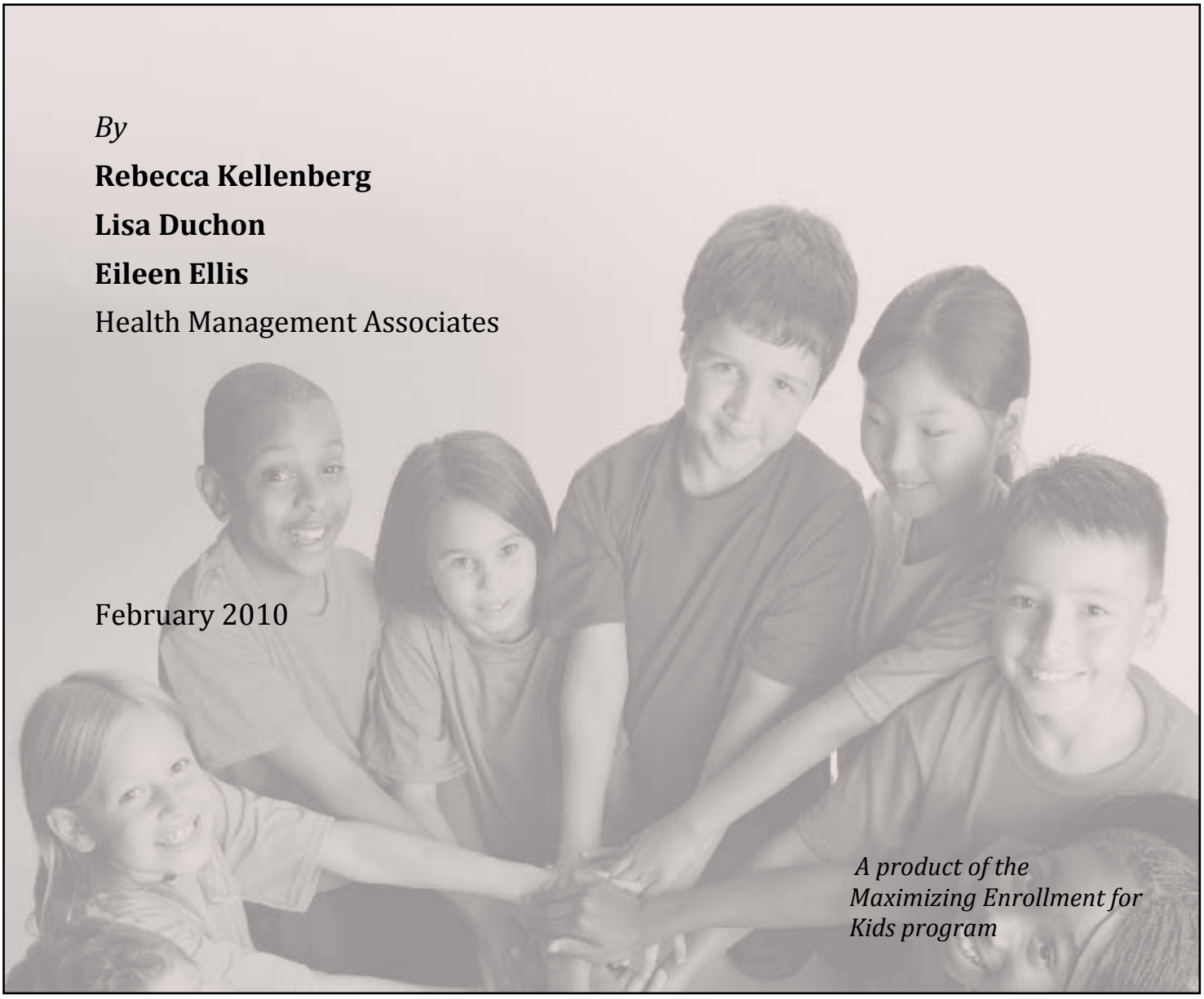
Maximizing Enrollment in Louisiana:
Results from a Diagnostic Assessment of the State's Enrollment and Retention Systems for Kids

A Maximizing Enrollment for Kids Diagnostic Assessment Series



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February 2010

A product of the Maximizing Enrollment for Kids program

NATIONAL ACADEMY for STATE HEALTH POLICY

Robert Wood Johnson Foundation

This report is a product of the Maximizing Enrollment for Kids program, a $15 million initiative of the Robert Wood Johnson Foundation (RWJF) to increase enrollment and retention of children who are eligible for public health coverage programs like Medicaid and the Children's Health Insurance Program (CHIP) but not enrolled. Under the direction of the National Academy for State Health Policy (NASHP), which serves as the national program office, Maximizing Enrollment for Kids aims to help states improve their systems, policies and procedures to increase the proportion of eligible children enrolled and retained in these programs.

Acknowledgements

The authors wish to thank the Robert Wood Johnson Foundation (RWJF) for its support of this report and in particular Deborah Bae, Program Officer, Brian Quinn, Program Officer, and Andrew Hyman, Team Director and Senior Program Officer. We also thank the many state Medicaid and CHIP officials in each of the eight states participating in the Maximizing Enrollment for Kids program who participated in interviews, provided extensive program data and background materials and completed detailed questionnaires and process maps that contributed to this assessment This report could not have been completed without their participation and enthusiasm.

Additionally, we are indebted to the Louisiana program staff, supervisors and managers who met with us during site visits and to state officials in public health, social services, education and other agencies, as well as advocates, providers and leaders of community-based organizations and foundations who provided their perspective and insights. In addition to the specific individuals who participated in the diagnostic assessment process listed in Appendix I, the authors would like to offer appreciation for the hard work and diligent responses of the Louisiana Maximizing Enrollment for Kids team members, including Ruth Kennedy, Kyle Viator, Katie Baudouin, Steve Annison, Gretchen Autin, Diane Batts, Lesli Boudreaux, Jeannie Chambers, Shirley DeVane, Robyn Schifano, Darlene Hughes, Margo Joseph, Pauline Koblear, Kerri Lean, Rose Lucas, Dotty Ponko and Jen Steele. The diagnostic assessment and this report benefited from the support and input of a number of individuals at NASHP including Catherine Hess, Alice Weiss, Alan Weil, Neva Kaye, Maureen Hensley-Quinn, Jennifer May and Amanda Wyatt; as well as key external advisers of the Maximizing Enrollment for Kids program.

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Executive Summary

*In February 2009, Louisiana was **selected*** as one of eight grantees of the Robert Wood Johnson Foundation's (RWJF) *Maximizing Enrollment for Kids* Program, with the goal of helping states to improve the enrollment and retention of eligible children in Medicaid and the Children's Health Insurance Program (CHIP). In the first year, the National Academy for State Health Policy (NASHP), which is serving as the National Program Office on behalf of the RWJF, collaborated with Health Management Associates (HMA) to conduct a baseline assessment of each state's systems, policies, and processes for enrolling and retaining children in coverage. The assessment of each state included reviewing state's reports and policies, conducting onsite interviews with stakeholders and administrators in children's health insurance programs, and reviewing published research about the impact of policies on coverage. This report synthesizes the information gathered, distilling the state's current strengths, challenges, and opportunities for improvement in Louisiana's enrollment and retention of eligible children.

Findings

Despite recent natural disasters and a Southern-state demography known for high rates of uninsured, 95 percent of Louisiana children have health insurance.[1] Louisiana's LaCHIP program (a combination Medicaid and CHIP program) has become a national model of innovation in eligibility operations and policy and for long-term investments in technological solutions.

