Fl♥rida KidCare
Innovations

Highlighting Innovative Outreach Strategies

Enrolling Uninsured Children into CHIP & Medicaid through Hospital In-Reach Efforts

The Institute Of Medicine (1982) defined in-reach as the idea that something needs to be added, to enhance the hospital care that is already being provided. In other words, in-reach is targeting and delivering care or a service to persons who are already passing through the health-care system for treatment.

Within a few states throughout the U.S., hospitals have begun integrating Children's Health Insurance Program (CHIP) application processes into their facility's overall financial screening processes (Long, 2002). These in-reach projects are in response to dealing with

the total uncompensated care costs for uninsured children, which in 2008 were $47.2 billion (Project Hope, 2008). Depending on size, a facility may have one or more positions dedicated to financial screening and enrollment in insurance programs.

One example is California's CHIP, Medi-Cal and Healthy Families. They work with hospitals to train multiple staff members to assist families in the completion of the Medi-Cal and Healthy Families applications.

The *Hawai'i Covering Kids &*

Families local project, Kahuku Hospital, in-reach workers assist uninsured ER or hospital patients with completing Medicaid and CHIP applications. The in-reach worker checks a daily list to identify hospital patients without insurance then assists eligible patients in completing Medicaid and SCHIP applications. The worker also assisted mothers in enrolling their newborn infants into the appropriate health coverage program (Southern Institute, 2007).

Important points of interest:

- $47.2 billon in total uncompensated care cost for uninsured children.

- The opposite of outreach is the act of doing in-reach.

- From April 2010 through January 2011, Miami Children's Hospital has completed 4,254 Florida KidCare and Medicaid applications for children ages 0-18.

Children's Hospitals Reaching In

Children's hospitals provide a unique opportunity to enroll and retain children within CHIP. They are able to address benefits of coverage with families when the needs are most apparent: while families are accessing care.

Many efforts to identify eligible families for Florida's CHIP, Florida KidCare, and Medicaid, involve working throughout communities and identifying collaborative partnerships. Although these attempts are often targeted and well-planned, the act of conducting outreach in a community can be time consuming and resource intensive. As a part of *Florida Covering Kids & Families'* CHIPRA

Cycle I funding, Miami Children's Hospital (MCH) is using in-reach to access families with uninsured children that may be eligible for Florida KidCare.

The opposite of outreach is the act of doing in-reach. As noted above, this method involves working within the structure of an organization to capitalize on resources and relationships already existing to assist families. The in-reach method is the perfect fit for MCH since many of the hospital's departments interact with families that need and require assistance with accessing health care. Families that need and require assistance with accessing

health care.

MCH's in-reach efforts from April 2010 through January 2011 have resulted in 4,254 applications being completed with 1,572 children receiving health care coverage through Florida KidCare and Medicaid.

Miami Children's Hospital

Miami Children's Hospital

> "We had a patient, an uninsured child, that needed to have surgery for cancer. We were able to do a Florida KidCare application; follow up on this application status until Florida KidCare sent notice that he was eligible for coverage and got the needed surgery."
>
> –Soraya Ortega, MCH EAU Supervisor

Miami Children's Hospital (MCH) is a world leader in pediatric healthcare. Within the 289 bed hospital, there is a medical staff consisting of more than 650 physicians with over 40 pediatric specialties and subspecialties.

The hospital's mission is to provide hope through advanced care for children and families. Creating support for their Florida KidCare in-reach program begins with the hospital administration and is reiterated throughout each department. MCH believes their in-reach program is about providing a service for children, not a reimbursement for the hospital.

