

ENSURING CONTINUOUS HEALTH COVERAGE FOR NEW YORK'S CHILDREN

FINAL EVALUATION REPORT

LESSONS FROM THE RETENTION AND ENROLLMENT ASSISTANCE THROUGH COMMUNITY AND HEALTHCARE OUTREACH (REACH-OUT) PROJECT, 2011–2013

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ENSURING CONTINUOUS HEALTH COVERAGE FOR NEW YORK'S CHILDREN Lessons from the Retention and Enrollment Assistance through Community and Healthcare Outreach (REACH-Out) Project, 2011–2013

By Elisabeth Ryden Benjamin, Arianne Slagle, and Amanda Peden

The Community Service Society of New York (CSS)

is an informed, independent, and unwavering voice for positive action representing low-income New Yorkers. CSS addresses the root causes of economic disparity through research, advocacy, and innovative program models that strengthen and benefit all New Yorkers.

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About the Authors

Elisabeth Ryden Benjamin, MSPH, JD is Vice President of Health Initiatives at the Community Service Society. Previously she directed the Reproductive Rights Project at the New York Civil Liberties Union and the Health Law Unit at the Legal Aid Society of New York. She attended Columbia Law School, Harvard School of Public Health, and Brown University.

Arianne Slagle, MPA was Health Policy Director at the Community Service Society until November 2013. She attended New York University's Wagner School of Public Service and the University of Michigan.

Amanda Peden, MPH is Health Policy Associate at the Community Service Society. Previously, she managed children's health policy initiatives for the Oregon Public Health Institute in Portland, Oregon. She attended Portland State University and Whitman College.

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The lessons learned through this project demonstrate the value of leveraging community-based partners to reach target populations, as well as the importance of utilizing multiple forms of outreach to ensure that contact is made prior to enrollee renewal dates.

Executive Summary

New York's public insurance programs are an important source of health insurance coverage for children. Yet, historically, thousands of eligible children lose coverage each month. The complex renewal process and the lack of available assistance for families who need it contribute to this problem. As the state moves forward with implementation of the Affordable Care Act, the effort to enroll New York's uninsured children into quality, affordable health insurance programs is being radically streamlined. As of August, 2014 nearly 350,000 children had enrolled into Medicaid and Child Health Plus through the NY State of Health Marketplace. To maintain these impressive coverage gains, a comparably robust effort must be made to guarantee continuous coverage when children come up for their annual renewal.

In 2011, the Community Service Society of New York (CSS) received funding from the Centers for Medicare and Medicaid under the Children's Health Insurance Program Reauthorization Act (CHIPRA) Outreach and Enrollment grant program to address the issue of retaining children in coverage. In partnership with the NY State Department of Health, the Children's Defense Fund-NY, and the Schuyler Center for Analysis and Advocacy, CSS implemented the Retention and Enrollment Assistance through Community and Healthcare Outreach (REACH-Out) project, resourcing local Facilitated Enrollment (FE)

agencies to provide outreach and assistance to families due to renew coverage in counties with lower than average retention rates. By leveraging seven community partners—Coordinated Care Services, Inc., Health and Welfare Council of Long Island, Healthy Capital District Initiative, Maternal-Infant Services Network, Morris Heights Health Center, Mothers & Babies Perinatal Network, and S2AY Rural Health Network—and employing multiple forms of outreach, project partners were able to improve Medicaid Managed Care retention rates in targeted counties by an average of 13 percent, compared to statewide retention rates, which only improved by an average of three percent. Retention rates for Child Health Plus improved by an average of seven percent as compared to the overall statewide rate, which improved by just under four percent.

The lessons learned through the project demonstrate the importance of using community-based partners to reach target populations through multiple forms of outreach to ensure that contact is made prior to enrollee renewal dates. While the landscape for health insurance renewals has changed considerably since the close of the REACH-Out project and the opening of the NY State of Health Marketplace, a concerted effort will still need to be made to ensure continuity of coverage for all children, and indeed for all New Yorkers.

Introduction

In 2011, advocates and New York State partners identified the Children's Health Insurance Program (CHIPRA) Outreach and Enrollment Grant as an opportunity to explore the impact of community-based interventions on improving New York's retention rates. While New York had made a strong investment in public insurance outreach and enrollment efforts over the years, investments around retention had been less substantial. Consequently, the partners launched the Retention and Enrollment Assistance through Community and Healthcare Outreach (REACH-Out) project with the goal of testing whether targeted, community-based assistance could improve health insurance retention rates for children in New York.

The lack of continuous coverage can result in negative effects for both enrollees and the program itself. Research has shown that a loss of health coverage often leads to disruptions in care, resulting in worse health outcomes and a higher health care costs.