Based on a review of materials provided by Louisiana, information gathered through site visit interviews, and best practices across the states, the following themes emerged as significant for Louisiana:

- ***Louisiana has leveraged both technological and policy solutions to create customer-oriented, simplified enrollment and renewal processes.*** Louisiana's Department of Health and Hospitals (DHH) implemented a collection of technologies to support the eligibility determination process including an electronic case record (ECR) and the Medicaid Eligibility Determination System (MEDS).
  - The ECR has improved processes by:
    - Allowing workers to move eligibility determination out of the office to where eligible children live,
    - Allowing managers to redistribute workload, and
    - Assuring process integrity by mitigating lost applications and case records.
  - MEDS supports eligibility by:
    - Matching applicant information in the Food Stamps program (recently renamed by the U.S. Department of Agriculture as Supplemental Nutrition Assistance

[1] 2007 data from the Louisiana Health Insurance Survey, a 10,000 household survey conducted by Louisiana State University.

Program, or SNAP) and other data sources to remove documentation burden on families, and

- Facilitating implementation of numerous simplification policies, such as the 97 percent "reasonable certainty" policy for verifying reported income and administrative and ex parte renewals, which places the burden on workers, rather than families, to prove eligibility. As a result, most cases can be handled faster and with fewer families dropping out of the process, compared to results before these policy changes were in place.

- ***An integrated culture of and sustained commitment to continuous quality improvement has helped Louisiana repeatedly simplify the steps families and workers follow in enrolling and renewing coverage.*** Developed and refined over a 10 year period, LaCHIP staff applies management science principles to identify potential eligibility simplification processes and then conducts small-scale testing and rigorous analysis before adopting policies and disseminating practices that improve operational efficiencies while maintaining acceptable accuracy rates. Employees are encouraged to participate in the identification of areas in need of further improvement.
- ***Louisiana has made children's health insurance programs and their management seamless, reducing complexity for families and aligning workers under a single set of goals.*** All children eligible for public insurance, whether Medicaid or CHIP, apply through a single application process branded as LaCHIP. Eligibility workers then place eligible children in the appropriate program. All eligibility workers are state employees who report directly to DHH, which has facilitated the agency's ability to hold workers accountable through management reporting of quality metrics, such as procedural denial and closure rates. Managers evaluate and reward staff based on performance measures that support its mission of enrolling and retaining all children eligible for LaCHIP.
- ***Consistent bipartisan commitment to covering children has been a contributing factor in supporting Louisiana's Department of Health and Human Services (DHH) eligibility innovations over the years.*** Both the administration and legislature are supportive of children's insurance coverage and LaCHIP, giving DHH administrators wide flexibility in program operations. There have been no roll-backs in eligibility since LaCHIP was implemented.

The assessment identified some challenges in the current program policies and procedures:

- ***Remaining pockets of uninsured children throughout the state will require targeted strategies to find and enroll.*** Engaging the families of remaining uninsured children will involve partnerships with neighborhood and community leaders connected to specific populations, such as children who are living with kin without legal guardian status, teens who drop out of high school, Vietnamese and Hispanic families, and children released from the Office of Juvenile Justice.
- ***Interagency collaborations are in their early stages, and may not progress without leadership and/or funding.*** DHH has identified outreach, enrollment, and data matching opportunities but is making slow progress due to conflicting priorities.

Even with its very notable successes, Louisiana still has opportunities for improvement in policies and processes that will increase the number of eligible children enrolled and retained in Medicaid and LaCHIP. The following strategies may have the greatest payoff:

- Tailor outreach and application assistance to hard-to-reach populations, which include children between ages six and 19, predominately African American and Hispanic children, children living with kin who are not legal guardians, and high school drop-outs.
- Increase the number of eligible children who apply for LaCHIP by working in targeted communities to identify children who are eligible but not enrolled.
- Direct community outreach and marketing efforts to more fully utilize available resources.
- Continue to strengthen and reinforce its customer-oriented organizational culture.
- Consider using Charity Hospitals and other providers to perform Presumptive Eligibility (PE) Determinations once the PE policy is in place.

Introduction

As many as five million children in the United States may be eligible for but not enrolled in Medicaid or CHIP programs in their state and a third are estimated to have been covered in the last two years. *Maximizing Enrollment for Kids*, a national program of the Robert Wood Johnson Foundation (RWJF), aims to address these problems by helping states improve the identification, enrollment and retention of eligible children. Directed by the National Academy for State Health Policy (NASHP), *Maximizing Enrollment for Kids* is a $15 million initiative that RWJF launched in June 2008. In support of enrollment and retention goals, the initiative also aims to establish and promote best practices among states.

To achieve these goals, the program includes:

- A standardized diagnostic assessment of participating states' enrollment and retention systems, policies and procedures;
- Individualized technical assistance to help states develop and implement plans to increase enrollment and retention of eligible children, consistent with the findings of the assessment, and to measure their progress; and
- Participation in peer-to-peer exchange to share information regarding challenges and discuss solutions and effective strategies with other states.

Through a competitive application process, eight states were selected to receive four-year grants of up to $1 million to participate in the program: Alabama, Illinois, Louisiana, Massachusetts, New York, Utah, Virginia, and Wisconsin. This paper reports on the diagnostic assessment of Louisiana.

The economic and political environment at the time of this assessment (March - June 2009) provides important context for understanding the status of children's health insurance programs and the opportunities emphasized in this report. During the development of the assessment protocol in late 2008 and throughout the spring of 2009, the United States was in a deep recession with high unemployment leading to a greater demand for public health insurance coverage. State budgets were greatly depressed, two-thirds of states were facing budget shortfalls, and the outlook was for worse shortfalls for about the next three years. There was an enormous tension in most states about how to maintain access to insurance and still balance the budget.

On February 4, 2009, Congress passed the Children's Health Insurance Program Reauthorization Act (CHIPRA), a law reauthorizing the Children's Health Insurance Program (CHIP) until 2013, increasing funding for the program and outreach activities for eligible but unenrolled children and creating new financial incentives for states that increase enrollment and adopt key enrollment simplification strategies. Two weeks later on February 17, 2009, Congress passed the American Recovery and Reinvestment Act (ARRA) to help buffer the impact of the recession on individuals and states. Medicaid relief for 2008, 2009 and 2010 was included, contingent upon states not reducing Medicaid eligibility levels from 2008 levels.

The tension of the recession and the opportunities to obtain new funding for simplifications and expansions serve as a backdrop for the state assessments.

Methodology

NASHP has partnered with Health Management Associates (HMA) to complete the Diagnostic Assessment phase of the program. In consultation with NASHP, HMA designed and administered a set of data collection and interview protocols to complete an assessment of the strengths, weaknesses and potential opportunities associated with each participating state's enrollment and retention systems, policies and procedures and external environment.

The diagnostic assessment centers on six areas:

- Enrollment and Renewal Simplification and Retention Policies
- Coordination between Medicaid and CHIP and Other State Agencies
- Analytic Capacity for Program Management and Decision-making
- Client-centered Organizational Culture
- Non-governmental Partnerships and Outreach
- State Leadership

In March 2009, information was collected from each state in advance of onsite interviews. Each state provided annual or progress reports on Medicaid and CHIP; trend data on program enrollment and disenrollment, and the number of uninsured children; policy and procedure manuals related to enrollment and renewal; process flow charts for enrollment and renewal; interagency agreements that would affect enrollment and renewal, such as with a sister agency that conducts intake interviews; and contracts with third party vendors who handle enrollment, retention, or a call center.

Each state was then asked to fill out a 20-page questionnaire covering key components of enrollment and renewal practices and outcomes outlined the six themes identified above.