Located west of Coral Gables in Miami, Florida, MCH knows there are little resources for families living within this community and is viewed by their community as more than a hospital. The Florida KidCare in-reach project is a way the hospital can give back to their community by helping families' access healthcare coverage.
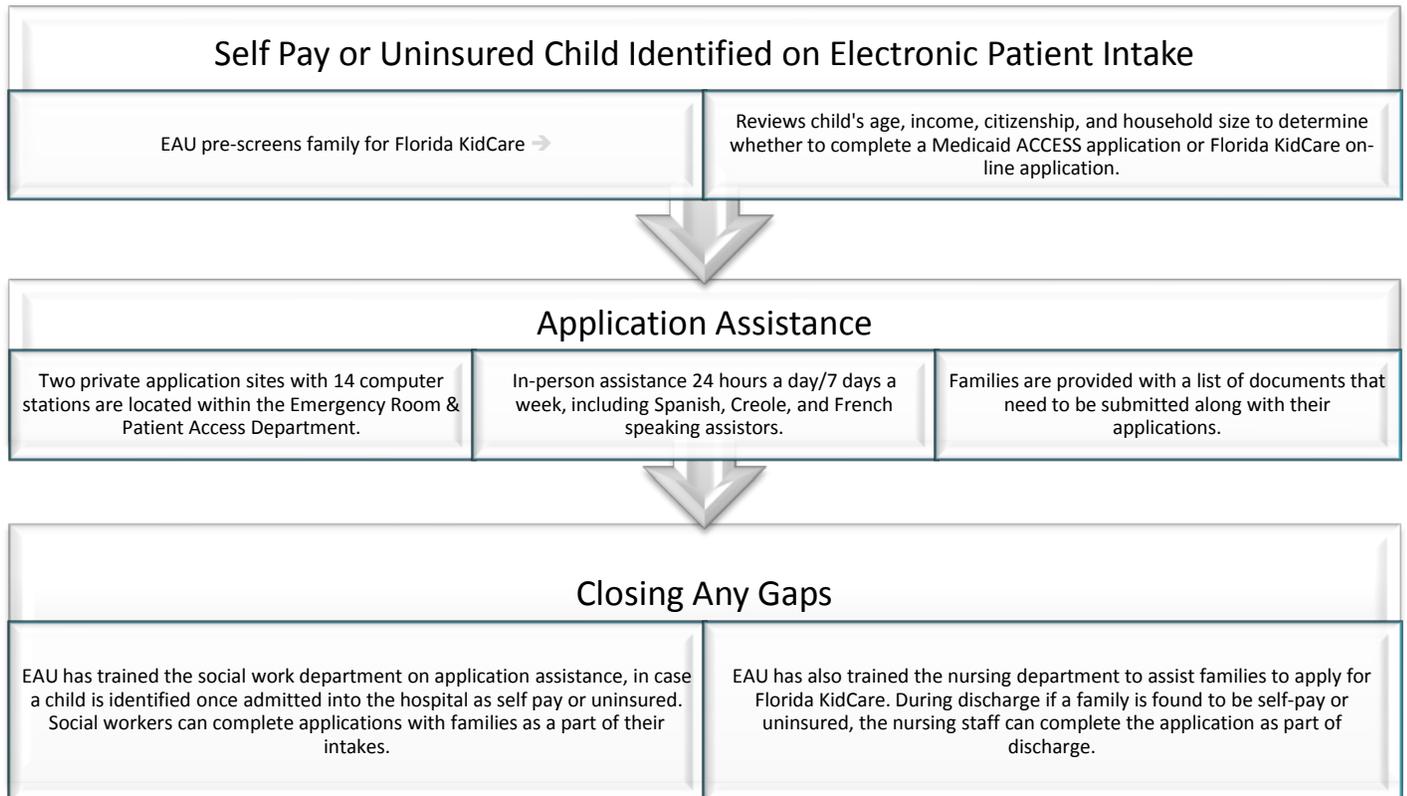

Cristina Bonich, MCH EAU Staff

Reaching In

The Eligibility Assistance Unit (EAU) at MCH is responsible for financially clearing 100% of the children who have services rendered at the hospital. This department oversees MCH's in-reach project through specializing in screening potentially eligible uninsured children for Medicaid and Florida KidCare.