Over 2.1 million poor and low-income children under the age of 19 rely on public insurance programs for the health care they need.¹ At the time of this project, each of these children had to affirmatively renew annually in order to maintain their coverage. Over the years, New York had taken steps to address the complexity of the old renewal process—for example, moving to self-attestation of income and residency in 2008 and instituting phone renewals in 2011—but barriers persisted, including a lack of dedicated funding and support for in-person assistance at renewal. Consequently, in 2011 when the REACH-out project

was implemented, roughly 346,000 children remained uninsured and about one in four children lost coverage each year for not renewing on time.²

The lack of continuous coverage can result in negative effects for both enrollees and the program itself. Research has shown that a loss of health coverage often leads to disruptions in care, resulting in worse health outcomes and a higher health care costs.³ Further, the Affordable Care Act (ACA) now requires that all individuals have health coverage. This means that enrollees who lose coverage and do not re-enroll in a timely fashion may soon face a financial tax penalty. This “churning” also poses a greater administrative burden to the State as former beneficiaries who have been disenrolled must repeat the full initial enrollment procedure to restore coverage.⁴

New York has made significant efforts in public insurance outreach and enrollment. At the height of New York's Facilitated Enrollment program, the state annually funded 1,427 community-based and health plan Facilitated Enrollers (FEs) to enroll low-income New Yorkers into public coverage.⁵ These FEs provided services in more than 60 languages and helped individuals and families complete initial enrollment applications and compile the

Facilitated Enrollment

New York's Facilitated Enrollment program assisted people with enrollment in the state's public health insurance programs: Medicaid, Child Health Plus, and Family Health Plus (a Medicaid expansion program for low-income adults above the Medicaid threshold). Facilitated enrollers (FEs) helped with applications, collecting required documentation, health plan selection, program eligibility screening, and application submission to the Local Department of Social Services or health plan. Now, New York's Navigator program offers these same services to help people enroll in public and private coverage through the NY State of Health Marketplace.

necessary documentation.⁶ In 2010, FEs submitted more than 430,000 public coverage applications for consumers.⁷ However, a corresponding outreach and assistance effort was not nearly as widely available to families seeking to renew coverage.

In response to New York's public insurance retention challenges, The Community Service Society of New York (CSS), in partnership with the State Department of Health (SDOH), the Children's Defense Fund – New York, and the Schuyler Center for Analysis and Advocacy, applied for and received a Children's Health Insurance Program Reauthorization Act (CHIPRA) Outreach and Enrollment Grant to launch the Retention and Enrollment Assistance through Community and Healthcare Outreach (REACH-Out) Project. The REACH-Out Project was designed provide outreach and renewal assistance to families with children enrolled in public health insurance programs to reduce the amount of churn in the state and ensure greater continuity of coverage. Seven FE agencies across the state were selected as REACH-Out partners to focus efforts in counties with the lowest Child Health Plus and Medicaid retention rates, and populations more susceptible to churn (African Americans and Latinos). This report provides an overview of the experiences and outcomes of the REACH-Out Project, describes the lessons learned, and provides a series of recommendations to inform future outreach initiatives around public insurance retention.

Child Health Plus

New York's Children's Health Insurance Program (CHIP) is called Child Health Plus. Nearly all children in New York are eligible for Child Health Plus, regardless of income and immigration status. Children in families with incomes below 400 percent FPL (about \$83,000 for a family of 3) get free or low-cost coverage. Those in families with incomes above 400 percent FPL can purchase coverage at the full monthly premium.

New York's Retention Challenges

New York's ongoing challenges with public insurance retention are well documented in research.⁸ In 2008, the New York State (NYS) Health Foundation in cooperation with the NY State Department of Health commissioned Lake Research Partners ("the Lake study") to determine why children and adults fail to renew in Child Health Plus, Medicaid, and Family Health Plus.⁹ Researchers conducted eight focus groups with former public insurance beneficiaries who remained eligible for public coverage, but had failed to complete the renewal process successfully.

The Lake study offered important insights into the problem of retention. It found that most beneficiaries value their insurance, but view the renewal process as complicated and burdensome. Most do not intentionally drop coverage, and many are not even aware that their coverage has been terminated until they try to use it. The study concluded that individuals in public insurance programs often have complicated lives with competing priorities. For these families, completing and mailing a renewal application on time and without assistance is often not possible. A key recommendation of the Lake study was to engage "recertification facilitators" to help vulnerable families through the renewal process.