Based on the findings from the pre-site visit materials and questionnaire, an interview guide was developed to be used during a two-day site visit in each state. During the visit to each state, interviews included state program staff as well as people outside the program whose views would help identify current strengths of the program and new opportunities to cover and retain more children. The type of people interviewed included: the Governor's health policy director, state legislators or staff of the legislative health care committees, policy advocates, organizations that work directly with families in completing applications, officials from sister agencies or bureaus, such as public health, and health plans involved in enrollment and retention. The names of interviewees in Louisiana are listed in Appendix I.

The findings in this report are based on information collected from the state, a recent review of the literature,[2] and experience from our work in numerous states, to distill the opportunities states have to improve enrollment and retention of children in coverage. While many opportunities were identified, this report highlights those we thought would have the greatest impact on children's coverage and also be administratively and politically feasible.

Findings across all eight states' assessments are published in a separate report.

[2] Victoria Wachino and Alice M. Weiss, "Maximizing Kids' Enrollment in Medicaid and SCHIP: What Works in Reaching, Enrolling and Retaining Eligible Children," National Academy for State Health Policy for Robert Wood Johnson Foundation, February 2009. Accessible at: www.nashp.org/files/Max_Enroll_Report_FINAL.pdf.

About Louisiana's Health Insurance Programs for Children

The latest federal statistics estimate Louisiana's uninsured rate for children to be 12 percent.[3] However, according to a recent state survey, just 5.4 percent of Louisiana children are uninsured,[4] and about 80 percent of these children are currently eligible for public insurance through LaCHIP, Louisiana's joint Medicaid and CHIP program.[5] Eligible but uninsured children are disproportionately between the ages of six and 19, and are African-American or Hispanic (see Appendix 2, for detailed information on the demographics of the uninsured).[6]

While the program is publicly known under one name, Medicaid and CHIP do operate under different rules within DHH. Louisiana Medicaid eligibility follows the mandatory levels, with coverage for children ages zero to five up to 133 percent of the Federal Poverty Level (FPL) and children ages six to 18 up to 100 percent FPL. Children with incomes over the Medicaid limit and up to 200 percent FPL are covered through LaCHIP, a Medicaid expansion CHIP program. Louisiana's CHIP program status changed from a Medicaid expansion to combination program with the implementation of a separate state program for the unborn in June 2007. In June 2008, the LaCHIP Affordable Plan, a separate state CHIP program was implemented. Children with net income above 200 percent FPL and gross income at or below 250 percent FPL may enroll in coverage through the LaCHIP Affordable Plan.

Eighty-six percent of publicly insured children are enrolled in Medicaid and 14 percent are enrolled in CHIP (either LaCHIP or LaCHIP Affordable Plan). The Medicaid program, with 551,608 children enrolled, has grown steadily over the past five years. The LaCHIP program also experienced consistent growth and covers an additional 126,195 children, which includes 2,483 children enrolled through the LaCHIP Affordable Plan[7] and 1,492 expectant mothers enrolled in the prenatal plan.[8] Table 1 in Appendix 2 summarizes children's enrollment from 2003 to 2007.

The state experienced a significant increase in children's enrollment in the months immediately following Hurricane Katrina in August of 2005.[9] From August 2005 to December 2006, children in the most severely affected parishes were automatically reenrolled in LaCHIP or Medicaid thereby artificially inflating enrollment numbers. Over that same period, the state engaged in intensive outreach efforts which increased enrollment significantly. Enrollment numbers declined somewhat in January 2007 after the state conducted renewals on those children in the devastated areas for the first time since the storm. In recent months, however, the state has surpassed pre-Katrina enrollment numbers. These enrollment gains have been sustained in large part by the proactive retention strategies the state has adopted, which are described below.

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[3] KFF State Health Facts, 2007-2008, CPS analysis.
[4] Data from 2007 Louisiana Health Insurance Survey, a 10,000 household survey conducted by Louisiana State University. http://www.lpb.org/programs/criticalcondition/LHIS_DHH_Dec_2007.pdf
[5] The CPS estimates 14.5% of children are uninsured in Louisiana. This survey is known to have some limitations in smaller states and with people not identifying public insurance when asked about current coverage. New York, which also reports this incongruity in CPS data, adjusts the uninsured count downward to address underreporting of Medicaid enrollment.
[6] 2007 Louisiana State University health insurance survey.
[7] An additional 6,500 children are expected to be eligible for this expansion.
[8] July 2009 enrollment report from J. Ruth Kennedy.
[9] LaCHIP and LaCHIP Medicaid enrollment increased by over 12,000 children in the six months immediately following Hurricane Katrina. Source: DHH MaxEnroll Initiative Grant Application

Louisiana operates a Health Insurance Premium Payment Program under Section 1066 of the Social Security Act. Called LaHIPP, the program reimburses the employee share of employer-based health insurance in cases where a worker or at least one member of a worker's household is enrolled in Medicaid or LaCHIP. In the most recent fiscal year, the LaHIPP program had 743 cases, which included 2,491 recipients and 964 beneficiaries. The cost to the state for this program was $7,591,456.

Recent Initiatives to Expand Insurance Coverage

In the fall of 2007, Louisiana implemented an online application. The online application, along with an aggressive outreach campaign which included numerous enrollment events and activities with community partnerships throughout the state, helped Louisiana enroll an additional 11,000 children from January to June of 2008.[10] Additionally, in 2007, the legislature authorized the implementation of presumptive eligibility (PE) for children in both Medicaid and CHIP. However, Louisiana has encountered administrative and operational issues that need to be addressed before full implementation can occur.

Applying for and Renewing Coverage

Families can apply for children's coverage on the Internet or by completing a paper application. Approximately 15 percent of Medicaid and LaCHIP applications are submitted online by clients, with another 15 percent being electronically submitted from certified Medicaid Application Centers. All paper applications and associated documentation are scanned into the electronic case record system. Caseworkers can accept and fully process applications out in the field with the use of technology, including laptop computers, remote wireless access to eligibility systems, and portable scanners. Workers check multiple data sources to verify applicant information, including income and citizenship, and will call employers and applicants to proactively follow up on missing information.

LaCHIP and Medicaid have leveraged operational and policy innovations to achieve high retention rates. The state has tried to remove the burden of renewal from families by doing as much as they can before they contact the family. The least burdensome renewal method for families is administrative (a system-generated renewal), followed by exparte, telephone, internet, and finally regular paper renewals. DHH uses an algorithm based on characteristics of each case, stored in the mainframe eligibility system, to determine the most appropriate method of renewal. This approach, combined with an eligibility workforce that is held accountable for renewal rates, has resulted in a 99 percent retention rate among eligible children.

Leadership and Political Context

As the single state agency administering Medicaid and CHIP, the Department of Health and Hospitals (DHH) is responsible for all policy and operational aspects of Medicaid and LaCHIP, including eligibility. Eligibility workers in local DHH offices, who are state employees, conduct eligibility

[10] Louisiana Department of Health and Hospitals News Release, June 5, 2008.

determinations for both programs as well as for LaCHIP Affordable Plan. With line-level authority over the local eligibility staff, the Deputy Medicaid Director/CHIP Director has the ability to direct and monitor eligibility functions. The Department of Social Services (DSS) is responsible for administering other social welfare programs such as cash assistance, Food Stamps and child care assistance.

In Louisiana both Democratic and Republican administrations have actively supported providing health coverage to all children. With one of the nation's highest child poverty rates (28 percent) and multiple hurricane-related crises, the state has faced significant challenges in its efforts to find and enroll eligible but uninsured children. However, the Governor and Legislature support outreach and enrollment efforts in both the Medicaid and LaCHIP programs. The equal support for both programs is notable, and in contrast to many other states where Medicaid enjoys less support than CHIP.

