed care plans.

Children living in families earning up to 250 percent of the federal poverty level (FPL) may be eligible to sign up for free or low-cost coverage through Child Health Plus A or B. Families with higher incomes can buy into Child Health Plus B at the full monthly premium (approximately \$100 - \$170 per month). Children also need to be residents of New York State and must be under 19 years of age. Most categories of immigrant children are eligible.

Health Insurance for Adults:

New York State provides health insurance for low-income adults, ages 19 and older, through two programs: Medicaid and Family Health Plus. Working adults and most categories of immigrants may be eligible for these programs.⁶

Medicaid provides comprehensive health coverage to low-income, elderly and disabled New Yorkers. Eligibility for adult Medicaid depends on New York State residency, income, assets and immigration status. Medicaid includes a fee-for-service component as well as mandatory managed care in many parts of the state.

Family Health Plus is an expansion of New York's Medicaid program for uninsured adults ages 19 to 64 whose incomes are too high for Medicaid. Family Health Plus provides adults with a wide range of medical services through managed care plans. Eligibility depends on New York state residency, immigration status and income (below 100 percent FPL if childless and 150 percent FPL if parents of children under 21). An assets limit and co-payments for some services were added to the Family Health Plus program through legislation passed in August 2004. The assets limit will become effective in spring 2005.

The Prenatal Care Assistance Program (PCAP) offers coverage to pregnant women who live in New York and have income up to 200 percent FPL. Resources and immigration status are not considered.



The Facilitated Enrollment Model

The goal of community-based facilitated enrollment is to ensure that applicants get through the application or renewal process and access the health care they need.

In 1998, with funding from the federal State Children's Health Insurance Program, Governor Pataki and the state legislature dramatically improved health coverage for New York's children. Program eligibility and benefits were expanded and the enrollment system was simplified, making it easier for hard working families to enroll their children. The centerpiece of these improvements was the creation of facilitated enrollment. Through this program community agencies and health plans are authorized to assist applicants with every step of the complex application process. Facilitated enrollers begin with outreach to identify uninsured New Yorkers and then walk applicants through the eligibility screening, documentation gathering, completion of forms and managed care choices. Applicants often return to their facilitated enroller to troubleshoot problems after the application has been submitted. The step-by-step enrollment process is outlined in Table 2.



In Westchester County, the **United Way of Westchester and Putnam** provided funding for health insurance outreach to the Caribbean community in Mount Vernon. Grace Baptist Church was one of many faith-based agencies that participated in the outreach campaign through their Immigration Ministry.

Recognizing the need to reach deep into local communities and neighborhoods to find the "hard-to-reach" children and teens who have been historically left out of public health insurance, New York State invested \$10 million in children's enrollment. Beginning in 2000, this funding was provided to multi-service agencies, community-based organizations, health and human service providers, immigrant service agencies and local government agencies to establish community-based facilitated enrollment programs. With the implementation of Family Health Plus in 2001, an additional \$10 million was invested in adult and family enrollment. Despite the enormous success of this program, its funding was cut by \$3 million in the 2004 - 2005 State Budget and even more devastating cuts were proposed in the 2005-2006 Executive Budget.

Today, 43 facilitated enrollment lead agencies and 72 additional subcontracting agencies, located throughout New York State, are funded to conduct community-based facilitated enrollment.⁷ The Appendix provides a list of facilitated enrollment lead agencies. These organizations were selected because of their long history and trusted relationships with the diverse communities they serve and their ability to reach uninsured New Yorkers through locally tailored outreach and enrollment strategies.

Reaching People in Their Everyday Routine



Community-based facilitated enrollment staff conduct outreach in key community locations where the uninsured work, live, shop and carry on everyday activities. **Mohawk Valley Perinatal Network, Inc.** does extensive outreach in pharmacies, clinics, schools, churches and laundromats. Outreach in laundromats has been especially successful in reaching new clients.

