STATE HEALTH POLICY

Briefing

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On the Spot in Illinois: Working toward Reaching and Enrolling All Children and Adolescents

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STATE HEALTH POLICY BRIEFING PROVIDES AN OVERVIEW AND ANALYSIS OF EMERGING ISSUES AND DEVELOPMENTS IN STATE HEALTH POLICY.

This *State Health Policy Briefing* looks at key aspects of the outreach effort undertaken by Illinois to reach and enroll uninsured children and adolescents in its All Kids program. The state's strategies included:

- Employing a simple message of health coverage for all children, even though multiple coverage programs are used,
- An intense pre-registration outreach effort prior to the beginning of All Kids coverage,
- Improving and automating the application and renewal process,
- Expanding the network of application agents who can assist families with the application process, and
- Building partnerships to promote the program and applications.

Although the state employed a breadth of strategies to reach and enroll the state's uninsured children and youth, administrators believe that a key component of the program's success was the simplicity of it being available to all uninsured children and adolescents.

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Nearly half of the states across the country have demonstrated strong interest and may have developed initiatives to provide health coverage for all children and adolescents. As part of its work to support such state efforts, the National Academy for State Health Policy (NASHP) brought together teams from six states at the forefront of covering all children to participate in On the Spot: State-to-State Learning Exchange with Illinois.[1] This forum was an interactive exchange during which states learned about opportunities, challenges, and each others' experiences in developing and implementing initiatives aimed at covering all children and youth.

The states chosen to participate in this first of a planned series of "On the Spot" forums have both set an explicit goal to cover all children and have developed a plan to reach that goal; a number of them have also enacted legislation. The participating states for this first forum were Pennsylvania, New York, Oregon, Vermont, Washington, and California. Representatives from governors' offices, managing state agencies (including SCHIP, Medicaid, and the Insurance Department), and state legislatures joined Illinois state representatives to learn more about Illinois' experience working toward health coverage for all children. Illinois is the first state to implement a comprehensive initiative aimed at providing coverage options for all children, regardless of family income. Using the information shared during the *On the Spot: State-to-State Learning Exchange,* this *State Health Policy Briefing*

provides an overview of Illinois' program designed to cover all children, with a focus on the state's efforts to reach and enroll uninsured children and adolescents.

During the two-day learning exchange, participants discussed issues they faced when trying to create additional children's coverage options in their states. The topics discussed were similar to those described in *Covering All Children: Issues and Experience in State Policy Development*, a brief NASHP published in April 2008.[2] While each topic prompted significant interest and discussion from the states, Illinois' multi-pronged approach to outreach and enrollment resonated with all participants. Many of the learning exchange participants expressed an interest in adapting one or more of the Illinois outreach strategies for their own state's coverage initiatives.

All Kids Program Overview

On November 15, 2005, Governor Rod Blagojevich of Illinois signed legislation creating health coverage options for all uninsured children. Illinois was the first state to enact a comprehensive coverage initiative for all children and adolescents.[3] The legislation also re-branded all of Illinois' public health coverage programs for children with a new name: All Kids. In coordination with the children's coverage initiative, Illinois also developed a primary care case management (PCCM) program as well as a disease management (DM) program. These programs were aimed at strengthening the state's provider network and accruing savings to help fund the new coverage established by the All Kids legislation.

Foundation for the state initiative

In 2003, under the leadership of newly elected Gov. Blagojevich, Illinois laid the foundation for the state's initiative to cover all children. The state increased the income eligibility limits of the state's SCHIP program, known as KidCare, from 185 percent of the federal poverty level (FPL) to 200 percent of the FPL. Illinois reported this eligibility change resulted in the enrollment of an additional 20,000 children. However, data from the 2003 U.S. Census indicated that at least another 200,000 children in Illinois were uninsured. For nine months, the Governor's office worked with the state's Department of Healthcare and Family Services (HFS) to draft a proposal to cover all of the state's uninsured children.

Program components

All Kids is the umbrella program that incorporates coverage for children at any income level, regardless of whether they meet federal qualification requirements. Illinois offers a comprehensive Medicaid "look-alike" benefit package to all children regardless of family income or citizenship/immigration status through the All Kids program. The state finances All Kids with Medicaid, SCHIP, and state funds. Illinois aims to cover all children with one program that is seamless to those it serves, even though there are multiple funding streams.