There are 13 trained eligibility assistance specialists, 2 supervisors, and 1 manager trained to provide 24-hour/7-day a week onsite application assistance and follow up to ensure enrollment into Florida KidCare. The in-reach process begins as soon as a patient arrives at the hospital either through admission or the emergency room.

Self Pay or Uninsured Child Identified on Electronic Patient Intake

EAU pre-screens family for Florida KidCare →	Reviews child's age, income, citizenship, and household size to determine whether to complete a Medicaid ACCESS application or Florida KidCare on-line application.

Application Assistance

Two private application sites with 14 computer stations are located within the Emergency Room & Patient Access Department.	In-person assistance 24 hours a day/7 days a week, including Spanish, Creole, and French speaking assistors.	Families are provided with a list of documents that need to be submitted along with their applications.

Closing Any Gaps

EAU has trained the social work department on application assistance, in case a child is identified once admitted into the hospital as self pay or uninsured. Social workers can complete applications with families as a part of their intakes.	EAU has also trained the nursing department to assist families to apply for Florida KidCare. During discharge if a family is found to be self-pay or uninsured, the nursing staff can complete the application as part of discharge.

Building Lasting Relationships with Families

MCH attributes their successful enrollment rate to EAU's ability to build relationships with families. EAU follows up with families on a weekly basis to track individual application statuses and ensure support documentation has been submitted in a timely manner. There is a minimum of one call to the households where phone numbers, including cell phone numbers are available. Being in operation for 24 hours a day, the EAU staff also has the availability to make these calls when it is convenient for the parent.

Soraya Ortega, Eligibility Services Supervisor, talks about how building relationships with families is critical to creating a sustainable in-reach project: "The goal for this project isn't just about taking an application. It's about ensuring the family becomes enrolled then secures a medical home and comes back to us for renewal assistance.

Sometimes families don't understand the Florida KidCare letters, so they will bring them to us, we have a signed Florida KidCare release of information in order to call the helpline, to inquire about their account status, and we are able to help these families."

Word-of-mouth and building trust in a community are positive aspects of this project. EAU's completion of the Florida KidCare application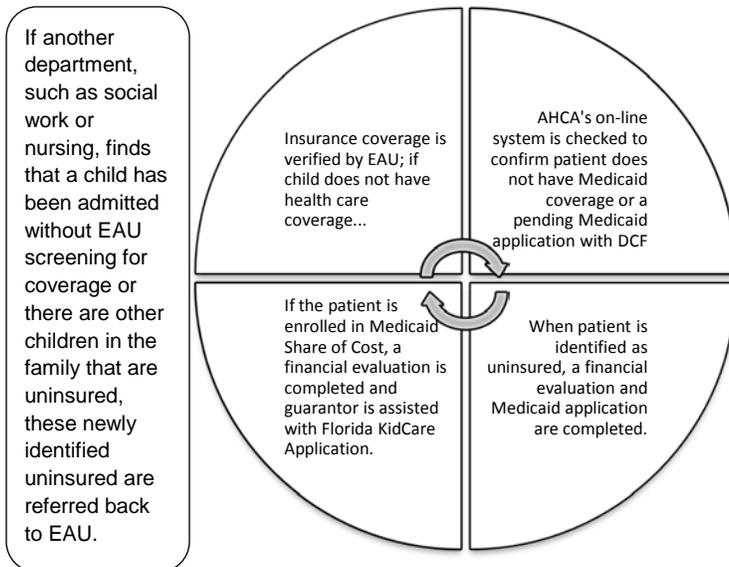 process is to advise a family if they know of anybody in their community – a friend, a family member whose children do not h any type of medical insurance to send the family to MCH for assistance. Soraya believes that t word has gotten around the community. "We've created a bo with some of the families. I have some families whose KidCare application has been approved and they will tell me 'Oh! My cousin moved down to Florida' and I say, 'Okay, bring them over and I will be happy to help them complete an application.' "

> "It's about ensuring the family becomes enrolled then secures a medical home and comes back to us for renewal assistance."
>
> Soraya Ortega, Eligibility Services Supervisor

MCH Tips for Successful In-Reach

If another department, such as social work or nursing, finds that a child has been admitted without EAU screening for coverage or there are other children in the family that are uninsured, these newly identified uninsured are referred back to EAU.