Locally Tailored Outreach

Community-based facilitated enrollment is designed to remove the barriers that keep eligible families and individuals from enrolling in public health insurance programs such as lack of knowledge about the programs, language and low literacy skills, stigma, fear and difficulty navigating a complex application process. Facilitated enrollment agencies have successfully tailored information about public health insurance programs into messages and languages targeted at hard-to-reach populations. Adolescents may not think health insurance is important until someone explains how it relates to the health issues on their minds like acne and sports. In a rural area of the state, a family might hesitate to apply out of fear that it could put their farm or business at risk. Another family might fear being stigmatized by their neighbors if they access a public benefit program. A non-English speaking family simply may not know about these programs because the information has never been presented in their language or they may fear that their immigration status could be jeopardized. It is often only through the opportunity to discuss such concerns with a trusted professional from their community that individuals can overcome these issues and get the health coverage they need.



Schools are an excellent location for finding uninsured families. In New York City, **The Children's Aid Society** has been reaching and enrolling uninsured children and their families in its community schools since 1998. The facilitated enrollment team's outreach activities include educational workshops for parents, information tables at school registration and announcements at parent meetings. Easy-to-read, bilingual informational flyers are distributed during times when many parents are at the school such as early morning drop-off, school concerts, health fairs and other evening and weekend events. Professionals in the school such as teachers, parent coordinators, school aides, social workers and health care providers can easily refer uninsured students and their families to school-based enrollers.

Step-by-Step Assistance Through the Enrollment Maze



Once facilitated enrollment agencies engage the uninsured through their outreach efforts, they take them through the step-by-step process of applying for health insurance. While it may seem surprising that professional assistance is required, despite enormous work to simplify the system, the application process is still complex and people can easily get lost along the way. Without a trusted and trained professional to answer questions, assist with the forms and documentation requirements and to keep the process moving along, fear, confusion and sometimes frustration can cause applicants to stop before the process is complete.

Facilitated enrollers screen children and adults and help them apply for the correct program, whether it be Child Health Plus A or B, Family Health Plus or Medicaid. Facilitated enrollers, equipped with a single application for all programs and the authority to conduct the Medicaid face-to-face interview, serve as a single point of entry into the system. This not only simplifies the process for the applicant, it also fulfills a federal mandate, under Title XXI of the Social Security Act, that requires seamless enrollment into Medicaid. By federal regulation, if a person is eligible for Medicaid but applies for one of the other health insurance programs, such as Child Health Plus B, he or she cannot be required to fill out another application and must be enrolled in Medicaid without any other steps. Facilitated enrollers are also central to the process of transferring between programs when a person's eligibility changes.



Table 2: A Step-by-Step Guide To Enrolling in Health Insurance

Once facilitated enrollment agencies find an uninsured family or individual through their outreach efforts, they provide one-on-one assistance with every step of the enrollment process so people can access the health care they need.

Step 1 - Face-to-Face Interview

New York State law requires Medicaid, Child Health Plus A and Family Health Plus applicants to have a face-to-face interview with the local department of social services (LDSS) as part of the application process. Facilitated enrollers are authorized to conduct this interview for non-disabled, non-elderly applicants.

Step 2 - Eligibility Screening

Enrollment counselors conduct an eligibility screening to sort applicants into the correct program. This is a complex decision tree that takes into account numerous interrelated factors such as household composition, income, assets (for adults), age and immigration status.

Step 3 - Gathering Documentation

Applicants document nearly every factor taken into consideration in the eligibility screening including age, identity, residency, income and immigration status. These documentation requirements can present an insurmountable stumbling block to many of the people most in need of these programs.

Step 4 - Completing Forms

The Growing Up Healthy and Access New York applications are six to eight pages long and ask detailed questions about income, household composition, resources (for adults), the availability of health insurance through one's employer, immigration status and the whereabouts of absent parents and spouses. Both applications are difficult for an average New Yorker to

navigate and complete without assistance.