Compounding the problem, retention rates in New York vary by several factors, including geographic location and race. In 2009, CSS issued a policy brief, Promoting Equity and Coverage in New York's Public Insurance Program, which conducted an analysis of Medicaid Managed Care retention data from July 2006 to July 2007 and documented racial disparities in renewal rates across counties and plans. At that time, regional variations spanned from a low retention rate of 21 percent in Schuyler County to a high of 73 percent in Rockland County. African Americans also experienced a lower statewide retention rate (59 percent) compared to Whites (61 percent), Latinos (62 percent), and Asian/Pacific Islanders (65 percent).

New York sought to address its churn rate by taking steps to simplify the renewal process for public health insurance. In 2008, New York State moved to allow self-attestation of

income and residency for both Medicaid and Child Health Plus. In 2010, New York City developed the ACCESS NYC online renewal tool. In 2011, the launch of the Statewide Enrollment Center (Enrollment Center) gave some counties outside of New York City the option to submit applications by phone and mail.¹⁰ This replaced the requirement for renewal applications to be submitted in person at the Local Department of Social Services (LDSS), the office that processes Medicaid applications and renewals.

In May 2012, the State Department of Health (SDOH) also implemented an “Express Lane Eligibility” process for children deemed eligible for Medicaid when trying to renew their Child Health Plus coverage. Health plans now forward eligible Child Health Plus renewal applications they receive to the appropriate Medicaid office. The Medicaid office then processes the information provided on the Child Health Plus application to seamlessly enroll the children in Medicaid, or follows up with the family if more information or documentation is required. Previously, Child Health Plus renewal applications would have been returned to the family if a child was found eligible for Medicaid and the family would then have to re-apply for Medicaid with a new application.

Finally, as of November 2014, the NY State of Health Marketplace will begin processing renewals directly through its website, including “administrative renewals” where possible. During the first year of the NY State of Health Marketplace, the state funded 643 Navigators to provide public and private coverage enrollment assistance to New Yorkers, including services formerly provided by FEs. These Navigators and other in-person assistors will also play a critical role in helping New Yorkers renew their coverage.

Despite these significant measures, at the time the REACH-Out project was launched, families still faced challenges with successful completion and submission of renewal applications. In 2010, the overall statewide retention rate for children in Medicaid managed care plans in New York was 68 percent.¹¹ The renewal process remained complicated and burdensome, and there remained few options available to those needing help with the recertification process.

REACH-Out Project Model

The REACH-Out project was made possible through a grant from the Centers for Medicare and Medicaid Services (CMS) Children’s Health Insurance Program Reauthorization Act (CHIPRA) Cycle II Outreach and Enrollment grant. In September 2011, CSS released a request for proposals (RFP) to authorized state-funded Facilitated Enrollment (FE) agencies. Twenty-two proposals were received, which were reviewed by CSS in collaboration with the Schuyler Center for Analysis and Advocacy, and the Children’s Defense Fund – NY, and in consultation with State Department of Health (SDOH). Responses were evaluated based upon two criteria: (1) enrollment history as FE agencies, and (2) proposals to serve REACH-Out target communities – counties with the highest churn rates and disproportionate numbers of racial and ethnic minorities. Ultimately, eight agencies were awarded funding: Coordinated Care Services, Inc., Health and Welfare Council of Long Island, Healthy Capital District Initiative, Maternal-Infant Services Network, Morris Heights Health Center, Mothers & Babies Perinatal Network, S2AY Rural Health Network, and Safe Space NYC. Seven of these agencies participated for the duration of the project.¹²

The goal of the REACH-Out project was two-fold: (1) to increase retention rates for children in New York’s Medicaid and Child Health Plus programs by targeting low-performing counties and racial/ethnic minorities, and (2) to help build a sustainable culture of renewal in New York. To these ends, REACH-Out partners focused their efforts in two areas: (1) proactive outreach to individual families with children due to renew coverage within 90 days, and (2) broad-based outreach in the communities they serve.

To locate individual families due to renew coverage, REACH-Out partners utilized their existing FE enrollment records to identify families with upcoming renewal dates within the next 90 days. Once identified, agencies would make at least three attempts to reach them by: (1) mailing a

reminder post card; (2) sending a reminder text message;¹³ and (3) utilizing a dedicated Retention Specialist to follow up with parents through phone calls or in-person outreach.¹⁴ REACH-Out partners were careful to ensure that all communications were made in the beneficiaries' preferred language, Spanish or English.

