

Re-enrollment System/Process

*After enrollment took off, the State turned its attention to re-enrollment with much in its favor. Because North Carolina had adopted **continuous eligibility**, children would only need to re-enroll annually. The State could adapt a process and materials that were being used for Medicaid. As with enrollment, the State adopted a mail-in re-enrollment form, which it sent families two months before coverage was scheduled to end. Follow-up notices were sent from the local DSS and the State at designated times. If the re-enrollment form was not returned by the 25th of the 11th month, the local DSS sent a **timely notice** to the family advising them that they risked losing benefits unless the form was returned. Four workdays prior to the end of the 12th month, the State mailed a **termination notice** if re-enrollment had not occurred.¹*

Despite all this, there was concern that re-enrollment would be a major challenge and that additional steps would be needed at the state and local levels to encourage families to re-enroll.

The State began by plugging re-enrollment messages into state-sponsored television and radio public service announcements, and by encouraging providers and their staffs to check health plan cards for termination dates and remind families to re-enroll. The State also encouraged local coalitions and agencies to undertake complementary strategies to enhance the efforts that were already underway. A survey conducted by the State in the spring of 2000 indicated that counties were actively engaged in such activities. Among them were: discussing the annual re-enrollment process at the time of enrollment; sending personalized letters and postcards; deputizing volunteers and/or other community agency staff to do personal follow-up with families due to re-enroll; conducting personal follow-up through departments of social services; encouraging outstationed workers to assist families complete re-enrollment forms; and having local Health Check Coordinators (outreach workers) encourage families to re-enroll.

In the summer of 2000, the State added a reminder postcard to its sequence of communications. Approximately three weeks after they had been sent their enrollment form, families were sent the postcard emphasizing the importance of access to medical care for their children and urging families to return the form if they hadn't already. When the freeze on enrollment in Health Choice was to take effect, the State stepped up its efforts further, sending families a letter notifying them of the upcoming freeze and the importance of timely re-enrollment so that their children would not lose coverage.

We at Covering Kids assisted the State with re-enrollment in a number of different ways. We examined the re-enrollment process and communications to families, identifying ways to better coordinate and improve on the materials and messages that were being sent by the State and local departments of social services.

The Buncombe Pilot focused on retaining children in the program, trying out various strategies, including a personal reminder letter, an auto-dialer message, follow-up by phone, and hanging posters in provider offices. Results from a 22-month study suggest that the personal reminder letter sent with a second re-enrollment form had an impact on re-enrollment. Approximately 22% of those who received the reminder used the application that was attached to re-enroll in the program.

To facilitate communications with families and support workers in their efforts to re-enroll children, Buncombe adapted its infrastructure, including its computer system that had aided enrollment. Caseworkers could use the system to log receipt of re-enrollment forms, and to generate the reminder letters, notices and the automated telephone calls to families who had not returned re-enrollment materials. More recently, the Pilot also developed a method of downloading re-enrollment information from the State's **Data Warehouse** into its local Access database. Over time, other Pilots took steps to enhance re-enrollment as well. Strategies

¹ Families have a grace period, i.e., the first 10 calendar days of the month following the end of the enrollment period.

employed by Cabarrus and Edgecombe, primarily in response to the freeze, are described in the next section where we look at re-enrollment rates.