Step 5 - Choosing a Managed Care Plan

More than 30 managed care plans participate in the Child Health Plus A, Child Health Plus B, Family Health Plus and Medicaid programs. Community-based facilitated enrollers help applicants to choose a plan, and often a primary care provider, based on provider relationships that they want to keep or establish.

Step 6 - Quality Control

Facilitated enrollers send completed applications to the lead agency which performs a quality assurance check before sending applications on to the appropriate health plan or LDSS for eligibility determination and processing.

Step 7 - Troubleshooting

The lead agency also troubleshoots problems that arise once an application has been submitted to the LDSS or health plan. These problems may include an urgent medical need requiring expedited coverage, application processing delays, data entry problems, managed care enrollment errors and insurance cards that are not working or not received. Lead agencies also try to close the gaps in coverage that occur when someone transfers between programs.

Step 8 - Annual Renewal

Every 12 months, people enrolled in public health insurance must renew their coverage by completing a renewal form and providing proof that they are still eligible. While a mail-in renewal process now exists throughout New York, applicants often find it confusing and prefer to return to the place where they enrolled for renewal assistance.



Community-based Facilitated Enrollment Works Because It Meets The Uninsured Where They Are

Facilitated enrollers help New Yorkers overcome many of the logistical, cultural, language and other barriers that have prevented them from enrolling in public health insurance. Community-based enrollment counselors offer New Yorkers convenient hours and locations, understandable explanations of the systems and assistance with problems. They ensure that people who start an application finish it and get enrolled so that they can access the health care they need. Facilitated enrollers also serve as an important information source for uninsured New Yorkers who are not eligible for public health coverage, referring them to public hospitals and community health centers where they can receive free or low-cost health services.

Convenient Hours

Since nearly 70 percent of uninsured New Yorkers work, facilitated enrollment has been particularly important in extending the hours when working individuals can apply for public health insurance. The types of jobs that do not offer health insurance often do not include other benefits such as vacation and personal time. If individuals at these jobs miss work, they do not get paid. Given that applying for public health insurance often requires one to three visits to be screened for eligibility, complete the paperwork and submit all the necessary documentation, many low-wage workers simply cannot afford to go to a Medicaid office during traditional business hours. Community-based facilitated enrollment agencies offer weekend and evening hours in convenient locations so that working individuals can apply for health insurance when they pick their child up from school in the evening, go grocery shopping or attend a place of worship on the weekend.



Community-based facilitated enrollment programs are not just 9:00 to 5:00 operations. Here a working mom stops by **Alianza Dominicana's** enrollment office in Washington Heights after picking her children up at daycare.

All community-based facilitated enrollment programs offer weekend and evening hours to meet the needs of working New Yorkers.

Convenient Community Locations

Community-based facilitated enrollment counselors work where the uninsured are. Throughout New York State, facilitated enrollment programs have enrollers placed in the heart of communities - everywhere from schools to health care facilities, tax preparation sites, child care centers, libraries, social service agencies, health departments, places of worship and job training and readiness programs. These locations are convenient and in close proximity to where people work and live.

In many rural parts of New York, families and individuals have been isolated from the public health insurance system simply because of the long distances that separate them from the more populated areas where Medicaid offices tend to be located. In remote parts of the state a person may have to travel as far as 60 miles to reach a Medicaid office. Many individuals do not have the time, a car or access to public transportation to make one or more trips to the Medicaid office. Community-based facilitated enrollment brings outreach and enrollment to rural communities. Whether facilitated enrollers are making home visits or providing enrollment services in local libraries or health centers, they are bridging the distances that have historically kept rural families from applying for public health insurance.



Oswego County is located in upstate New York along the shore of Lake Ontario and covers 968 square miles. The rural areas of the county lack adequate public transportation and most available services are located in the cities of Fulton and Oswego. **Oswego County Opportunities, Inc.** works in collaboration with other agencies, programs and health centers throughout the county to ensure that application assistance is available at times and places that are convenient for the uninsured in Oswego County. This program's philosophy is, "for staff to be where our clients are at times that are best for them."