The All Kids program includes co-payments for families with incomes above 133 percent of the FPL. Illinois adopted sliding scale premiums for those families with incomes above 150 percent of the FPL. Premiums range from $15 to $300 per child per month, in addition to co-payments for services that also are based on family income.[4]

Assuring that children have health coverage does not ensure that they have access to necessary medical services. One way Illinois attempted to ensure providers would be available for the All Kids enrollees was to increase the state's reimbursement rates for child and adolescent services. The state paid particular attention to increasing the reimbursement rate for preventive and primary care services, including well visits for both younger children and teens.

Financing new coverage options

During the first year of the program, financing was derived largely from savings brought about by the primary care case management and disease management programs. Savings from the PCCM and DM programs were estimated at $56 million the first year, a savings that would have exceeded the costs of the All Kids program. While the state did not realize this level of savings, the DM program produced a cost savings of $34 million.[5] Although the PCCM program did not yield significant cost savings, the program has provided All Kids enrollees, as well as adults covered by the state, with a primary care provider.

Illinois discovered that creating coverage opportunities for all uninsured children spurred enrollment of children and youth previously eligible for already existing public coverage but had remained un-enrolled. Within the first year of All Kids' implementation, Illinois enrolled 114,000 children who were eligible for Medicaid or SCHIP. As a result of this increased enrollment, Illinois received an additional $35 million in federal matching funds. These matching dollars helped to fund the increased costs associated with that enrollment growth.

ILLINOIS' CARE MANAGEMENT PROGRAMS

The PCCM program was established not only to accrue cost savings, but also to ensure that participants eligible to enroll in Illinois Health Connect have a primary care physician (PCP). Most children enrolled in the All Kids program, including those funded with Medicaid and SCHIP dollars, are included in this population. Through a competitive procurement process, Illinois contracted with Automated Health Systems (AHS) to administer the day-to-day operations of the PCCM program, known as Illinois Health Connect.

Program participants are required to select a PCP within the Illinois Health Connect system. Upon becoming eligible for Illinois Health Connect, a participant has approximately 60 days to select a PCP. Families that do not select a PCP are assigned to one. When making PCP assignments, several factors are taken into account, including: existing claims from enrolled PCPs, PCP panel limitations, other family members' PCP assignments, and geographic location. In Illinois Health Connect, participants have the option to change PCPs for any reason, though limited to one change per month. Participants living in counties where Illinois offers voluntary enrollment with a Managed Care Organization (MCO) may choose to opt out of Illinois Health Connect program and select a PCP through an MCO.

Physicians willing to be a PCP for clients must enroll as an Illinois Health Connect PCP. Every physician enrolled as a PCP in the Illinois Health Connect program receives a special monthly care management fee for each participant whose care they are responsible to manage: $2 for each child, $3 for each adult, and $4 for each disabled or elderly enrollee. This care management fee is paid monthly, even if the enrollee does not utilize a service that month. PCPs are reimbursed using currently established rates for services they provide to their patients.

In addition to the PCCM program, Illinois also implemented a DM program that was developed for children and adults diagnosed with certain chronic, high-cost illnesses. The DM program was also created with the expectation that it would yield savings to help fund the costs of the newly enrolled families of the All Kids program. Of the two care management programs, it has been reported that most of the savings realized were the result of the DM program's implementation. Illinois administrators said that, as expected, most of the savings would be the result of better care management of adults rather than of children.

Outreach and Enrollment for the Illinois All Kids Program

States have learned that creating additional coverage options for children and youth is one step in achieving the goal of coverage for all children. However, without effective outreach and enrollment strategies, this goal will be unattainable. At the 2007 "On the Spot" exchange, Illinois state administrators provided an overview of the state's enrollment efforts, some of which are ongoing. Key components of Illinois' initiatives included identifying the population of children and youth who were uninsured, re-branding the state's children's health program, and streamlining application processes.

Establishing targets

Illinois' outreach efforts for the All Kids program began with identifying the population the state wanted to target – the state's uninsured children. Drawing on census data, Illinois officials estimated that there were at least 200,000 children in Illinois who did not have health insurance. Policy makers knew that approximately 120,000 of these uninsured children were eligible for Medicaid or SCHIP, but not yet enrolled. Other children were from families who made too much money to qualify for government programs, but not enough to afford private insurance. Finally, there were children who were previously ineligible for state coverage due to immigration status. Considering that a substantial number of the uninsured children were already eligible for the state's programs, they were the focus of the state's outreach resources.

Advantage of covering all children in messaging

In its first year of implementation, Illinois enrolled approximately 166,000 children into the All Kids program. Of those 166,000, approximately 70 percent (114,000) of the newly enrolled children had been eligible for the state's KidCare program. Illinois state administrators spoke of the value in marketing a simple message – health coverage for all children. Although the state employed a breadth of strategies to reach and enroll the state's uninsured children and youth, administrators believe that a key component of the program's success was the reality that it was available to all uninsured children and adolescents.