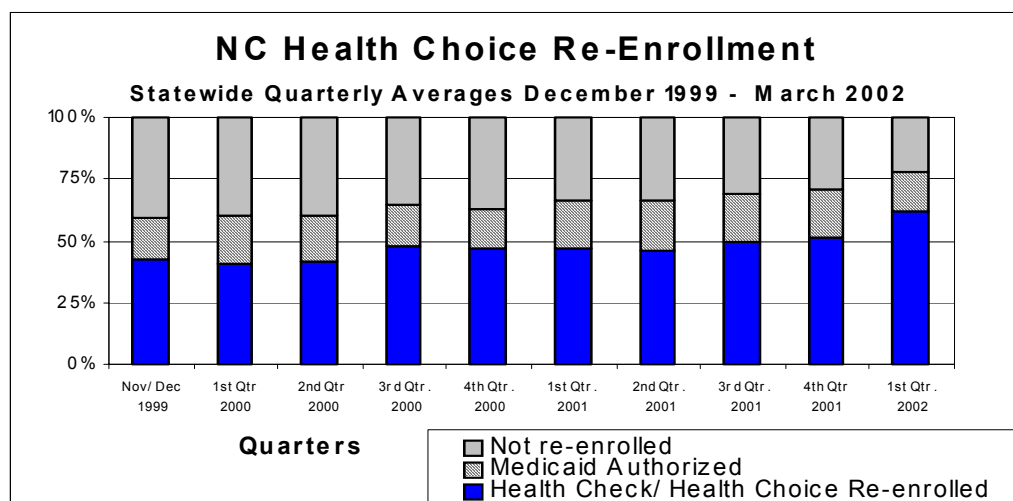
In addition to examining the enrollment process and existing materials, and trying out various strategies, we at Covering Kids compiled and analyzed data to monitor the re-enrollment experience and designed new re-enrollment materials. To gain a better understanding of how families perceived the program, the reasons families were not re-enrolling their children, and to get feedback and ideas on the renewal process and materials, we conducted focus groups. Based on our findings and input from other sources, we recommended and helped the State implement some modifications to the re-enrollment process and the materials.

Below we highlight some of what we have learned about re-enrollment from the data, our experiences, and the focus groups. Then we outline the re-enrollment process ultimately adopted by a State Re-enrollment Work Group based on our recommendations and the input of others.

State and Pilot County Experiences.

We examined re-enrollment by looking at the outcome for children who are “on file for recertification” in Health Choice. As shown on the graph (See Exhibit C), a large percent of children were authorized for children’s Medicaid (Health Check), rather than re-enrolled in Health Choice. Of the children who were due for recertification in Health Choice in 2001, approximately 20% were authorized for Medicaid (approximately 49% were re-enrolled in Health Choice). One can see that the percent of those that remained covered (re-enrolled in Health Choice or authorized for Medicaid) is fairly significant (approximately 69% in 2001); and that it has increased dramatically over time - from 59% in November/December 1999 to nearly 71% in the 4th quarter of 2001 and to 78% in the 1st quarter of 2002. (Note: When we look at re-enrollment, we include those who have re-enrolled within a month of the time they are due for re-certification. In the remainder of this section, re-enrollment rates include children who were authorized for Medicaid along with those who were re-enrolled in Health Choice, i.e., those who remained covered in the publicly funded programs.)

Exhibit C



Not surprisingly, the re-enrollment rate for Buncombe - the Pilot County that incorporated re-enrollment strategies and an infrastructure to facilitate communications and follow up with families early on - was relatively high. The County achieved a re-enrollment rate of 66-67% in the 2nd, 3rd and 4th quarters of 2000. In the 1st quarter of 2001, re-enrollment reached 71%. The rate in subsequent quarters tracked has ranged from 69 - 88%. The high of 88% was achieved in the 1st quarter of 2002. (See Exhibit D.)

In looking at the graph, one can see that in the quarter after the freeze on enrollment in Health Choice went into effect (1st quarter of 2001), the State re-enrollment rate began to rise. It increased from 63% in the quarter prior to the freeze to 66% and 67% in the two quarters after the freeze. The rise in the State's overall rate was undoubtedly largely due to a letter that the State sent families telling them of the freeze on new enrollment and the importance of re-enrolling on time. It is interesting to note that the State rate continued to climb to 71% in the 4th quarter of 2001 (the same as Buncombe's) and to 78% in the 1st quarter of 2002.