Benedict Family Health Center, with locations in the Village of Schuylerville, Galway and Saratoga, is a health care provider that enrolls uninsured patients who might otherwise wait to seek out care until they are sick. Benedict uses locations in hospitals and health centers to reach the uninsured.

Speaking the Language of the Uninsured

Applying for public health insurance and navigating the health care system once a person is enrolled are difficult and can be confusing for most first-time applicants. What are they asking in this question on the application? How long will I have to wait to get a card? Why do they need so much stuff? How do I pick a health plan and doctor? These are just a few of the questions that enrollers have to answer every day. Community-based facilitated enrollment counselors help people tackle these tough issues through one-on-one assistance. Enrollment counselors are there to answer an applicant's questions and explain these systems easily and succinctly. Facilitated enrollers also open the door to public coverage for people with low-literacy levels who might otherwise be unable to complete the application forms or read written materials about the programs.

For those who do not speak English, or for those who come from a country with a completely different health care system, the need for someone to "translate" our system into understandable language is even more multi-layered. Community-based facilitated enrollment programs aim to reflect the diversity of the populations who are eligible for public health insurance in New York by hiring staff who speak the languages and understand the cultures of the communities in which they are based. Across the state, community-based facilitated enrollers speak 42 languages.⁸ Before facilitated enrollment existed, minimal public information existed about New York's public health insurance system in languages other than English. Even now, most state and county forms only exist in English and Spanish. People who do not read or write these languages have difficulty completing application forms without one-on-one assistance in their native language.

Beyond language itself, community-based organizations speak to the more subtle barriers that would otherwise keep New Yorkers from applying for public health insurance. Even when information about the availability of these programs is accessible, layers of fear and mistrust still keep people from applying. The application process touches on many sensitive topics including income, social security numbers, immigration status and the whereabouts of absent parents and spouses. While most applicants understand why this information is necessary to determine their eligibility for a means-tested government program, they are often reluctant to disclose this information without first having the opportunity to ask a trusted individual questions such as "How will this information be used?" and "Are there any risks to applying for these programs?"



Columbia County Health Care Consortium - Even in this part of upstate New York, many of this program's clients speak French, Greek, Spanish, Bengali and Polish. They do not understand much of the mail they receive regarding their insurance. Clients know they can come in to see the enroller who patiently helps them to understand and work through the process.



Facilitated enrollers speak 42 languages and often conduct outreach in business districts and neighborhoods where they can reach many people who speak the same language. For example, staff from **Korean Community Services** distributes information flyers in Korean during the lunchtime bustle of Manhattan's Koreatown.



Enrollment counselors at **Nachas Healthnet** in Borough Park, Brooklyn offer Orthodox Jewish families a culturally sensitive enrollment experience that respects their religious convictions and outward signs of observance.



The **Staten Island Jewish Community Center** conducts outreach and enrollment at a storefront that serves the growing Mexican community on Staten Island. It began as a place for migrant workers to get a hot meal before looking for work but now has expanded to serve the whole family. This community is often reluctant to sign up for any public programs. Through this partnership enrollers have been able to reach clients who otherwise would never have applied for health insurance.

Troubleshooting Application and Health Care Access Problems

One of the greatest challenges for people applying is the amount of documentation required for each application. One study found that families struggled more with documentation than the application itself. Three out of four of the families in the study said they received some form of help from an enroller in gathering the documents required and another 9 percent got help from someone other than an enroller.⁹ Facilitated enrollers are able to help families overcome this critical barrier and gather the appropriate documents.

Once application or renewal forms are complete and sent on to the appropriate agency for processing, community-based facilitated enrollment lead agencies troubleshoot problems at the LDSS and health plan levels. This troubleshooting ranges from resolving application processing delays and errors to ensuring that clients get enrolled in the managed care plan they selected and receive the correct insurance cards.