Recognizing the strength of this message, in November 2005, Illinois re-branded and trademarked the state's chil-

dren's coverage programs as All Kids. The new name or brand helped to convey that there was a new children's coverage program available. The state's existing KidCare coverage was familiar to residents as a government program with income limits. Re-branding the coverage initiative as All Kids allowed the state's multiple coverage programs with different funding streams to appear to the public as one program for all children. Also, since the new program was a result of Governor Blagojevich's initiative, the new name offered the governor ownership of the program.

Implementation timeline for All Kids

Governor Blagojevich signed the All Kids legislation on November 15, 2005. The law established an effective date of July 1, 2006. This time period allowed the managing state agency – Healthcare and Family Services (HFS) – time to prepare the state's new coverage eligibility systems. However, administrators recognized that the positive momentum gained by the quick passage of the All Kids legislation could dissipate during the eight-month lag between enactment and implementation. Therefore, with support from the Governor, the state immediately launched a campaign to promote the All Kids program. The campaign ran from December 2005 to April 15, 2006, at which time application processing was opened. Coverage became effective July 1 of that year.

Pre-registration campaign

The pre-registration campaign included distribution of information request cards to families at events held to promote the All Kids program. The cards allowed the state to immediately begin collecting contact information from families with uninsured children. These cards were quickly replaced with a printed pre-registration form; this was followed by an online version of the pre-registration form. The state used the pre-registration form to collect information about the families with uninsured children and adolescents. This information was added to a state database that was later used to pre-populate the All Kids applications sent to pre-registered families.

HFS staff reviewed all completed pre-registration forms. If it appeared, from the information submitted, that the family was eligible for an existing program, such as Medicaid or SCHIP, a coverage application was sent immediately to the family. Similarly, the online pre-registration site used a screening questionnaire to guide families to the appropriate form, either an All Kids pre-registration form or an application.

The state received approximately 60,000 pre-registration forms between December 2005 and April 2006. State officials consider the early outreach efforts during the pre-registration period to have been significant in maintaining momentum for the newly established coverage opportunities within the All Kids program. Also, the pre-registration submissions allowed HFS to prepare for the application process. Building the state database with information about families with uninsured children allowed Illinois to send pre-populated applications to those families early on. Thus, children were enrolled in healthcare coverage at the earliest possible date allowed under the state law. However, state officials acknowledge that some families thought they were applying for coverage by completing the pre-registration form, only to learn the actual application would be sent later. Another drawback was that scarce staff resources were diverted from developing the permanent system in order to create and implement the temporary pre-registration process. Illinois officials recommend that other states carefully consider the pros and cons of using a pre-registration process.

Improving the application and renewal processes

Illinois state administrators described the state's SCHIP and Medicaid programs as always having been integrated under the KidCare name. For instance, the state's SCHIP benefit package mirrors that of the Medicaid program. Similarly, at state-only expense, Illinois had long covered new immigrant children during the five-year period during which they were ineligible for any federal means-tested benefits. The expanded coverage within the All Kids program was purposely developed as an extension of the state's existing coverage to maintain similarity throughout all of the state's children's health coverage programs. The integration of these programs allowed the state to develop and continue to use one application for all of them.

Prior to the All Kids application, Illinois had been using a two-page application for its KidCare program; it was accompanied by instructions as well as a separate signature page. To prepare for the implementation of the new initiative, the state consulted with its child health advocate partners to revise the state's coverage application. Many concerns about the ability of families with low reading ability to comprehend the application led HFS to completely redo it. The state integrated all instructions into the application questionnaire, increased its font size, and redesigned the format. By doing so, the state lengthened the application to about 12 pages,

but administrators are confident that the changes actually make the application more user-friendly. Additionally, there are application agents throughout the state available to assist families applying for public health coverage.

Prior to the All Kids legislation, in August 2005, Illinois had launched an interactive online application for children and families. As HFS developed the revamped hard copy All Kids application, the state simultaneously began to retool the online version. The new online version became available in April 2006, when families could begin applying for the expanded programs.

All Kids Application Agent (AKAA)

All Kids Application Agents (AKAA) are community-based organizations, such as faith-based organizations, day care centers, local governments, unions, medical providers, and licensed insurance agents that assist families in completing applications for publicly funded health coverage. Illinois pays an AKAA a Technical Assistance Payment (TAP) of $50 for each complete application that results in new coverage. The application agent program began in 1998 as a way to get the word out and increase enrollment when the state implemented its SCHIP program. The state found that community-based organizations acting as application agents were particularly successful in reaching minority populations.