Priorities Identified by the Grantee

In the grant application, Louisiana identified the following priorities to support the state's goal of increasing the percentage of eligible children enrolled in LaCHIP and Medicaid to 98 percent by January 2013, which will be considered along with opportunities identified in this report, as the State works with NASHP to plan the use of grant funds:

- Implement full Presumptive Eligibility (PE) for both LaCHIP and Medicaid by: identifying qualified entities to be involved in the development of the program; designing educational and communications campaigns to counter previous participants' negative experiences with PE for pregnant women in the 1990s; making necessary systems changes; and developing a required State Plan Amendment with all implementation details included;
- Implement express lane eligibility with Food Stamps data;
- Develop electronic data interfaces with the state income tax agency, schools, providers, child care assistance, Food Stamps, and the Workforce Commission to facilitate enrollment; and
- Reassess the existing LaCHIP and Medicaid application and enrollment process to further simplify and reduce rejection rates of new LaCHIP and Medicaid applications.

Findings from the Diagnostic Assessment

1. Enrollment and Renewal Processes and Policies

Current Approach to Enrollment

Louisiana has a single application for Medicaid, LaCHIP and LaCHIP Affordable Plan. Using the online application, families can also apply for LaMOMs (the Medicaid program for pregnant women), and several other programs for disabled adults and Medicare beneficiaries. Louisiana has simplified its income documentation requirements for clients by providing eligibility workers resources to check a number of third party data sources, and by calling an employer before asking applicants to submit a paycheck stub.

Reasonable Certainty Policy

Since 2000, eligibility workers follow a "reasonable certainty" policy that is defined as 97 percent or greater certainty. This policy allows workers to use their judgment in determining whether the income reported appears to be within range of what they are able to verify using third party sources. DHH implemented this policy after extensive quality improvement tests demonstrated that the "reasonable certainty" policy showed comparable accuracy rates and improved administrative efficiencies as compared to requiring full documentation.

The Department has adopted a client-centered orientation that includes shifting the burden of proof of eligibility from parents to the local DHH eligibility worker. This approach is embedded in the following practices:

- An application is ready to be processed whether it arrives complete or incomplete.
- Staff proactively retrieve information from other sources including Food Stamps or employers rather than waiting for parents to comply with documentation requests. Additionally, staff uses other online data sources to find new contact information for recently moved families.

Electronic Case Record System Facilitates Enrollment Process

When an application is received by mail, it is scanned into the electronic case record system. Online applications and scanned applications are entered into MEDS, the eligibility determination system, by central or local office administrative staff. On a daily basis, workers select applications to process from the statewide electronic listing of new applications. This electronic format allows any worker to access and process an application and ensures no two workers are working the same application at one time.[11]

Program officials have made electronic case records and performance measurement and reporting high priorities for supporting both management and caseworker decision-making. The systems approach to quality improvement emphasizes measurement and accountability across regions, parishes and at the individual level. Early efforts in the division's transformation focused on reducing

[11] Most applications are selected by parish region to maximize local knowledge, but this is not required.

processing times for eligibility determination of applications and renewals. The division generates monthly "production" reports on processing times with comparisons at the region, parish and caseworker level.

Workers' proactive efforts to fill in missing information have had significant results. In March 2009, six percent of Medicaid applications and just under two percent of LaCHIP applications were denied for failure to submit essential information. Average application processing timeframes are three days for pregnant women and eight calendar days for children. Caseworkers, on average, manage approximately 220 cases each month, with approximately 560 eligibility workers employed statewide.

Current Approach to Renewal and Retention

With a totally paperless eligibility case record system, DHH has a "virtual file room" of every Medicaid and LaCHIP case in the state, to which all eligibility employees have online access. This level of data accessibility is a key component to DHH's noteworthy successes in managing worker caseloads and improving productivity through team rather than individual assignments. Anyone on the team—whether an eligibility worker or members of the centralized Customer Service Unit which answers calls from clients—can work on a case (e.g., take or return a client's phone call) because each has access to the same information.[12] Additionally, the state has found the process to be an efficient way to spread workloads evenly.

Administrative and Ex Parte Renewals

In Louisiana only 5.4 percent of Medicaid and 10.4 percent of LaCHIP case reviews require the member to submit a signed renewal form in order to renew their eligibility. Correspondingly, case workers perform the remaining 94.6 percent of Medicaid and 89.6 percent of LaCHIP renewals using either:

- The ex parte renewal process, which involves verification of information using Food Stamp case information, state tax information or The Work Number (33 percent of Medicaid and 32.6 percent of LaCHIP);
- The administrative renewal process, which involves notices to children and families at very low risk of failing to meet eligibility requirements at renewal, requesting that they report changes in income or household composition (44.1 percent of Medicaid and 3.7 percent of LaCHIP);
- Telephone renewals, which involves an incoming call or outbound call in which factors subject to change are reviewed (15 percent of Medicaid and 37.3 percent of LaCHIP); and
- Web-based renewal, which represents 4 percent of LaCHIP cases.

Members are more often required to submit information for a LaCHIP renewal than for a Medicaid renewal because children participating in LaCHIP are from higher income families and therefore are less likely to be found in other state databases such as Food Stamps.

[12] All caseworkers are state employees and are bound by all state and federally mandated confidentiality rules regarding the use and sharing of personal health information.

DHH has developed criteria to determine which cases are appropriate for ex parte renewal or administrative renewal. Decision criteria are programmed into MEDS, and ex parte or administrative renewals are used whenever possible.

Specific cases are eligible for administrative renewals if they meet certain eligibility criteria such as: cases where the child's relationship to the applicant is not parent/child, for example, when the child is the applicant's grandchild, niece or nephew or other relative; cases where the parent has Retirement, Survivors Disability Insurance (RSDI) income; cases where a single parent has stable unearned income, such as child support or alimony; and/or cases where there has been no change in eligibility in the last three years and net income is less than or equal to $500.

If a child's case does not qualify for administrative renewal, and he or she has an open Food Stamps (FS) case in the FS eligibility system, the case is eligible for ex parte renewal. On a monthly basis, all children's health insurance files that are due for renewal are matched against the DSS-maintained FS eligibility system. Information from open cases is entered by Medicaid caseworkers into the Medicaid eligibility determination system, MEDS. To process the ex parte renewal, a worker first reviews information in the FS eligibility system to update any contact information in MEDS, then does data entry to calculate the LaCHIP or Medicaid budget based on FS income and household information, determines eligibility, and sends the approval notice.

If the information in the FS system cannot be used to determine eligibility because the Food Stamps case is closed or the FS information is out of date, a case is considered for renewal involving contact. If changes are reported, the case reverts to a regular renewal process. Otherwise, the eligibility is extended and the electronic case record is annotated to show completion of renewal without ever having been handled by an eligibility worker.

Phone Renewals and Off-Cycle Renewals

When neither ex parte nor administrative renewals are possible, DHH uses a regular renewal process to conduct a redetermination of eligibility. Notices are mailed to the family with response required by phone or mail. The majority of these renewals are conducted by phone without the need for a signed renewal form.