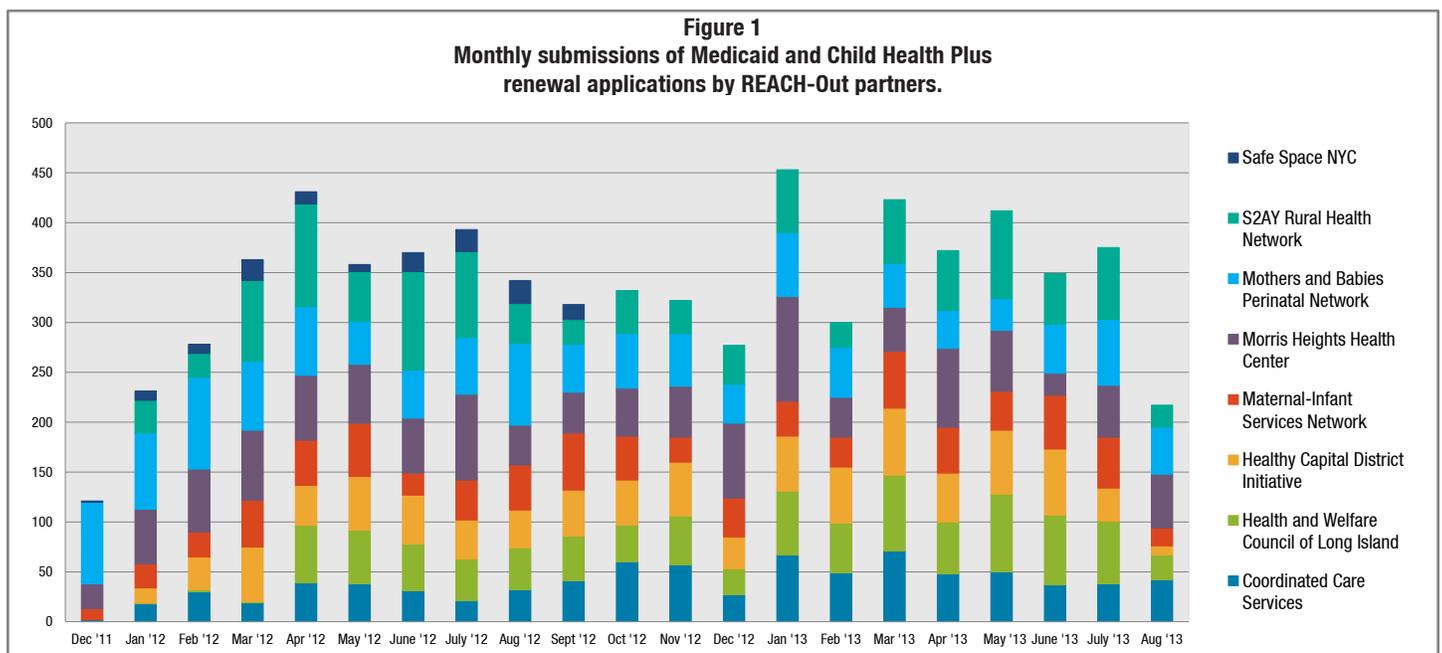
Means of promoting broad-based community outreach differed by agency, with each REACH-Out partner employing a variety of tactics to boost the culture of renewal in the state. This varied from public outreach and dissemination of information at local public events, to more targeted methods of reaching out to a specific population. For example, several partners included REACH-Out flyers in back-to-school packets for parents as a reminder to renew coverage. The school packets also advertised assistance with renewal and provided the agency's contact information. Each partner also offered multiple programs and services and were able to refer clients within their own agency.

CSS developed a unique database to monitor project activities and evaluate the effectiveness of the REACH-Out project. Using this database, partner agencies were able to track and report any outreach conducted or assistance

provided. No personal identifying information was recorded in this database. CSS coordinated with SDOH to match information from this database with state data to identify the number of children assisted by REACH-Out partners who subsequently renewed coverage. CSS also held monthly calls with REACH-Out partners to compare results, share information and discuss best practices.

Through these combined efforts, partners aimed to submit 8,200 renewal applications for Child Health Plus and Medicaid between December 2011 and mid-August 2013. Further, REACH-Out sought to improve retention rates in targeted counties by 15 to 20 percent.

In total, REACH-Out agencies submitted applications for 7,117 children (see Figure 1), 1,083 less than our goal of 8,200. REACH-Out project staff contacted 21,788 children due to renew coverage. Staff made 23,008 phone calls, mailed over 20,728 postcards, and sent 13,621 text messages using a bulk text messaging system. In addition to targeted outreach, REACH-Out partners posted and distributed flyers in doctors' offices, schools, grocery stores, libraries, and community centers. To date, these efforts have resulted in the renewal of Medicaid and Child Health Plus coverage for 3,259 children.



REACH-Out agencies also targeted renewal outreach efforts to African American and Latino enrollees, who experience a disproportionately lower rate of retention than their White (and Asian) counterparts. Of the 7,117 renewal applications submitted for children, 2,306 (32 percent) were for African American or Latino children. Of the 3,259 who resulted in enrollment renewals, 837 (26 percent) were for African-American or Latino children.