A key component of Illinois' marketing plan for All Kids was to expand its existing application agent network. HFS staff reached out to community-based organizations to recruit and train additional AKAAs by conducting "training tours" across the state. The state also made AKAA training available online, and recruitment is ongoing. Illinois attributes much of the All Kids enrollment success to the AKAAs. Approximately 85 to 90 percent of the applications the state receives from AKAAs result in enrollment.

Supporting enrollment and retention through policy changes

During the time Illinois was marketing the All Kids program, the state also made policy changes to help retain children with existing coverage. The state implemented an administrative renewal process for children in April 2006. This process consisted of sending those already enrolled in state coverage a pre-populated renewal application that did not need to be returned unless there had been changes in the family's income or other circumstances. Two years prior, in May 2004, Illinois had adopted presumptive eligibility for children with family incomes below 200 percent of the FPL.

Building Partnerships

The Illinois Governor's Office and HFS staff worked together to identify and connect with partners throughout the state that could help expand outreach efforts to target populations. HFS worked with community-based organizations, schools, other state agencies, and private entities to spread the word about the All Kids program. The state's efforts during the pre-registration period specifically targeted the "hard to reach" populations, supporting community organizations and groups to sponsor events designed to engage these populations. One large event was sponsored by private insurance companies; it included games and food. This event resulted in approximately 2,500 pre-registrations. As noted above, information accessed from pre-registration forms was later used to pre-populate applications that were sent out to families.

Schools were one of the first and most obvious partnerships HFS sought to cultivate. State administrators noted that there was an information stumbling block to that regard: schools are not highly automated. School lunch data did little to advance this goal as comprehensive information was not available electronically. However, HFS did find that connecting with school-based health clinics proved to be a good way to reach and enroll adolescents, a tough group to enroll.

With Governor Blagojevich's support, HFS reached out to other departments within the state to provide information to families via other state services. The Department of Employment Security sent All Kids applications to the newly unemployed. The Department of Human Services sent All Kids applications to those enrolled in DHS programs such as food stamps, and to organizations receiving state grants, such as providers of social services. The Departments of Professional and Financial Regulation and Commerce and Economic Opportunity participated in outreach to self-employed residents and to those with small businesses. HFS also partnered with the Department of Revenue to advertise All Kids on the Illinois state tax form.

In addition, Illinois state administrators shared information on the public-private partnerships the state has built with businesses that deal directly with families and children. The

state teamed up with grocery and drug stores to offer coupons to those who completed applications for coverage. Staff and volunteers also held events at a dozen shopping malls around the state during the holiday shopping season, though state administrators acknowledged that those holiday events did not yield the interest they originally thought they would.

Illinois' outreach efforts to providers focused on recruiting doctors to sign up as primary care physicians with the state's new PCCM program. The state also foresaw opportunities to reach eligible children through physicians and other medical providers. The Governor's Office and HFS partnered with the Illinois Chapter of the American Academy of Pediatrics, the Illinois Academy of Family Physicians, and the Illinois Hospital Association to urge their members to make All Kids applications available at both doctors' offices and hospitals throughout the state.

Marketing

State administrators sought out free media opportunities and attempted to maximize exposure for All Kids through paid advertising as well.

State administrators also described a number of special events in which either Governor Blagojevich or his wife participated. For example, in addition to the state's pre-registration drives at grocery stores and AKAA training tours, the governor's office and HFS organized informational events at several schools. The state targeted school districts in which children's uninsured rates were particularly high. HFS staff, volunteers, and even the Governor went to these schools on "report card pick-up day" to answer parents' questions when they came to pick up their child's report card. Every report card was sent home with All Kids program information. Illinois' First Lady visited children's summer camps to share information about All Kids with families, which attracted some additional media attention.