In a series of process improvement tests using the Plan-Do-Study-Act (PSDA) method,[1] eligibility employees from a variety of offices (staff size, geography, etc.) compared the efficiency (taking the least time and effort by employee and customer) of two different methods of completing a telephone renewal. The first method began with a worker mailing a letter asking the customer to call at their convenience to renew. When the customer called, the worker asked for pertinent information, including verifications if needed. The second method began with an attempt to contact the customer by phone. If the worker was able to make customer contact by phone, an interview was completed by phone, and a letter was mailed to the customer only as a follow up if the worker requested verifications. The worker mailed a letter asking the customer to call to renew only if the customer could not be contacted by phone first. Test data showed that in many cases (generally geographic areas where customers tend to move less) attempting phone contact first was more efficient. As a

[1] The Plan Do Study Act Method is a process improvement model originally developed by Walter A. Shewhart, and is widely taught as a method of process improvement. See for example, the Institute for Health Care Improvement (www.ihi.org).

result, many offices abandoned the practice of first contact attempt by mail, and instead made the first contact attempt by phone standard practice. Those offices that found that attempting first contact by phone was less efficient (generally urban areas, especially those affected by recent hurricanes, where customer mobility is high) continued the practice of first contact attempt by mail. As noted earlier, phone renewals account for 15 percent of all Medicaid and 37 percent of all LaCHIP renewals, and renewals completed by mail account for just 6 percent of Medicaid renewals and 11 percent of CHIP renewals.

Staff use a variety of sources to identify a current home or work phone number for the parent of the child. After three unsuccessful phone attempts, a renewal notice is mailed. Workers will enclose a self-addressed envelope to ensure any required documentation gets mailed back to their local office. If the worker is able to reach the parent by phone and no changes are reported or changes fall within the 97 percent reasonable certainty threshold of what the worker is able to independently verify with other data sources, the case is renewed and no additional follow up is necessary.

DHH also performs off-cycle renewals; any time a client makes contact with the agency, the caseworker is to consider it an opportunity to update case information and renew coverage.

Performance Evaluated On Lowering Procedural Closure Rates

DHH staff cites several factors that have contributed to the success of these simplified renewal policies. Workers are evaluated (often with results posted at the local offices) based on their rates of success in lowering the number of cases closed for procedural reasons. Louisiana's rate of closures due to procedural reasons dropped from 22 percent in 2001 to just less than one percent in 2009. According to DHH, the proportion of children who retained eligibility at renewal increased from 72 percent to 92 percent between June 2001 and April 2005. The proportion of enrollees who lost coverage due to failure to return forms also fell from 17 percent to one percent,13 resulting in an overall retention rate of 99 percent for eligible children. Another unique factor contributing to the success of simplified renewals is the DHH policy that closing a case requires supervisory approval. This holds staff accountable for completing all possible checks.

New Initiatives

Express Lane Eligibility

DHH senior staff are implementing Express Lane Eligibility (ELE) per CHIPRA 2009 guidelines. The DHH vision is to create an ELE process where every child who applies for Food Stamps can be automatically considered for Medicaid eligibility without further actions by parents. To do this, they are working with the Department of Social Services (DSS) to include "opt out" language in the Food Stamps application and renewal forms. They are also considering a process of mailing a card with a phone number and directions for parents to "call to activate," similar to a credit card process. This call-in step would assist DHH in assuring an accurate eligibility determination process as well as get the

[13] Victoria Wachino, Alice M. Weiss. "Maximizing Kids' Enrollment in Medicaid and SCHIP: What Works in Reaching, Enrolling and Retaining Eligible Children" (Washington D.C. National Academy for State Health Policy, 2009)

parents' attention that coverage has been provided for their child(ren). The process will require substantial system changes for both the Food Stamps and Medicaid eligibility systems.

Other Application Streamlining Efforts

With the focus to date largely on renewal processes to improve retention rates, DHH officials acknowledged the need to put a greater emphasis on the application process and reduce denials of eligible children. To this end, DHH officials are developing new system capabilities to pull out denial reason codes and are planning to hire eligibility retirees to look at rejection data.

Strengths

A number of policies and practices in Louisiana appear to contribute to the successful enrollment and retention of children in Medicaid and LaCHIP.[14] LaCHIP program leadership actively seeks ways to push the envelope of simplifying enrollment and renewal.

- **Use of process improvement methods to continuously improve program function.** Process improvement efforts have resulted in numerous operational and policy changes to simplify the application process. For example, officials discontinued presumptive eligibility for Pregnant Women as a result of reducing application processing timeframes to three calendar days, making the need for presumptive eligibility obsolete. Another recent process improvement that originated at a local DHH office allows the local charity hospital to "right fax" applications directly to an eligibility worker's email instead of mailing them.

  The Department has created an infrastructure for promoting process improvements called WorkSmart! Led by the Deputy Medicaid Director of Eligibility/LaCHIP, WorkSmart! is a process improvement initiative that incorporates management science principles from the Toyota Production System, the PDSA approach, the Southern Institute on Children and Families' Process Improvement Collaborative, and Continuous Quality Improvement processes. Built into the WorkSmart! infrastructure is an Eligibility Process Improvement Manager who coordinates process improvement activities among regional managers, parish supervisors and staff—all of whom are state employees. Incremental changes are implemented as ideas are generated anywhere within the Division, tested on a small scale and results are measured from baseline. Eligibility staff at the state and local levels were well-versed in WorkSmart! techniques, as observed during the site visit.

- **Staff flexibility.** The Department's adoption of a 97 percent reasonable certainty standard for processing applications and renewals greatly streamlines the application and renewal process for families and serves as a powerful decision-making tool for caseworkers.

- **Technology solutions.** DHH has made significant investments in technological solutions to simplify the eligibility process. DHH has leveraged the mainframe Medicaid/CHIP eligibility system (MEDS) and electronic case record (ECR) system to:

[14] While the strategies listed here appear to promote coverage and enhance enrollment and renewal, the impact of these strategies has not been systematically evaluated. Additional strategies that were not forthcoming in the assessment may also contribute to successful enrollment and renewal.

- Create a team-approach to processing eligibility of cases;
- Ensure equal distribution of caseloads across workforce;
- Perform automatic renewal criteria determinations and conduct interfaces with Food Stamps and other data sources to complete eligibility functions that would otherwise require significant manual caseworker time;
- Handle real-time application processing, eligibility determinations, account updates and renewals anytime and anywhere in the field;
- Free up caseworkers to perform in a more customer-oriented manner and shift the burden of proof of eligibility from parents to DHH; and
- Allow caseworkers to submit applications via laptop computers from the field, as can staff from contract Application Centers.

- **Positive brand recognition.** The state has simplified its marketing and outreach efforts by marketing all of its public health insurance programs for children under the LaCHIP brand, which has helped make LaCHIP a well-known and popular program. Distinctions among Medicaid and Medicaid expansion CHIP, and separate CHIP programs are largely invisible to Louisiana families.

Challenges

The following program challenges may hinder enrollment and retention, and require closer examination.

- **Phone Assistance.** The Call Center is not as user friendly as DHH staff would like it to be. While parents can call and renew over the phone, DHH staff reported that the system is somewhat difficult to navigate and could be improved.
- **Risk of reintroducing welfare stigma.** Interfacing with DSS may challenge LaCHIP and Medicaid information systems, as well as risk re-creating a connection between health insurance and welfare, which the agency has done so well to break.[15] Stigma associated with the Food Stamps and TANF programs will need to be addressed to ensure the remarkable progress made toward eliminating welfare model-type barriers is not lost.
- **Risk of gaming.** Transparency of performance, while contributing to high retention rates in LaCHIP, has raised concerns that staff may be "gaming the system" in their coding of closures. State officials expressed a need to explore this further.

[15] Legislative interest in merging DSS and DHH back together has the potential to improve coordination, but could also negatively affect the progress DHH has made to make the organizational culture more customer-oriented.