Given the trusting relationship that an enrollment counselor and an applicant have developed, people often return to their enroller with questions about how to access health care once they are enrolled or for assistance with problems. New enrollees in Medicaid, Family Health Plus and Child Health Plus often experience problems such as health plan and Medicaid cards that do not work, inability to find a doctor who speaks their language and sometimes just not understanding how to navigate the managed care system. Enrollment counselors can help troubleshoot these problems by working with local Medicaid offices and health plans and sometimes just by talking clients through the system. All of this is necessary to ensure clients are able to actually access the health care provided through these programs.



Community-based Facilitated Enrollment Gets the Job Done

Facilitated enrollment keeps people from getting lost along the way to completing an application. The "Barriers to Enrollment" study found that community-based facilitated enrollment was overwhelmingly successful in ensuring that people who started the process actually completed the application and obtained health insurance. Families participating in this study also had high praise for enrollers. Families interviewed reported that enrollers were knowledgeable (96 percent), helpful (98 percent) and friendly (98 percent).¹⁰ To date, community-based facilitated enrollers have helped more than 400,000 children and 200,000 adults apply for health insurance.¹¹ In a multi-faceted system of inter-related, yet separate public health insurance programs, community-based facilitated enrollment also serves as the "glue" that keeps people from falling through the cracks when they need to renew their coverage or move between programs when their eligibility changes.

...And It's Cost Effective

A study conducted by the New York Academy of Medicine and the Children's Defense Fund found community-based facilitated enrollment to be one of the most cost effective forms of enrollment.¹² Among the reasons for low costs of community-based enrollment are its use of inexpensive outreach strategies such as internal referrals between programs within a multi-service agency and word-of-mouth between parents who participate in other programs of the community-based organization. Community-based organizations are also able to keep overhead costs low through the use of existing community locations.



Enrollment through community-based organizations is cost effective because of inexpensive outreach strategies and the use of existing community locations.



Effecting Systems Improvements And Policy Change



While facilitated enrollment has made the "front door" to New York's public health insurance system more accessible, the underlying enrollment system remains complex and multifaceted with four different programs and more than 30 participating managed care plans. Much of the challenge of grappling with this has shifted from the applicants to the facilitated enrollment agencies. Facilitated enrollment agencies not only usher individual cases through the system and troubleshoot problems when they arise, they also channel the reality that they find on the frontlines back to policy makers with the goal of contributing to broader systemic change and improvement.

Facilitated enrollers channel the reality that they find on the frontlines back to policy makers with the goal of contributing to broader systemic change and improvement.

In a sense, facilitated enrollment serves as the first comprehensive repository of the stories and experiences of people trying to get and keep public health insurance in New York. For decades, people's experiences with the system were scattered and impossible to aggregate because they were individually applying for insurance at Medicaid offices or mailing Child Health Plus applications to health plans. While they were surely experiencing similar obstacles - processing delays or inability to fill out the form completely, gathering the necessary documentation, understanding notices or renewing their coverage - no entity was systematically aggregating these experiences in an effort to improve the system.

Facilitated enrollment agencies also serve as an important community-based barometer for how changes in eligibility and procedures are being experienced by consumers. Given the complexity of our public health insurance system, when legislative and administrative changes are made, there is often a ripple effect of very detailed modifications that must be made to application forms, notices sent to applicants, documentation requirements, procedures and systems. Since facilitated enrollment agencies see this system from the point of view of the consumer, they are able to monitor the real life impact of these changes and channel these observations back to program administrators and policy makers.

Working on the Frontline to Change the System

An Altman Foundation Project

With funding from the Altman Foundation, a group of more than a dozen facilitated enrollment lead agencies in New York City, Long Island and Westchester have had the opportunity to meet regularly to share information on common implementation challenges and to provide feedback to policy-makers and program administrators. Through this "Enhancing New York's Facilitated Enrollment Initiative," these downstate facilitated enrollment agencies, under the leadership of The Children's Aid Society and the Children's Defense Fund - New York, have been supported through trainings designed to enhance the skills of program staff, the monitoring of application and renewal trends and coordinated advocacy. By creating and formalizing much-needed opportunities for information sharing and coordination, this project enabled facilitated enrollment organizations to realize their collective potential to drive policy and systems improvements with the power of frontline information and knowledge.