Outreach was also targeted towards 10 counties identified to have low retention rates or a high percentage of African-American and Latino residents: Bronx, Erie, Kings, Monroe, Nassau, New York, Onondaga, Orange, Suffolk, and Westchester. Of the 7,117 renewal applications submitted, 3,116 (44 percent) were for children residing in these counties. Of the 3,259 who resulted in enrollment renewals, 1,053 (32 percent) were for children residing in these counties.

It is important to note that these numbers are not entirely indicative of REACH-Out partner efforts. All outreach to families due to renew was conducted at least three months in advance. Therefore, the project experienced a three month startup period during which partners were focused on building outreach that would lead to submitting renewal applications in the future. Similarly, the results of much of the outreach work performed in the last three months of the project will not have been measured as many renewals continued to be submitted after the close of the project reporting period. Excluding the startup months, in total the agencies averaged 364 renewal applications per month.

REACH-Out agencies found it challenging to effectively record all renewals that resulted from partner outreach. It is possible that REACH-Out outreach materials may have triggered many other families to complete and submit their children's renewal applications on their own, without assistance and without contacting the REACH-Out agency. Similarly, some parents may have renewed their children's coverage after seeing a reminder flyer in a child's school packet, or having picked up REACH-Out materials at a community event. In these cases, the REACH-Out agency would have no way to record the impact of their outreach.

It is therefore important to look at statewide retention rates to measure the impact of the REACH-Out project from a holistic perspective, as described in greater detail below.

REACH-Out Project Outcomes

Retention rates increased in target counties

Medicaid retention rates in REACH-Out counties improved by an average of 13 percent, whereas statewide retention rates only improved by an average of three percent (see Table 1). However, it is difficult to determine how much of this improvement was directly attributable to the REACH-Out project because of the additional local and state efforts to improve retention, including efforts and outreach related to the new health insurance marketplace in New York.

Medicaid retention rates in REACH-Out counties improved by an average of 13 percent, whereas statewide retention rates only improved by an average of three percent.

Overall Child Health Plus renewal rates in REACH-Out counties improved by an average of seven percent whereas the overall statewide rate improved by just under four percent (see Table 2). This occurred in spite of the State's implementation of a Medicaid expansion under the Affordable Care Act in November 2011 that allowed children between the ages of 6 and 18 to be income eligible for Medicaid if their families' income falls below 133 percent of the federal poverty level (FPL) (approximately \$27,500 for a family of three). This Medicaid expansion caused more children to be found income-eligible for Medicaid at renewal and thus moved from Child Health Plus to Medicaid, resulting in a dip in retention rates in 2012.

Table 1: Medicaid Managed Care Retention Rates in Counties Served by REACH-Out Partners (including adults)

COUNTY	July 2008-2009	May 2012-2013	% Change
Albany	59%	66%	12%
Allegany	58%	62%	8%
Broome	57%	58%	3%
Chemung	34%	49%	46%
Delaware	31%	62%	99%
Dutchess	63%	66%	4%
Livingston	60%	69%	17%
Monroe	71%	74%	5%
Nassau	54%	75%	39%
NYC	70%	71%	1%
Ontario	63%	66%	5%
Orange	65%	73%	13%
Putnam	56%	67%	20%
Rensselaer	59%	64%	7%
Schenectady	55%	65%	18%
Schuyler	25%	52%	111%
Seneca	65%	68%	4%
Steuben	-	57%	N/A
Suffolk	67%	69%	4%
Sullivan	59%	66%	11%
Tioga	54%	58%	8%
Tompkins	63%	62%	-2%
Ulster	59%	66%	12%
Wayne	66%	69%	5%
Yates	66%	66%	0%
REACH Out	57%	65%	13%
Statewide	68%	70%	3%

Table 2: Child Health Plus Retention Rates in Counties Served by REACH-Out Agencies.

COUNTY	July, Sept, Dec 2010	April-June 2013	% Change
Albany	85%	86%	2%
Allegany	75%	75%	0%
Broome	77%	81%	6%
Chemung	75%	84%	12%
Delaware	76%	81%	6%
Dutchess	80%	85%	6%
Livingston	77%	82%	6%
Monroe	82%	84%	2%
Nassau	83%	81%	-2%
Ontario	82%	85%	3%
Orange	81%	83%	3%
Putnam	84%	89%	7%
Rensselaer	83%	85%	3%
Schenectady	86%	88%	2%
Schuyler	55%	78%	41%
Seneca	75%	89%	20%
Steuben	80%	77%	-3%
Suffolk	81%	83%	2%
Sullivan	80%	84%	5%
Tioga	79%	88%	12%
Tompkins	81%	85%	5%
Ulster	79%	82%	4%
Wayne	80%	83%	4%
Yates	76%	83%	9%
Bronx	70%	78%	12%
Kings	79%	84%	7%
New York	76%	83%	9%
Queens	79%	83%	6%
REACH Out Average	78%	83%	7%
Statewide Average	80%	84%	4%

