

## Simplification

### **Enrollment System/Process**

*When the Covering Kids grant was awarded, the State had already done much to simplify the enrollment process for families: It had adopted a two-page mail-in application that combined Health Check and Health Choice and had eliminated an assets test. Our job was to take things a step – or two – further.*

Buncombe County took the lead on refining the application to be more appealing and user friendly, and putting a local “infrastructure” in place that provided families with ready access to Health Check/Health Choice applications and information, assistance in completing applications by phone, and follow up. This infrastructure essentially took over where outreach left off - in facilitating enrollment for families. A Call Center, an Application Specialist and a computerized database system that relies on Microsoft Access were its key components. Buncombe also established a method of covering enrollment fees for families unable to pay.

**The Application.** Working with consultants, the Buncombe Pilot designed an alternative application in 1999 that it field-tested in 2000. This application served as the starting point for a new State application that was created with input from a statewide work group. We at Covering Kids assisted the Division of Medical Assistance (DMA) with the new application by providing literacy and graphic design assistance, focus group testing with parents (in Cabarrus County) and other input. The new application eliminates unnecessary information included in the earlier application and incorporates new requirements. (See the State’s revised application in Appendix H)

**Buncombe Call Center.** Twenty-four hours a day, families can call to obtain an application by mail and get answers to basic questions. The number is widely publicized on flyers and other outreach materials. During the day, the Call Center number rings into the Department of Social Services (DSS). After hours, information and referral staff from the United Way of Asheville-Buncombe County (who “man” the 211 phone line) answer calls to the hotline. 211 staff can mail applications and answer basic questions.

With the aid of a computerized system, calls are logged, applications are mailed with a letter thanking the caller and giving the caller the option of contacting the Application Specialist for further assistance, and follow-up is conducted. If a caller has a question that the Call Center staff cannot answer or if s/he wants assistance in completing an application, staff refers the call to the Application Specialist (described below). The Pilot created a customer-service manual/notebook to train and serve as a reference for call staff that respond to calls.

The Call Center has proven to be very popular. During the period January 1999 through December 2001, the Center received approximately 2700 calls. The Call Center has provided valuable insights into various outreach strategies employed by Buncombe County. Each caller is asked how s/he heard about the program. These results are logged in the database and strategies are evaluated for effectiveness. This process has helped to define and refine strategies for implementation/replication throughout the state.

**The Application Specialist.** The Application Specialist, a customer-oriented eligibility worker (DSS employee), works out of the local medical society’s office and is readily accessible by phone. She answers detailed questions for families referred by the Call Center, the outreach worker who actively markets the program in the field, and those involved in outreach and enrollment in medical offices, schools, businesses and elsewhere. She completes applications with families by phone (mails to parents for signature and needed documentation) and determines eligibility. She is available to call families at their convenience (after hours and weekends) and follows up with families who have been sent but have not returned their applications.

In addition, the Application Specialist provides a direct link to funds that cover enrollment fees for Health Choice eligible families who are unable to pay. (See later section, Assistance with the Health Choice Enrollment Fee.)

**Technology.** A computerized system that relies on a Microsoft Access database helps the DSS provide the follow-up and follow-through that seems to be needed with many families - in a personal, timely and efficient manner. The system: stores call center information (name, address, telephone number, and application number); prepares customized letters with consistent information and messages that are readily identified with the program (logo, mascot); logs applications received through the mail; prepares letters to applicants acknowledging receipt of the application (including the name of the caseworker); tracks applications mailed but not received; sends follow-up letters; generates a list of families for the Application Specialist to call; creates an enrollment fee letter; and tracks enrollment fees for the finance department. As discussed later, this system is also utilized in the re-enrollment process.

**Assistance with the Health Choice Enrollment Fee.** Early on it became apparent that for many families the Health Choice enrollment fee was a significant barrier to enrollment (\$50 per child/maximum of \$100 per family whose incomes are greater than 150% FPL). With funding from the Eblen Foundation and Mission St. Joseph's Health System, in 1998 Buncombe County began to link needy families with scholarships to pay enrollment fees. A total of \$23,650 was awarded for scholarships in Buncombe County for 324 applications over a 37-month period.<sup>1</sup>

Scholarship funds or other mechanisms to pay for enrollment fees were later established in all of the Pilot Counties. With funds from the Moses Cone-Wesley Long Community Health Foundation, the Guilford Pilot awarded nearly \$80,000 in scholarships to cover enrollment and re-enrollment fees for children over a 21-month period. Largely with the support of area churches, Cabarrus Pilot paid out \$8,500 for 111 applications over a 19-month period. With the help of a special grant and funds from various other sources, Edgecombe awarded \$11,600 for 168 applications over 20 months. In Forsyth County, a \$5,000 scholarship fund was established through the Forsyth Early Childhood Partnership to assist families who have a child under age five. A mechanism to pay enrollment fees also was established by one of the medical centers.