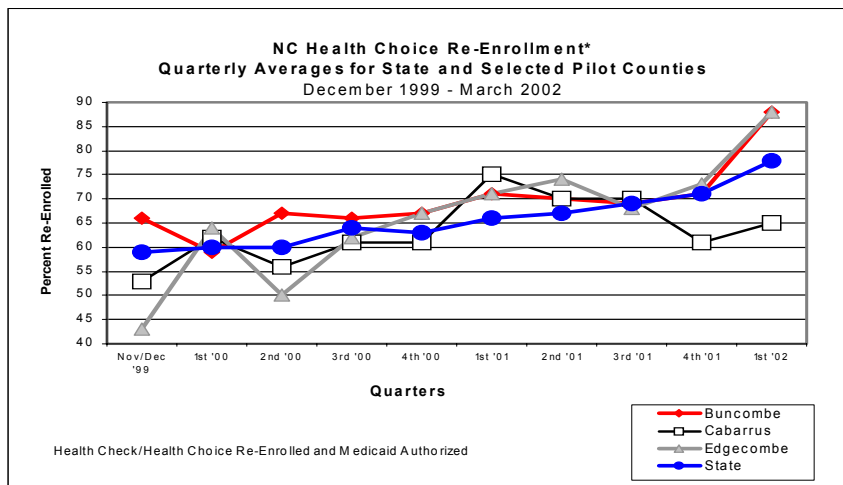


Exhibit D

With re-enrollment at 75%, Cabarrus exceeded the Buncombe and State rates in the quarter after the freeze went into effect. And with a rate of 71%, Edgecombe equaled Buncombe's rate and exceeded the State's. The major jumps in the 1st quarter in Cabarrus and Edgecombe presumably resulted from the measures undertaken to encourage families to re-enroll their children. In addition to the letter that was sent by the State to families noted above, the Cabarrus Pilot sent a letter to enrollees telling them the importance of completing their re-enrollment form and warning them that they would lose medical coverage for their children if they did not re-enroll on time. Families who had not re-enrolled received reminder phone calls and, in some cases, home visits. In Edgecombe, an outreach worker called families whose children were due to re-enroll and sent reminder letters to those not reached. Like Buncombe, Edgecombe achieved a re-enrollment rate of 88% in the 1st quarter of 2002.

As evident from above, State-generated reports have been useful in tracking re-enrollment rates over time. The reports have helped us to begin to understand the reasons some families did not re-enroll as well. From the data, it appears that a substantial number of those who were "on file" for Health Choice recertification were determined ineligible for the program. Some were deemed qualified for "extended coverage" (available to those who earn 200-225% of the federal poverty line, for purchase); others were determined ineligible for such reasons as income, age, they had other insurance, they had moved out of North Carolina, or were deceased. In the last six months of 2001, for example, approximately 6.8% of those who did not re-enroll were qualified for "extended coverage"; and approximately 8.6% were determined ineligible for such reasons as income, age, they had other insurance, they had moved out of North Carolina, or were deceased. (During that period, approximately 30% of those "on file" for Health Choice recertification were not re-enrolled in Health Choice or authorized for Medicaid.)

The results of a national study on retention and disenrollment in SCHIP and our own work with focus groups leads us to believe that many of the other disenrollees probably self-

determined that they were no longer eligible and didn't submit renewal forms for determination.²

Focus Groups

In the winter of 2001, we conducted focus groups with parents in order to gain a better understanding of how families perceived the program and the reasons some families were not re-enrolling their children; to get feedback on re-enrollment materials; and to generate ideas to enhance retention. Two focus groups were conducted in Buncombe County, and one in-depth dyad (two-person interview) in Forsyth County. Among our findings were the following.³

Level of satisfaction with the program was not a factor in participants' decisions not to re-enroll. Participants said they were very satisfied with the care their children received under Health Check/Health Choice and that they wanted to keep their children insured under the program. They felt their children were healthier and they had more peace of mind as a result of the insurance.

The decision not to re-enroll often was based on the family's circumstance at re-enrollment time. Their reasons for failing to re-enroll related to their unpredictable and unstable life situation, which impacted their real or perceived eligibility for Health Check/Health Choice. One woman said her husband moved back into the house, and she believed his added income made the children ineligible for benefits. (Her husband, subsequently, moved out again.) A man's grandchildren were covered under Health Check when they were living with him. When the re-enrollment application came in the mail, the children were living at their mother's home so he didn't fill it out. A woman said she was unable to pay the \$50 re-enrollment fee. Another woman was in the hospital for 3 months and did not see the re-enrollment letter until the deadline was past.

Some participants determined on their own – or based on conversations with DSS staff – that they were not eligible. They didn't send in their paperwork for an official determination.

When they initially enrolled, participants knew that they would have to re-enroll each year. They recalled receiving the existing re-enrollment materials in the mail.