Retention rates increased in target populations¹⁵

Retention rates also increased by three percent for both African-American and Hispanic enrollees in Medicaid Managed Care statewide (see Table 3). CSS was unable to attain county retention rates by race and ethnicity and so was not able to compare the target populations in REACH-Out counties with the statewide average. However, because the REACH-Out program operates in counties with high concentrations of African-American and Hispanic populations, it is likely that the positive effects of the program contributed to the overall increase.

Race/Ethnicity	Jan. 2011- Jan 2012	Sept. 2012- Sept. 2013	% Change
Asian/PI	69.3%	74.0%	7%
African-American	65.6%	67.6%	3%
Latino	68.6%	70.9%	3%
Native American	70.4%	70.9%	1%
White	67.6%	67.0%	-1%
Other/Unknown	65.0%	69.8%	7%
Statewide Average	67.6%	70.0%	4%

Client satisfaction

Overall, the agencies reported a high overall satisfaction rate from clients. A survey of 100 anonymous participants in the first year of the project found that the vast majority of families perceived the assistance they received to be “very helpful” (see Figure 2).

When specifically asked about the outreach that brought them in, most clients responded that they found all three forms of outreach—postcards, phone calls and text messages—to be helpful (see Figure 3). Importantly, when asked if they wanted REACH-Out to help them again next year, 94 percent of respondents said “yes.”

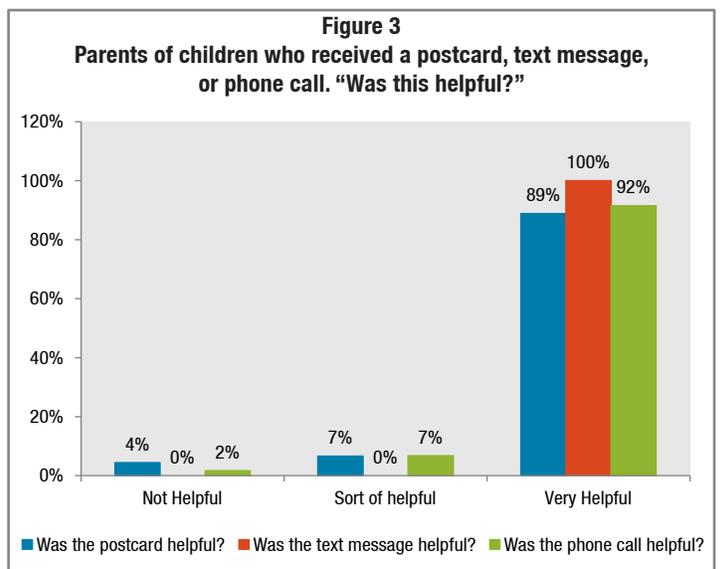
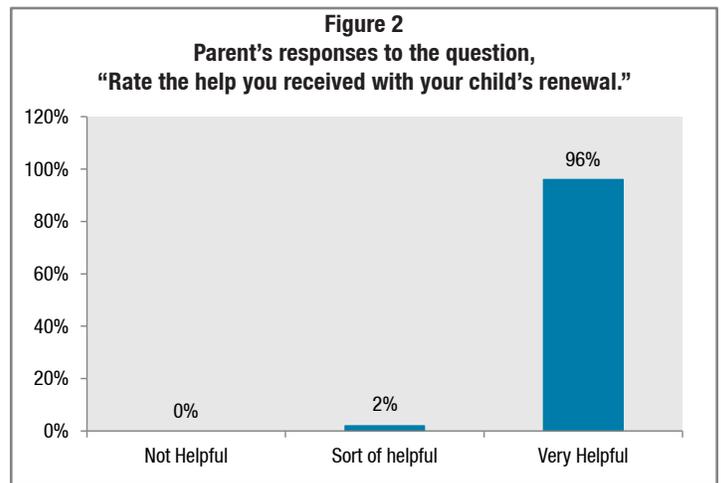
Clients were also asked the open-ended question: “Is there anything you would like us to know?” Those who took the time to fill out the responses in their own words had only positive things to say. For example:

“The reminder calls, the cards, the personal service was so amazing. Thank you so much!”—Respondent from the Hudson Valley