Insurance coverage is verified by EAU; if child does not have health care coverage...

AHCA's on-line system is checked to confirm patient does not have Medicaid coverage or a pending Medicaid application with DCF

If the patient is enrolled in Medicaid Share of Cost, a financial evaluation is completed and guarantor is assisted with Florida KidCare Application.

When patient is identified as uninsured, a financial evaluation and Medicaid application are completed.

Ester Gonzalez, EAU Director shares key aspects of MCH in-reach that have been essential in the success of the project. The first key to successfully completing a Florida KidCare application is in how the program is introduced to families. MCH uses scripts to describe Florida KidCare and the various health benefits children can receive. This ensures all families receive the same information about Florida KidCare.

The second element for a successful in-reach project is to ensure application data is maintained so families can be assisted with follow up. All the Florida KidCare applications that MCH completes are secured, in the EAU office. They are filed by month and date of the application. A print out of every application confirmation is kept also in the file. If a parent calls or EAU staff calls to do follow-up with families, they are able to ask them if they submitted the verification documentation Florida KidCare needs to process their application. Even with hospitals pushing to be paper-free, Ester reveals, "It is better for us to keep a paper copy here so we can track whatever it is that the patient is missing."

The third vital aspect to the MCH project is that the EAU staff is trained to empathize with families; they put themselves in the families' shoes and really take ownership in regards to helping them to access health care for their children. Ester says that it is the little things that make the biggest impact.

"The ability to memorize your patients by name and know that last week you spoke to them and what you had pending was a paystub or Social Security card – it shows these parents that 'Hey, I'm not just a number. I'm more than that, my child means more to them than that.' "

Ester believes that the most valuable asset to a successful in-reach project is to work within an organization that cares about the community and its people. This caring starts at the top with the hospital administration, but the greatest impact is the care of the EAU staff: "I am very proud of my team - just to see the relief on some of the faces of these parents; they know that their child is going to receive health care coverage is indescribable. To take that stress off parents and have these children covered is most gratifying. Ultimately we have saved some lives."

Replicating MCH's In-Reach

Cristina Bonich, Esther Gonzalez (Manager),
Bertha Rivera, Soraya Ortega

A health care facility considering whether to invest time, money and resources into establishing an in-reach program should consider the benefits and drawbacks. To make a decision about whether or not an organization should invest in the development of a process for providing CHIP and Medicaid enrollment and retention assistance begins with a thorough review of patient profile data.

For the year prior to MCH's in-reach project, *Florida Covering Kids & Families* collected data on how many uninsured children were being served within nine of Florida's children's hospitals. MCH was found to have the highest number of uninsured children being served through their emergency room and hospital administration.

If many of the facilities' patients are primarily children from families, who are underinsured or uninsured, they are more likely to be eligible for Medicaid and CHIP. These data findings could mean that an in-reach project could be a benefit for the organization.

On the other hand, if a site's patients are primarily elderly and/or adults who are insured and seeking specialty, elective procedures, they are unlikely to be eligible for public health coverage programs. In this case, an investment of resources to establish an onsite, in-reach project for CHIP and Medicaid may not prove to be a useful asset for the organization.

A thorough review of patient profiles and data, including service utilization rates and expenditures, should be performed over a period of time, prior to concluding that a site would or would not benefit from a system for helping patients obtain health care coverage. (Southern Institute on Children and Families, May 2007)

MCH's in-reach project also has support from FL-CKF and the Florida Association of Children's Hospitals (FACH). This unique collaboration has provided a voice within the health systems devoted to the well-being of children and their families that works to ensure children's access to health care and health care coverage.