Through this project, community-based facilitated enrollers have worked at both the local and state levels to improve issues related to application and renewal processing, documentation requirements, transfers between programs, plan enrollment, enrollment issues for pregnant women and newborns and information technology.



Recommendations

1

Fully fund the community-based facilitated enrollment program - Community-based facilitated enrollment ensures that New York's investment in public health insurance actually reaches the communities, families and individuals who need it. By providing assistance at convenient times and locations, facilitated enrollment makes affordable coverage more accessible to hard working families and individuals. New York State should restore facilitated enrollment funding to the original \$20 million level.

2

Expand the role of community-based facilitated enrollment projects to ensure that the people they enroll access the health care they need - With additional funding, facilitated enrollers around the state could have a more formalized role in addressing the barriers families and individuals experience when accessing health care.¹³

3

Streamline the enrollment process for New York's public health insurance programs - Despite tremendous work to simplify and streamline the application and renewal processes, families and individuals still face an extremely complex and bureaucratic system. Through the elimination of application and documentation requirements that are not federally mandated, New York can make it easier for people to apply for and keep their health insurance.





4

Modernize the enrollment process through enhanced information technology - An electronic application would increase the efficiency and productivity of facilitated enrollers, improve coordination between enrollment entities and shorten the time that applicants must wait for their coverage to become active. A unified information system for all of New York's public health insurance programs would also lead to greater efficiency and coordination between programs.

5

Protect New York's public health insurance system against efforts to cut outreach, enrollment, eligibility and benefits - Such proposals pose a major setback to the progress New York has made in recent years and threaten the health and wellbeing of New Yorkers. New York should expand affordable health insurance options within the public and employer-based systems so that all New Yorkers have access to affordable health care.

Conclusion

Community-based facilitated enrollment has been an overwhelming success in making New York's public health insurance system more accessible to the uninsured, especially those who work. Despite significant simplifications to New York's application and renewal processes, the system remains multi-faceted and extremely complex. In many ways, the burden of navigating this complex system has been shifted from applicants to the facilitated enrollment agencies. By serving as a repository for the enrollment experiences of hundreds of thousands of New Yorkers, facilitated enrollers have been able to monitor the on-the-ground reality of these programs and contribute to important systems improvements that are driven from the applicants' perspectives. Given that our public health insurance system and the people who make up the uninsured population are constantly in flux, there is an ongoing need for community-based groups that view and monitor the system from the consumer perspective.

Community-based facilitated enrollment is an effective and cost efficient investment to ensure that New York's public health insurance programs reach the families and individuals they were designed to serve.



Facilitated Enrollment Lead Agencies

As of January 2005, the New York State Department of Health holds contracts with the following 43 facilitated enrollment lead agencies across New York State. These agencies in turn sub-contract with an additional 72 community-based organizations.

Alianza Dominicana, Inc.
Brooklyn Perinatal Network, Inc.
Cayuga County Department of Health and Human Services
Chautauqua Opportunities, Inc.
Chemung County Department of Social Services
Chenango Health Network
The Children's Aid Society
Columbia County Community Healthcare Consortium
Coordinated Care Services, Inc.
Cortland County Health Department
Dutchess County Community Action Agency, Inc.
Erie County Department of Health
Fulton Montgomery Child Health Plus/Medicaid Consortium
Generations Plus/Northern Manhattan Health Network
Health and Welfare Council of Long Island
Healthy Capital District Initiative
Hispanic Federation
Joseph P. Addabbo Family Health Center
Kaleida Health
Lake Plains Community Care Network
Maternal-Infant Services Network of Orange, Sullivan & Ulster Counties, Inc.
Medical and Health Research Association of New York City, Inc.
Metropolitan New York Coordinating Council on Jewish Poverty
Mohawk Valley Perinatal Network, Inc.
Morris Heights Health Center
Mothers and Babies Perinatal Network of SCNY, Inc.
Nassau-Suffolk Hospital Council
New York City Department of Health and Mental Hygiene
North Country Prenatal/Perinatal Council, Inc.
Onondaga County Health Department
Oswego County Opportunities, Inc.
Ridgewood-Bushwick Senior Citizens Council
Rockland County Department of Health
Safe Space
Saratoga Care
Schoharie County Community Action Program, Inc.
Southern Tier Health Care System, Inc.
Staten Island Jewish Community Center
Thompson Health System
Union Health Center
Upper Hudson Primary Care Consortium
Westchester County Department of Health
Yates County Public Health - SSAY Rural Health Network