“My husband and I both work hard at our jobs and we are very grateful that there is help with the family healthcare. Thank you for all you do.”—Respondent from Long Island

“You are very important to a bunch of people, and thank you”—Respondent from Western New York

“Your service is greatly appreciated in dealing with all the paperwork.”—Respondent from Long Island



Lessons Learned & Recommendations

Since the start of the REACH-Out program, the landscape for insurance enrollment and renewals has changed dramatically. As a result of the Affordable Care Act (ACA), New York opened its NY State of Health Marketplace on October 1, 2013. As of September 2014, over 1.5 million New Yorkers had enrolled through the marketplace, over two-thirds of whom enrolled in public coverage.¹⁶ Starting in November 2014, renewals will begin directly through the NY State of Health website.

Importantly, the number of consumer-friendly tools to facilitate the renewal process for Medicaid and Child Health Plus beneficiaries has grown. Along with the NY State of Health marketplace, consumers now have access to a statewide call-center and a network of community-based Navigators and other in-person assistors available in every county to help with enrollment and renewals. The state has also undertaken a multi-million dollar advertising campaign to improve the visibility and features of the marketplace. Health plans too have upped the ante on community outreach. Yet, while a heavy investment has been made to promote ease of use and to maximize enrollment through the insurance marketplace, the State will also need to ensure that the renewal of health coverage is equally streamlined to ensure that all New Yorkers who get coverage remain covered.

Outside of the new online insurance marketplace interface, the experiences and lessons learned via the REACH-Out project can potentially lend some insight into the strategies and tactics for outreach that would be most effective for families who need to renew public insurance coverage. This information may also be of use to other states who may wish to implement similar efforts around renewal. Two lessons from the research project may inform future public insurance renewal efforts.

Leverage community-based partners

Community-based organizations and facilitated enrollment agencies, like the REACH-Out partners, offer a vital bridge to low-income and often underserved populations. Many families who feel intimidated by the insurance application process may also experience deterrents to renewal, such as fear or mistrust of the government, misinformation on eligibility or costs, or language barriers. In most cases, community-based organizations have existing relationships with community members and employ local staff. For many in the community, these groups can serve as a trusted source of assistance and information.

For example, in the wake of the Hurricane Sandy disaster of October 2012, one REACH-Out group—the Health and Welfare Council of Long Island (HWCLI)—was able to play an integral role in the disaster response and recovery efforts on Long Island. REACH-Out staff at HWCLI served as an essential connection for many families needing disaster assistance. At the same time, CSS, the HWCLI and other consumer advocates were able to work closely with the State to secure Medicaid and CHIP renewal deadline extensions for families affected by the storm to prevent gaps in coverage.

Community-based assistors are and will continue to be vital to ensuring vulnerable and hard-to-reach populations are able to successfully navigate the insurance system and keep their coverage. As implementation of the ACA continues to roll out, agencies that formerly operated as FEs and now act as Navigators have undertaken new tasks related to private subsidized coverage offered in the NY State of Health insurance marketplace. Moving forward, these same agencies will take on increasingly complex tasks related to renewal assistance and integrating New York's existing public programs with a potential Basic Health Program. Because FEs established themselves as a trusted source of help through the REACH-Out project, community members are likely to return to these agencies for help in the future.

Utilize multiple forms of outreach

The REACH-Out project demonstrated that a combination of targeted outreach methods—in this case, postcard, phone, and text—is an effective tactic to reach families up for renewal. While not every potential client may require outreach in three different forms, the availability of multiple outlets increases the likelihood of a response. For example, if someone changes their address but keeps the same cell phone number, a postcard mailed to them might not be delivered whereas a phone call or text message would (or vice versa). Therefore, it is important to use multiple outreach strategies to cast a wide net.

Importantly, the number of consumer-friendly tools to facilitate the renewal process for Medicaid and Child Health Plus beneficiaries has grown. Along with the NY State of Health marketplace, consumers now have access to a statewide call-center and a network of community-based Navigators and other in-person assistors available in every county to help with enrollment and renewals.

Community-based outreach too, while its effects are not as easily measured, can be a valuable tool for promoting messages. REACH-Out partners were able to drum up renewals by tabling at local events, and posting bilingual materials in school-packets, and places like doctor’s offices and grocery stores. While larger-scale efforts such as paid advertising can certainly be effective for mobilizing the

mass populace, low-income, immigrant and underserved communities may be more responsive to smaller-scale efforts that are able to cater more effectively to individual communities.

Outreach and enrollment projects should creatively respond to a family’s needs. For the REACH-Out project, it was the community-based partners that knew their communities best and were able to develop innovative methods for conducting general and targeted outreach. For example, recognizing that parents are more likely to give attention to something with their own handwriting on it, one REACH-Out agency began asking parents who renew their children’s coverage to self-address a postcard for the agency to send the following year. This best practice was shared during one of the monthly project calls and was quickly adopted by the other REACH-Out agencies.