Participants were asked to review existing re-enrollment materials: the re-enrollment packet; a postcard reminder; the **8110/timely notice**⁴, and the **termination/adequate notice**.⁵ In general, they felt that existing re-enrollment materials looked complex and uninviting ("gobbledygook" and "bureaucratic"). This first impression, led some to put the re-enrollment packet aside and forget about it until they received the "cancellation" notice in the mail. Many said they were confused by the State's reminder postcard that arrived even if they had already returned the form and for some before the form was received. Participants appreciated the mail-in re-enrollment form. For many, the form itself was not difficult to complete.

Participants examined newly created (draft) materials: postcards with different graphics and messages alerting them that a re-enrollment packet would be arriving soon; a re-enrollment letter and a cover to the re-enrollment form; a **time is running out/personal note**; and an auto-dialer telephone message intended for those who had not yet sent in their re-enrollment form.

Participants preferred high contrast, simple materials with concise messages and more "white space." They liked brightly colored graphics and favored using the same graphic themes throughout the materials in order to make them readily identifiable. They thought that: "less was better"; bare-bones information essential to the task at hand should be featured up front and in everyday language; and that the exact date the re-enrollment form

² Riley, T., Pernice, C., Perry, M., & Kannel, S. (2002). Why eligible children lose or leave SCHIP: Findings from a comprehensive study of retention and disenrollment. Washington, DC: National Academy for State Health Policy.

³ For a description of the focus group study and more detailed findings see: Bloom, D. & Teplin, S. (2001). NC Covering Kids Re-enrollment Focus Group Report. Raleigh, NC: The North Carolina Foundation for Advanced Health Programs, Inc.

⁴ Informs the recipient that benefits will stop unless they respond or ask for a hearing within 10 days.

⁵ The "termination/adequate" notice was included in the Buncombe County focus group packets, not in the packets distributed to the Forsyth dyad.

needed to be returned and the date the current health insurance would expire should be presented in a simple, straightforward way, and made to stand out. They felt that parents/guardians should be told what they needed to do, by when, why, and who to call with questions (name and number).

Participants wanted materials to include a list of specific benefits and the ages covered (presented so stand out/easily noticed). Some Health Check participants did not know that prescription drugs, mental health benefits or medical equipment and supplies were covered under the plan.

Favorite phrases included: "Better health for your children...peace of mind for you" and "Re-enroll now! It's one of the best things you'll ever do." Participants were drawn to images of active children and for Buncombe participants "little doc" (Buncombe County's mascot).

Participants liked the following sequence of communications: a postcard alerting them to watch for the re-enrollment packet; the re-enrollment packet in an envelope with the Health Check/Health Choice logo and the message that important re-enrollment information was enclosed; a small and concise, personal note that could be posted on a refrigerator telling them that "time is running out" in an envelope with the Health Check/Health Choice logo and a message alerting them that this was their last chance to re-enroll; and an auto-dialer telephone message directed at those who had still not re-enrolled. Participants suggested offering opportunities for group re-enrollments and re-enrollment on-line.

Lessons Learned

- The re-enrollment situation for Health Choice is significantly better than it first appears. When one considers the children who are authorized for Medicaid along with those re-enrolled in Health Choice, the re-enrollment rate is substantially higher than if one considered Health Choice alone. Approximately 70% of those "on file" for Health Choice recertification in 2001 re-enrolled in Health Choice or were authorized for Medicaid. As discussed earlier, based on the State data that is available, a re-enrollment study published by the National Academy for State Health Policy and our own work with focus groups, we believe that a significant portion of the 30% who didn't re-enroll is probably not eligible.
- The re-enrollment rate has improved dramatically over time. The positive trend for the state has continued through the freeze – and after it was lifted. The re-enrollment rate in the 1st quarter of 2002 for the state overall was 78% (compared with 59% in November/December 1999). The rate in both Buncombe and Edgecombe was 88% during the 1st quarter of 2002. In November/December 1999, Buncombe's rate was 66% and Edgecombe's was 43%. (Rates include Health Choice children who were authorized for Medicaid.)

Strategies undertaken by Buncombe County prior to the freeze on enrollment in Health Choice, and by the State and other Pilot Counties in connection to the freeze, appear to have had a major impact on re-enrollment.