### ***Lessons Learned***

- Redesigning the Health Check/Health Choice application proved to be a time-consuming and difficult task. The final product was a result of compromise. As with other materials, the application should be viewed as an evolving document that will need to be refined periodically as it is used. DSS income eligibility workers and others who have worked closely with applicants should be oriented to the new application and the reasons for changes.
- Elements of enrollment success. The Buncombe Pilot attributes much of its enrollment success to getting the word out and widely publicizing a single Call Center phone number where families could request the mail-in application and information around the clock. Buncombe recognized early on, however, that getting the phones to ring and children enrolled were not one and the same. Other elements that were key to enrollment success were: customer-oriented service; qualified and caring staff; and follow-up and follow-through at the convenience of families, including after hours and weekends (often requires assistance and persistence). Also important were program materials with simple and consistent messages and graphics that are readily identified with the program. Note: At the close of 2000 when the freeze on enrollment in Health Choice went into effect, nearly 2,200 children were enrolled in the program in Buncombe County, 114% of those originally projected to be eligible. Enrollment of children in Health Check (18 years and under) had increased by nearly 530 children from the beginning of 1999 to the start of 2001 (from

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<sup>1</sup> An application can include more than one child.

10,931 to 11,458). It is interesting to note that by January 1 of 2002, the number enrolled in Health Check had increased by another 1,234 children to nearly 12,700.<sup>2</sup>

- Usefulness of Technology. Technology/automation can help personalize communications and ease tracking and following up with families who have requested applications. The software that has made this possible in the Buncombe Pilot can be affordable and packaged for use by many other counties. Appendix H1-3 presents a series of letters sent to families - when an application has been requested and received, and when an application has not been returned.
- Importance of administrative support. Putting an infrastructure in place, similar to the one in the Buncombe Pilot (customer-oriented call center, staff, and technology) requires strong, administrative commitment and support.
- Further reducing financial barriers. Scholarship funds established to cover Health Choice enrollment fees can help a tremendous number of families obtain insurance. This very worthwhile activity can be made possible by a variety of partners including community-based foundations, hospitals, businesses and faith-based organizations. The support is likely to come in response to a specific request. While helping families, scholarship funds also have helped maintain interest and support for the program within the organizations that have contributed to them.

### ***Conclusions and Recommendations***

Applying for Health Check/Health Choice is relatively easy, thanks to the mail-in application. For many parents, the application and information about the Program are all that are needed to prompt them to apply, and to enroll their children. But for others, these tools are not sufficient. These parents may require application assistance, follow up, or financial help in order to complete the process.

For families who have set aside the application as they attended to other matters, or because they got stuck on a question or two, a simple reminder letter or the availability of application assistance by telephone can make all the difference. Buncombe's approach of encouraging families to call for an application makes any required follow-up and follow-through possible. At the time of the call, the Pilot obtains addresses and phone numbers along with the names (i.e., gets them into the system). Buncombe's computerized database facilitates the process by generating letters and the names of families who need follow-up by phone (often on evenings and weekends).

For many parents, the barrier may be financial. Help in covering the fee (required of some families) can make the difference between enrolling and not enrolling their children. Developing a fund or another mechanism to cover the fee for those who are unable to pay can be relatively easy. Pilots have received generous support from a variety of different sources.

For counties that are interested in helping more children to be covered under Health Check/Health Choice, we recommend an emphasis on follow-up and follow-through with the families who have expressed an interest in applying but may need additional prompting or assistance. While not essential, a computer system, like the one developed in Buncombe, can make following up and following through more efficient for workers. With regard to establishing a scholarship fund or other mechanism to cover enrollment fees for those unable to pay, we advise counties not to underestimate the generosity of partners. From our experience, we have learned: Ask and you are likely to receive!

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<sup>2</sup> The Medicaid data was extracted from a Buncombe County-generated report on Medicaid recipients by age.