Differences in the communities being served required a great deal of flexibility from the REACH-Out project. For example, initially, partners set out with a dedicated Retention Specialist at each agency to conduct both outreach and assistance with applications. However, within the first few months of conducting outreach and assistance, it became clear to some of the partners that having a dedicated Retention Specialist may not be the most effective use of staff time. With most agencies serving several counties, having one person driving back and forth between counties to provide assistance for all renewal applications ended up resulting in wasted travel time. To compensate, six REACH-Out partners chose to restructure their staff to have their Retention Specialist focus solely on outreach and have facilitated enrollers, who already have established relationships in the communities they serve, assist families with renewal application. This structure was particularly needed in geographically dispersed areas.

Conclusion

New York’s public insurance programs provide high quality health coverage for children. Yet, its complex renewal process has resulted in as many as 30 percent of children needlessly fail to renew coverage each year. Prior to the implementation of its NY State of Health Marketplace, the State had made great strides to simplify and streamline annual renewal, but more needed to be done to ensure that all children remain covered.

The REACH-Out project was able to demonstrate that targeted outreach to current public insurance enrollees in low-performing counties can result in substantial increases in renewal rates in those counties. By leveraging partners within the local community, using multiple forms of outreach to contact enrollees due for renewal within 90 days, and offering renewal assistance, REACH-Out partners achieved a higher rate of increase in retention rates in traditionally low-performing counties than the overall statewide rate.

The NY State of Health Marketplace intends to “administratively renew” as many children as possible, potentially eliminating the need for intensive reminders. That said, community-based Navigators will play a vital role assisting families due to renew. Leveraging these trusted Navigators, who are best positioned to use multiple forms of reminders, is the optimal way to ensure that continuous children’s coverage is achieved.

NOTES

1. Around 1.8 million of these children are enrolled in Medicaid and another 340,000 in Child Health Plus, New York's Child Health Insurance Program (CHIP). Source: NYS DOH; Medicaid data from December 2011, Child Health Plus data from December 2012.
2. Statehealthfacts.org, "New York: Insurance Coverage of Children 0-18 (2010-2011). Accessed August 15, 2013.
3. Bindman, A., et al. "Medicaid re-enrollment policies and children's risk of hospitalizations for ambulatory care sensitive conditions." *Med Care*. 2008;46(10):1049-54. Bindman, A., et al. "Interruptions in Medicaid Coverage and Risk for Hospitalization for Ambulatory Care-Sensitive Conditions." *Ann. Intl. Med.* 2008; 149: 854-60.
4. Ku L., MacTaggart P, Pervez F, Rosenbaum S. "Improving Medicaid's Continuity and Quality of Care," Association for Community Affiliated Plans, July 2009. <http://www.communityplans.net/Portals/0/ACAP%20Docs/ACAP%20MCQA%20Report.pdf>
5. DeJung, Trilby, Elisabeth Benjamin and Carrie Tracy, "Connecting Consumers to Coverage: The Role of Navigators and Consumer Assistance Programs in Implementing Health Reform in New York," New York State Health Foundation, September 2011.
6. *Id.*
7. *Id.*
8. Michael Perry, Lake Research Partners, "Reducing Enrollee Churning in Medicaid, Child Health Plus, and Family Health Plus: Findings from Eight Focus Groups with Recently Disenrolled Individuals," NYSHF, February 2009. <http://nyshealthfoundation.org/uploads/resources/reducing-enrollee-churning-february-2009.pdf>
9. *Id.*
10. In June 2011, New York began the roll out of the Statewide Enrollment Center, which has been established to centralize enrollment and renewal processes for the entire state. It now operates in 31 of New York's 62 counties.
11. NYS DOH, Medicaid Managed Care Plan Retention rates, November 2009 - November 2010.
12. In October 2012, Safe Space NYC ceased to participate in the project.
13. REACH-Out agencies use a bulk text messaging system, upload a list of phone numbers for families that have children due to renew coverage and send them a reminder message: "Your child's health insurance renewal is due soon. Call [NAME] at [REACH-OUT AGENCY] for help renewing: [PHONE NUMBER]. Reply STOP to opt out."
14. Initially, dedicated Retention Specialists were also assigned to help families complete renewal applications. But this staffing structure was modified over the course of the project at most of the agencies. (See Lessons Learned.)
15. Child Health Plus retention rates by race were unavailable at this time.
16. Implementing Federal Health Care Reform: A Roadmap for New York.

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