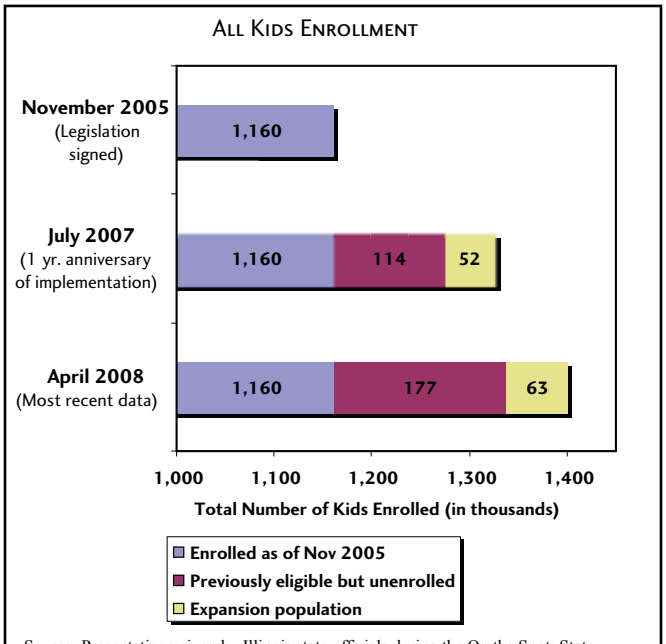
Direct mailings of pre-registration forms were sent to more than 3,000 day care centers; separately, the state sent out more than 35,000 forms to day care voucher recipients. All Kids information was also inserted in the paychecks of day care providers, home health care workers, and others. The state made announcements about key events, such as the All Kids Web site launch and the rollout of the new application, to attract free media coverage. Illinois coordinated its paid advertising with the free media opportunities and special events in an attempt to maximize publicity.

The state hired a media consultant to help with paid advertisements, but encourages other states to maintain some of the marketing responsibility internally.

Enrollment Results

As previously noted, state officials focused on reaching and enrolling children who had been previously eligible for the state's KidCare Program, but who remained un-enrolled. The state also focused on enrolling uninsured children in families who did not qualify for public coverage as a result of income or immigration status and could not afford private insurance premiums. The state anticipated enrollment of 50,000 children from the latter population within 12 months of implementation. That target was exceeded by at least 2,000 children. Enrollment of the previously eligible but un-enrolled population reached 114,000 between November 2005 – when the Governor signed the All Kids legislation – and its implementation anniversary in July 2006.

Within the first year, the enrollment of children who had been eligible but were un-enrolled accounted for approximately 70 percent of the overall program enrollment. As enrollment in the All Kids program increases, the children eligible for the state's Medicaid and SCHIP programs continue to account for a significant majority of enrollees. For example, as of April 2008, approximately 95.5 percent of the All Kids total enrollment of 1.4 million is comprised of children who are eligible for Medicaid or SCHIP.



Source: Presentations given by Illinois state officials during the On the Spot: State-to-State Learning Exchange with Illinois in July 2007 and during the Ten Years and Counting: What Have We Learned about Enrolling Kids in SCHIP & Medicaid National Policy Briefing in May 2008.[6]

Conclusion

Illinois' All Kids program, which aims to cover all uninsured children, was created using several streams of funding, including state-only dollars. It was designed to build upon the success of the state's SCHIP and Medicaid programs. The state used the popular universal coverage initiative to increase provider participation in all of the state's health coverage programs. Through the creation of the PCCM and DM programs, the state is working to ensure that all children have access to a primary care provider.

In establishing new children's coverage opportunities through All Kids, the state also seized the opportunity to improve its application and renewal processes. Administrators claim that these changes have made it easier for all families to apply and retain coverage for their children. All Kids also allowed the state to market children's coverage to all families. The universality of the program and its message caught the attention of many low-income working families whose children had been eligible for the state's KidCare program, but who had remained uninsured.

It is unclear which partnerships were of the greatest benefit or whether paid advertising or special events reached the most people. However, Illinois state administrators believe that application agents within community-based organizations play a large role in enrolling the so-called hard-to-reach uninsured populations. The two most important messages from Illinois are to make the program universal and to focus on the grassroots or community-based organizations that interact with target populations on a regular basis.

Notes

1 With support from the David and Lucile Packard and W. K. Kellogg Foundations, the National Academy for State Health Policy (NASHP) has been tracking and supporting states' efforts toward reaching their goal for universal children's coverage. In addition to supporting this "On the Spot" forum, the Packard and Kellogg Foundations have supported NASHP in providing technical assistance and facilitating state-to-state information sharing.

2 Maureen Hensley-Quinn, et al., *Covering All Children: Issues and Experience in State Policy Development* (Portland, ME: National Academy for State Health Policy, 2008).

3 Teresa A. Coughlin and Mindy Cohen, *A Race to the Top: Illinois's All Kids Initiative* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, August 2007).

4 Illinois's All Kids Income Standards and Cost Sharing Chart can be accessed at: http://www.allkids.com/income.html.

5 Power Point presentation by Anne Marie Murphy, Director of Health Programs, Illinois Office of Governor Blagojevich. "Raising All Boats due to Universality of Program." For the National Academy for State Health Policy, May 21, 2008. http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=2807.

6 Ibid.

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