2. Coordination Among State Agencies

Current Approach

Many customers receive medical assistance from DHH and other public services administered by DSS. Since the two departments have separate local offices, coordination requires deliberate efforts. DHH and DSS have shared goals of making the application and renewal process for public services as streamlined and administratively efficient as possible. Officials from both departments described several service integration efforts underway, including initiatives to identify DSS customers that qualify for Medicaid or LaCHIP. DHH is working to identify data sources from other government agencies that can be leveraged to identify eligible, uninsured children for outreach, verify eligibility for applications, and include in the ELE process. Officials are working to develop data interfaces with the local school districts to obtain free and reduced school lunch income information, Department of Revenue for income tax data, and Workforce Development Commission for health insurance status reported on unemployment benefits.

DHH also coordinates with the Department of Education to identify and enroll eligible children in the school system. Legislation was passed in 2005 to require schools to report data on children enrolled in the Free & Reduced lunch programs to DHH on children who are uninsured and potentially eligible for LaCHIP. However, due to the paper-based nature of this type of information, school reporting rates have been low to date.

State officials cite one of the nation's highest school dropout rates as another reason most schools cannot provide reliable information on eligible uninsured children. However, certain school based health centers have had significant success assisting eligible children to enroll in LaCHIP and Medicaid.

Individual departments have pledged support for programming changes proposed by DHH that would support data exchanges and application modifications to facilitate enrollment of eligible children. Efforts include adding "opt out" boxes on applications for Food Stamps or child care assistance, which if not checked, would authorize DSS to share application data with DHH for the purposes of identifying uninsured children eligible health coverage. A similar approach is possible for other need-based assistance programs and possibly unemployment benefit applications.

New Initiatives

In 2008, legislation referred to as "Neighborhood Place" was passed to improve inter-agency coordination of children and family services. Based on a model in operation in Kentucky, Louisiana is developing team-based community sites with a single intake and assessment process for multiple programs. A few parishes, through local school leadership, have begun development of a Neighborhood Place initiative. The first site opened in June 2009. The legislation's impact has been limited because implementation relies entirely on local and community leadership.

Strengths

- **Coordination is a priority.** Senior officials have a vision to maximize enrollment of eligible children by expanding the potential for a family's interaction or connection with any state (or local) agency, or provider, to be an opportunity to enroll or presumptively enroll an eligible child in LaCHIP, and at the very least, provide an application. The following agencies or institutions offer this potential:
    - Department of Social Service (DSS) offices for Food Stamps, child care assistance, and other needs-based programs;
    - DHH Office of Public Health for WIC, and family planning services;
    - Schools, both public and private;
    - Office of Juvenile Justice;
    - Unemployment offices; and
    - Hospital emergency rooms.

Challenges

- **Differing priorities between agencies limit expenditure of resources to address coverage.** DHH and DSS plans for improved systems integration, particularly those that extend to the Workforce Commission (Department of Labor) and Department of Revenue, may not be feasible. Leadership, and/or funding, could help overcome barriers. In addition, the lack of coordination among state agencies and a lack of funding to support agencies directly will continue to be a barrier to widespread implementation of the Neighborhood Place service integration delivery model. Technical assistance to negotiate data-sharing agreements between DHH and other agencies, as requested by Medicaid Division officials, could help, to a degree.
- **Need for greater legislative support.** The legislature supports health insurance coverage for children via LaCHIP and Medicaid. However, this support is not as strong for food stamps, cash assistance or publicly sponsored insurance coverage for parents. DHH will need to consider how to ensure that the progress made toward eliminating "welfare model" barriers in Medicaid is not eroded by increased integration and coordination between DHH and DSS.
- **Information system priorities.** Prior to welfare reform de-linking efforts, the DHH and DSS agencies were a single state agency. As a remnant of this history, the DSS mainframe hosts DHH's legacy eligibility system. This requires close coordination between the two agencies to prioritize systems changes.

3. Analytic Capacity for Program Management and Decision-Making

Current Approach

Program officials have used electronic case records and performance measurement to support both management and caseworker decision-making. The eligibility determination system (MEDS) is stored on a mainframe housed within DSS. The DHH eligibility systems staff has modified the system to enable management to draw out the data elements necessary to analyze operational performance and program outcomes. The division generates monthly "production" reports on processing times with comparisons at the region, parish and caseworker level. As described earlier, the statewide average processing time for an application is 8 calendar days from date of receipt.

More recently, emphasis has been on retention of eligible children, for which the Department developed metrics for measuring the percentage of procedural closures at renewal. In some offices, individual performance on procedural closures is publicly displayed on office bulletin boards. Statewide, one percent of renewals are denied for procedural reasons.

Electronic case records, use of third party data systems, access to the Food Stamps eligibility system and online resources provide information tools to caseworkers to pro-actively complete application and renewal processes quickly and support caseworker judgment and decision-making.

New Initiatives

DSS and DHH plan to develop a unique identifier for all families involved in all public programs so they can better track families through their systems and provide program interfaces where possible, as well as improve the state's ability to measure its performance on health and other outcomes. DSS recently engaged a consultant to conduct an analysis of what was called "natural technology partnerships" to identify where system interfaces could most easily be made.

State officials wish to increase their focus on applications rejected for procedural reasons. In March 2009, six percent of Medicaid applications and two percent of LaCHIP applications were rejected for procedural reasons. The Medicaid Eligibility Quality Control (QC) Section reviews monthly samples of applications and renewals including rejections to study accuracy rates of both approvals and rejections.

Strengths

- **Use of data for program management.** The DHH staff appears to have and use an extensive set of analysis and reporting tools for management decision-making. This analytic capacity has been useful in identifying and mitigating renewal closures for procedural reasons and guiding the priorities of their quality improvement agenda. As mentioned in Section 1, DHH is turning its focus from renewals to applications and plans to use detailed denial reason code reports to identify further opportunities for improvement.
- **Staff flexibility.** DHH staff members are allowed some discretion in applying eligibility rules based on the totality of the information available to them.

Challenges

- **Inconsistency in eligibility determinations.** While local parish eligibility staff has been trained to use its professional judgment in making income eligibility determinations, there is a lack of uniformity in training for new staff in utilizing the full potential of resources available. A review of training practices at the parish level may be helpful to identify opportunities for improvement.

4. Client-Centered Organizational Culture

Current Approach

Transformation of Medicaid's organizational culture to a client-centered orientation has occurred over more than a 10 year period, and continues. For example, the WorkSmart! Initiative has evolved to give staff at all levels more opportunities and incentives to be actively involved in process improvement. Staff receives office and program-wide recognition and also tangible rewards when successful in reducing processing times without sacrificing quality. An example is the potential to work from home in some situations. DHH officials said this effort has provided a strong incentive for performance improvement. For 2008 there were seven areas in which statewide eligibility process improvement aims were set and measured. (See Appendix III.)

As a result of eligibility processes being more efficient, staff resources have been freed up to conduct outreach and application assistance in the community. DHH senior staff stated that part of the overall process improvement efforts is to identify variation in the operational processes and eliminate the waste associated with it by creating standardization. At the same time, they strive to strike a balance between flexibility and total standardization. They want to encourage innovation and know this only happens through experimentation.

Strengths

- **Commitment to assisting families.** Local parish eligibility staff has been trained to use professional judgment in determining eligibility on the basis of income. One worker said, "As long as we can justify what it is, if it's close, we don't push for a check stub." Workers also discussed being proactive by calling employers, calling applicants if they haven't heard back on a documentation request within ten days, using an employer wage database vendor called The Work Number, and doing "whatever it takes" to assist families with the application process.
- **Aggressive tracking of information by staff.** Eligibility staff has been reoriented to be proactive rather than reactive in its approach to verification and follow up on missing information. For example, workers have been trained to conduct intensive research to follow up on outdated addresses. When a family is not located at the address or phone on file, workers look up the name on anywho.com, white pages/yellow pages, Food Stamps case file,

applications from previous electronic case record logs and any other potential source to track the family down.