- There are some concrete steps that can be taken to reduce confusion and encourage families to re-enroll. These involve changing the sequence of communications and redesigning materials to be clearer and more appealing. Refer to the previous section for the input we received from focus group participants. As we think about enrollment and taking steps to enhance re-enrollment, we are reminded of a poster with a picture of a needle in a haystack with the caption "Customer Care. It Takes Months to Find A Customer...Seconds to Lose One."⁶
- Technology/automation can help personalize communications and ease tracking and follow-up with families who have not re-enrolled. The software that facilitated communications with families and assisted staff with re-enrollment in the Buncombe Pilot could be packaged, affordable, and usable by other counties.
- Close coordination (the **seamlessness**) between Health Choice and Health Check appears to play a critical role in keeping children covered. As we examined the Health Choice re-enrollment data, we were struck by the critical role that the seamlessness between the two

⁶ Corporate Impressions 1997, Successories, Inc.

programs seems to play in keeping children covered. (Children who are up for Health Choice renewal can be easily authorized for Medicaid if the family situation has changed and they meet the income eligibility guidelines for Health Check rather than Health Choice.) While we don't have comparable re-enrollment information for Health Check enrollees, other data suggest that many children are also moved from Health Check to Health Choice. According to data from the Medicaid eligibility files, 38.48% of the children that were in Health Choice during the first year of the program – or 22,912 – came directly from the Medicaid program (defined as having 31 days or less between the last covered day on Medicaid and the first covered day on Health Choice).⁷

Conclusions and Recommendations

Through our work, we saw how we can enhance re-enrollment by adopting various strategies; making some changes in the sequence of communications and materials sent to families; better coordinating state and local systems so that they are complementary and reinforcing; and through the use of technology.

While we feel that personal phone calls (and home visits) that remind and assist families in re-enrolling can boost re-enrollment rates, we recognize that it is unrealistic for county agencies to maintain such labor-intensive activities on an ongoing basis. Consequently, in the sequence of communications recommended to the State Re-enrollment Work Group, we suggested the less costly auto-dialer with its pre-recorded message as an alternative to the more personal touch.

The process, ultimately developed by the State Work Group with input from Covering Kids, is outlined in Exhibit E. The Workgroup, which is now taking the lead on improving re-enrollment in North Carolina, is broad-based and includes former staff from the Covering Kids project.

The State has moved quickly to implement recommendations that are cost-neutral and fairly easy to adopt e.g., sending a eye-catching postcard that alerts families to look for the soon-to-arrive re-enrollment form and encouraging them to re-enroll (replaces a postcard that was being sent later in the process), and adding a re-enrollment message to the outside of the envelope that contains the re-enrollment form. The State has been rewriting notices that families receive regarding the ending of their benefits to be more understandable, redesigning the re-enrollment form and developing a "time-is-running out"/personal note.

Currently, the reports that are generated by the State, which have allowed us to monitor re-enrollment rates for Health Choice, are not being produced for Health Check. These reports would be extremely helpful in determining re-enrollment levels and trends within that program as well. We encourage the State to generate comparable reports for Health Check.

See Appendix I1-4 for re-enrollment materials: the State's re-enrollment postcard (based on focus-group tested postcards/adapted to comply with budget and design constraints); the State's re-enrollment envelope (also based on focus-group tested materials); Time-is-Running-Out/Personal Note (based on focus-group tested materials); sample auto-dialer message developed by the Buncombe Pilot (focus-group tested).

⁷ This data was taken from the Annual Report of State Children's Health Insurance Plans that North Carolina submitted to the federal government for the FFY 1999.

EXHIBIT E

Refinement of Re-enrollment Process

All materials should have consistent graphics, messages and colors.

1

Advance Postcard

"Keep Your Kids Insured"

State Material

2

Re-Enrollment Form

Pre-printed, re-enrollment form.

(Revised DMA 5063).

Outside envelope with logo & message.

Return envelope: addressed/pre-paid postage.

State Materials

#3

Reminder Packet

Personal note and DSS 8110 (new/timely notice) or merged version of these two forms.

Outside envelope with logo and message.

Another re-enrollment form/return envelope.

State Materials, Sent Locally

#4

Optional – Auto dialer

Local Materials

#5

Re-write Final Termination Notice

State Materials