Endnotes

1. United Hospital Fund Health Insurance Coverage in New York, 2002, published in May 2004.
2. Supra note 1.
3. John Hadley, "Sicker and Poorer: The Consequences of Being Uninsured," Prepared for the Kaiser Commission on Medicaid and the Uninsured, May 2002.
4. Supra note 1.
5. Other public health insurance programs in New York that are not specifically part of the scope of facilitated enrollers' work include the Medicaid Buy-In for Working People with Disabilities, the Medicare Savings Program, the Family Planning Benefit Program, the Family Planning Extension Program, the Breast and Cervical Cancer Early Detection and Treatment Programs, Healthy New York, the Elderly Pharmaceutical Insurance Coverage Program and AIDS Drug Assistance Program as well as additional programs for people living with HIV and AIDS.
6. Governor Pataki's Executive Budget for 2005-2006, released on January 18, 2005, proposes extensive cuts to public health insurance coverage for adults. These proposals include cuts to adult facilitated enrollment and eligibility, drastic reductions in the Family Health Plus benefits package, elimination of several "optional" services to Medicaid beneficiaries and increases in Family Health Plus and Medicaid co-payments.
7. Numbers of facilitated enrollment agencies obtained from the New York State Department of Health, December 2004.
8. New York State Department of Health, December 2004.
9. Melinda Dutton and Gerry Fairbrother, "Barriers to Enrollment in Child Health Insurance Programs," Children's Defense Fund and New York Academy of Medicine, spring 2003.
10. Supra note 9.
11. New York State Department of Health, December 2004.
12. Gerry Fairbrother, et al., "Costs of Enrolling Children in Medicaid and SCHIP," Health Affairs, Volume 23, Number 1, January/February 2004 (see endnote #9 of article).
13. The Managed Care Consumer Assistance Program (MCCAP) can serve as a model for such an initiative. MCCAP, funded through the New York City Department of Health and administered by the Community Service Society, provides grants to community-based organizations to assist health care consumers in navigating the managed care system.







The mission of The Children's Aid Society is to ensure the physical and emotional well being of children and families, and to provide each child with the support and opportunities needed to become a happy, healthy and productive adult.

The Children's Aid Society's services are available to children regardless of their race, nationality, religion or economic status.

The Children's Aid Society is a lifeline and a safe haven to New York City's children and families most in need of assistance. We carry out our mission through a broad range of essential health, education and social services.

The Children's Aid Society, founded in 1853, serves more than 150,000 children and their families each year, often helping them overcome tremendous odds. Our network of more than 100 cutting-edge programs and services provided at over 30 sites in and around New York City supplies a full spectrum of support. Our nationally recognized programs are models of social service practice and have impacted national child welfare policy.

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Children's Defense Fund

The mission of the Children's Defense Fund (CDF) is to Leave No Child Behind® and to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life and successful passage to adulthood with the help of caring families and communities.

CDF provides a strong effective voice for all the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities. CDF 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.

CDF began in 1973 and is a private, nonprofit organization supported by foundation and corporate grants and individual donations. We have never taken government funds.

In 1992, the Children's Defense Fund established an office in New York City. In 1998, CDF-NY added an office in Albany, NY expanding our community education and organizing efforts statewide. Our unique approach to improving conditions for children by combining research, public education, policy development, community organizing and advocacy activities has made CDF-NY an innovative and tireless leader for New York's children.

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