- **Building enrollment success into worker incentives.** DHH has built a strong culture promoting enrollment as goal, rather than keeping ineligibles out. This is illustrated by the practice of evaluating and incentivizing performance based on ability to enroll and retain eligible children, allowing work at home for top performers, and paying overtime to caseworkers who want to conduct outreach activities on evenings and weekends.
- **Align caseload management strategy with program goals.** DHH management has used the electronic case record system to strategically apply resources where needed in support of the goal of moving caseload assignments away from individuals and toward a team approach for accountability.

Challenges

- **Local variability.** State officials indicated that not every parish has reached the level of performance expectations and embraced the internal marketing the division has conducted to educate staff on "the complicated lives of clients" and "Maslow's hierarchy of needs" which may make families living in crisis situations to consider Medicaid renewals a very low priority. State officials also reported that 17 years after the split from DSS16 there are still some employees with the mentality to over-investigate cases, ask for unnecessary documentation, and act reluctantly in taking extra steps to research missing information on non-responsive enrollees.

5. Non-Governmental Partnerships and Outreach

Current Approach

Louisiana continued to support the Covering Kids and Families coalition and leadership after the grants from this initiative ended. DHH contracts with 11 community-based organizations that conduct outreach and enrollment functions across the state. These organizations use their established relationships with ethnic groups, religious organizations and other social safety net resources to connect with families and encourage enrollment into health coverage programs. DHH leverages relationships with community health centers, Charity Hospitals, and other health care providers to house eligibility workers, conduct outreach events, and promote program eligibility in places where families with uninsured children typically seek care.

DHH has had varying levels of success in partnering with local school districts to conduct outreach and enrollment. A 2005 legislative mandate requiring schools to transmit Free and Reduced Lunch Program (FRLP) data to DHH provides potential for increased coordination in serving families with eligible but uninsured children. The Department of Education supports the efforts of schools to

[16] Formerly known as OFT (Food Stamp/TANF Agency)

transmit FRLP data to DHH, but it does not have specifically authorized funding or authority over local school districts to fully facilitate the process. A stronger example of partnerships with schools is emerging through the expansion of the Neighborhood Place Initiative, described in more detail in Section 2.

As processing times for applications and renewals have decreased, staff has had more opportunities to participate in community outreach during work hours. Staff also may take paid over-time and volunteer to participate in community-based outreach activities such as parades, health fairs, road races, back to school campaigns, and outreach coordinated with local churches.

Advocates are largely supportive of the DHH's enrollment efforts at the state and local level but see a need to expand the role of community-based organizations in neighborhoods where pockets of uninsured children may reside. An estimated 50,000 LaCHIP-eligible children remain uninsured. Barriers to enrollment include:

- Low literacy rates among native residents and immigrant families;
- Distrust of government among poorly educated and immigrant families;
- Stigma associated with government "welfare" programs, particularly among higher income families that may have eligible children due to recent unemployment;
- Lack of awareness or misperceptions about eligibility (e.g., belief that a child who drops out of school is ineligible for coverage);
- Perceptions that health care services will always be available from charity hospitals, even without health insurance coverage;
- Lack of broad-band Internet access and isolation in rural areas;
- High teen school drop-out rates; and
- High rate of kinship arrangements in which a relative has physical but not legal custody of children.

Strengths

- **Louisiana has demonstrated a great deal of activism around enrolling and retaining kids in coverage.** Schools distribute LaCHIP applications with Free and Reduced Lunch Program (FRLP) applications and information can be shared with the LaCHIP program unless parents decline this option. Officials find these efforts have contributed to expanded enrollment of children, particularly in concert with "Back-to-School" coverage initiatives. The ongoing work with and continued funding of the 11 members of the Covering Kids and Families (CKF) coalition builds stronger community relations and maintains goodwill awareness of LaCHIP. Despite a challenging budget environment, the state continues a robust and proactive outreach campaign, including television and radio ads, floats in local parades, and continued investment in promotional materials. Lastly, outreach workers with connections to their community are used.

Challenges

- **Limited evidence about the benefits of diffuse marketing efforts.** Louisiana may have support for generalized marketing, but they may want to redirect funds to efforts that more closely target the eligible but uninsured.
- **Few advocates engaged in coverage.** Despite DHH leadership's encouragement of a broader number of children's health care advocates, statewide, only a few individuals provide significant input to DHH and the legislature. This lack of advocacy presence may limit opportunities for communication exchanges between officials and advocates that could facilitate both positive and negative feedback on program policies and practices.
- **Few local supporters.** The local parish office staff said they struggle with certain areas of the community that are opposed to hosting outreach events. As unemployment rates rise, these higher income areas most likely are where many newly eligible children live. Finding outreach opportunities in these communities presents unique challenges.
- **Linkages with the Free and Reduced Lunch Program are unfunded.** Recent legislation requiring (public) schools to release information on the health insurance eligibility status of Free and Reduced Lunch Program (FRLP) applicants did not provide financial support to set up or maintain this exchange of information. Therefore, school districts view it as an "unfunded mandate" that will require a dedicated source of funding to fully implement. Local communities participate at their own discretion.
- **Children being raised by non-parents are hard to reach.** A large number of Louisiana children live with individuals who are not their legal guardians. About 10 percent of all children in Louisiana live in households headed by grandparents, many of whom are not their legal guardian. Targeted outreach and communication strategies are needed to identify and enroll eligible children in these families.

6. State Leadership

Current Approach

Both the administration and legislature are supportive of children's insurance coverage and LaCHIP. There have been no roll-backs in eligibility since LaCHIP was implemented. While statewide budget cuts are being considered in the current legislative session, the state would be more likely to cut provider payment rates rather than reduce eligibility.

The administration and legislature generally do not seek to influence program policies and practices, but also do not set the agenda. For example, coordination among departments occurs mainly at the agency level, rather than being directed from the Governor's Office. The Children's Cabinet, comprised of state agency leaders is the only leadership forum supported by the Governor's office on children's issues. However, it is not an influential body according to several sources.

Strong leadership within the Medicaid Division is a driving force behind the gains made in simplifying enrollment and renewal in the LaCHIP programs. Medicaid division officials have considerable influence over legislative proposals affecting their program and benefit from the bipartisan legislative support of LaCHIP. The Division reports a set of quarterly performance measures to the legislature, and is proactive in reporting progress to the Governor's office.

Strengths

- **Leadership commitment to coverage.** The LaCHIP programs benefit from strong and sustained support from leadership in both the legislature and the Governor's office. It seems to be universally acknowledged that children's health insurance is important and should not be cut, even in an economically challenging environment.

Challenges

- **Influence of potential leadership group is limited.** The Children's Cabinet, which is comprised of state officials whose agencies touch the lives of children, has limited policy influence. There may be potential for this group to facilitate progress on inter-agency coordination such as the Neighborhood Place initiative.

Opportunities

Based on our understanding of Louisiana's current practices, systems, and partnerships, we have identified the following opportunities to help the State realize its goal of maximizing enrollment of eligible children. Recommendations emphasize community outreach and marketing that targets specific populations, and improving inter-agency coordination.

Tailor outreach and application assistance to hard-to-reach populations, which include children between ages six and 19, predominately African American and Hispanic children, children living with kin who are not legal guardians, and high school drop-outs. Multiple contacts through a variety of means may be needed to enroll some children. Application assistance and follow up could be provided through:

1. Expanded participation of community-based organizations and providers in assisting families with the application process.
2. Full adoption of Presumptive Eligibility, such as through health care providers or in tandem with an Express Lane Eligibility policy.
3. Improved coordination with court appointed special advocates to proactively identify children involved in the juvenile justice system who are in need of health coverage.
4. Coordination with Area Agencies on Aging for outreach to guardians of children.
5. Third party data matching, such as with Food Stamps, tax data, WIC, or other public programs.

Direct community outreach and marketing efforts to fully utilize available resources.

1. Adding a dedicated DHH or DOE staff person to facilitate the school district's involvement in identifying eligible but uninsured children;
2. More community-based (non-governmental) face-to-face outreach that provides opportunities for private, online application assistance;
3. Application/change reporting "kiosks" placed in hospitals, post-offices, other community settings that offer applicants private, online access to enrollment, eligibility information or a way to make contact with the Division; and
4. Reinstating the practice of LaCHIP officials visiting local school PTA meetings.
5. Consider using Louisiana's MaxEnroll funds to help DHH and DOE (and possibly carefully targeted school districts) develop strategies for overcoming barriers that prevent most schools from being able to share FRLP data with DHH.

Continue to build on customer-oriented organizational culture. Division staff and community-based outreach workers acknowledged additional opportunities to expand the client-centered organizational culture throughout the division by:

1. Standardizing performance review criteria across parishes and regions to include expectations about enrollment and retention could reduce variability in performance across regions.
2. Increasing monitoring activities of application approval rates could be useful for identifying weaknesses by parish or region.
3. Giving greater attention to perceptions among applicants that caseworkers are disrespectful and not receptive to service complaints or do not offer appropriate avenues for addressing or resolving complaints.
4. Improving call-center operations to make them more consumer-friendly.

Consider using Charity Hospitals and other providers to perform Presumptive Eligibility Determinations once the PE policy is fully in place.

Increase the number of eligible children who apply for LaCHIP and Medicaid by working in targeted communities to identify children who are eligible but not enrolled.

1. Conduct surveys and focus groups to identify characteristics of remaining eligible but uninsured children.
2. Encourage schools to participate in the legislatively mandated sharing of NSLP data by funding a staff person to serve as a liaison between DHH and DOE or local school districts.

Appendix I:

Diagnostic Assessment Interview Participants

Name/Title	Organization
Ruth Kennedy, Medicaid Deputy Director, LaCHIP Director	Department of Health and Hospitals (DHH)
Kyle Viator, LaCHIP Director of Operations/Medicaid Eligibility Supports Section Chief	DHH
Don Gregory, Acting Medicaid Deputy Director	DHH
Diane Batts, Eligibility Systems Chief	DHH
Darlene Hughes, Eligibility Policy Chief	DHH
Bill Perkins, Eligibility Special Services Section Chief	DHH
John Fralick, Administrator, Region VI Eligibility Field Operations	DHH
Cynthia Walls, Regional CKF Coordinator	Family Road of Greater Baton Rouge
Sandra Adams, Executive Director	Louisiana Chapter of American Academy of Pediatrics
Berkley Durbin, Executive Director	Louisiana Maternal & Child Health Coalition
Margorie Jenkins, Medicaid Analyst Supervisor	E. Baton Rouge Parish Medicaid Office
Joan Wightkin, Program Director	DHH Office of Public Health Maternal & Child Health Bureau
Donna Nola-Ganey, Assistant Superintendent, Office of School and Community Support	Louisiana Department of Education
Suzy Sonnier, Deputy Secretary	Louisiana Department of Social Services

Appendix II:

Data on Children's Coverage

Table 1. 5-Year Enrollment Trends for Children

	Number of Children				
	2003	2004	2005	2006	2007
Medicaid or Medicaid/CHIP Enrollees					
Total	583,758	586,383	643,060	650,171	683,542
New	24,311	26,826	21,486	18,570	18,940
Disenrolled	27,815	33,689	15,687	34,560	14,783
CHIP Enrollees					
Total	104,908	105,580	146,347	142,389	154,286
New	16,304	7,616	9,635	8,720	11,142
Disenrolled	16,444	8,360	4,590	9,120	6,500
Retention Rates*					
Medicaid & CHIP	4.18	4.60	3.74	9.49	1.07

SOURCE: CHIP Statistical Enrollment Data at end of each Federal Fiscal Year.

Definitions:

Total=number ever enrolled year; New=Unduplicated number new enrollees; Disenrolled= Unduplicated number disenrollees; Please note that the CHIP numbers for 2007 also include Phase IV unborn enrollees.

Retention Rates: This is the average for the state fiscal year and represents percentage of procedural closures at renewal. This is one of the Performance Measures reported quarterly to the legislature.

In looking at retention, we measure what we can control, which is procedural closures at renewal This is the percentage of children due for renewal who are closed for a procedural reason rather than the percentage of closures at renewal for a procedural reason (which would be higher).

Table 2. 5-Year Uninsured Trends for Children

Uninsured Children	2003	2004	2005	2006	2007
All uninsured children	143,173	n/a	97,403	n/a	64,355
Eligible but not enrolled	83,669	n/a	72,429	n/a	50,918

SOURCE: 2003, 2005, and 2007 Louisiana Health Insurance Surveys (LHIS).

All uninsured children=Uninsured estimates for children (under 19); Eligible but not enrolled= Uninsured Estimates for children (under 19) eligible for Medicaid/LaCHIP.

Table 3. Characteristics of Children by Insurance Status and Eligibility for Public Programs

	Number of Children				
Year: 2007	Total Children	Total Insured	Total Uninsured	Uninsured, Eligible for Public Program** (200%)	Enrolled in Public Coverage
Age					
0-5	372,656	355,280	17,376	12,772	189,876
6-18*	824,157	777,178	46,979	36,449	357,234
Race/Ethnicity					
African Am./Black	425,927	398,004	27,923	23,462	279,322
White, Non-Hispanic	666,786	636,535	30,251	20,467	216,752
Hispanic	11,269	10,076	1,193	1,008	6,540
Asian	5,280	5,080	199	42	2,796
Other	87,551	82,762	4,789	4,243	41,700
Poverty***					
0-100% FPL	344,580	324,958	19,622	19,622	267,805
101%-200% FPL	319,848	299,634	20,214	20,214	196,896
201%-300%tFPL	215,968	200,932	15,036	9,216	N/A
> 300% FPL	316,417	306,935	9,482	169	N/A
TOTAL	1,196,813	1,132,458	64,355	49,221	547,110

SOURCE: Appendix EE: 2007 LHIS

*Eligible age limit is up to the 19th birthday

**Public coverage does not include children covered by Medicare or Military coverage through their parents

***Poverty definition based on household income

Appendix III

WorkSmart!

The 2008 WorkSmart! Awards competition recognized outstanding achievements in 7 areas where statewide eligibility process improvement aims were set. These areas were:

1. Maintain gains
    a. Reductions in processing times for several types of applications
    b. Reductions in procedural closures
2. Improve in new areas
    a. Increase public use of online application and renewal tools
    b. Reduce processing times for applications requiring an MEDT decision
3. Spread improvement
4. Reduce variation
5. Food Stamps Outreach
6. Green Government
7. Work@Home

To be considered for an award, employees had to enter as a group (the awards focused on joint effort or teamwork) and explain why their group should be recognized and rewarded for its efforts toward accomplishment of one or more of the aims outlined above. Using a standard format, entries were required to: identify group members by name, title, office and unit; state the aim(s) the group sought to accomplish; state the strategies used to reach the aim(s); include PDSAs, Regional Manager reports, process improvement board contents; describe the respective roles/contributions of group members (how each supported the whole); and describe the outcome in terms of the problems addressed and improvements made from the point of view of the employee, supervisor/manager, customer, and agency.

The evaluation committee members assessed whether actual PDSA processes were followed.

Success within WorkSmart! and other process improvement initiatives in Louisiana is recognized in a variety of ways.