



Colorado Smooths Access to Children's Insurance Program

Healthy Kids Replication Program

SUMMARY

From 1997 to 2000, the [Colorado Department of Health Care Policy and Financing](#) conducted planning activities for its State Children's Health Insurance Program (CHIP), called Child Health Plan Plus (CHP+), focusing chiefly on:

- Better understanding the needs and attitudes of its target audience.
- Developing a model for using standard messages to communicate about CHP+.
- Simplifying enrollment processes.
- Providing partners with online access to the eligibility database and processes.

The project was part of the Robert Wood Johnson Foundation (RWJF) *Healthy Kids Replication Program* national program.

Key Results

The department:

- Created a network of Satellite Eligibility Determination sites (health care providers, public health departments and family centers) to enroll participants and conduct outreach activities.
- Surveyed families that had requested CHP+ applications but never completed them and families that had dropped out of CHP+.
- Participated in the design of a strategic marketing plan.
- Sponsored organizational effectiveness and communications training for staff members and partners.

Funding

RWJF supported this project through a grant of \$100,000.

THE PROBLEM

In the fall of 1993, about 16 percent (540,000) of Colorado residents had no health insurance, according to researchers at the Colorado DHCPF. Nearly three-quarters of Colorado's uninsured were members of working families and 91 percent of uninsured children had at least one working parent, according to state researchers.

In May 1997, Colorado passed legislation that established a Child Health Plan (CHP) to provide basic medical services to low-income uninsured children ages birth to 17. Low income was defined as having a family income at or below 185 percent of the poverty level.

When federal block funds became available under CHIP¹, Colorado turned its attention to developing an enhanced version of CHP. CHP Plus (CHP+), as it was called, built on the experience and infrastructure of CHP, expanding benefits and adding the features necessary to comply with the CHIP requirements.

Children through age 19 with family incomes at or below 185 percent of the poverty level are eligible for CHP+, which covers inpatient and outpatient hospitalization, physician services, prescription drugs and mental health care services. Families with incomes over 150 percent of the poverty level pay annual enrollment fees of \$25 for one child or \$35 for two or more children. There are no co-payments for preventive services, including check-ups, shots, teeth cleanings and dental x-rays. Co-payments for other services depend on family size and income; generally they are \$1 to \$5 for medical care, and \$5 per procedure for fillings and extractions.

Colorado DHCPF serves as the lead state agency for CHP+. The department contracted with Child Health Advocates, a Denver firm, to provide administrative services, including eligibility determination, enrollment, marketing and outreach services.

THE PROJECT

The original objective of this project was to replicate Florida Healthy Kids². With the advent of CHIP, the objective changed to improving the effectiveness of CHP+'s marketing and outreach activities.

¹ **Children's Health Insurance Program (CHIP)**—In August 1997, Congress passed the Balanced Budget Act of 1997. Title XXI of the act provided block grant funds to the states to expand health coverage for uninsured children. Under CHIP, states could use federal block grant funds to: (1) develop a new health insurance program; (2) expand eligibility requirements for children under the state's Medicaid program; or (3) combine a new program with a Medicaid expansion.

² **Florida Healthy Kids**—A state-subsidized Florida program that provided comprehensive model health insurance for inpatient and outpatient services that emphasized prevention to public school students K–12 and their siblings through age 18. Policies were sold through schools.

Among the activities pursued under the grant:

- To improve access to and enrollment in CHP+, health care providers, public health departments and family centers were engaged to serve as Satellite Eligibility Determination sites. These sites enrolled participants in the plan and conducted outreach activities, many using CHP+'s Web-based system.
- To identify and address barriers to participation, Colorado DHCPF surveyed 400 families (250 families from the general population and 150 Hispanic families) who had called CHP+ for an application but had never completed it. Colorado DHCPF contracted with the University of Colorado Health Sciences Center and the Colorado Department of Public Health (both in Denver) to conduct the telephone survey.
- To identify and address issues related to keeping children in the plan, DHCPF surveyed 250 families who had recently dropped out of CHP+ and 100 families who had failed to re-enroll in the program. Sundel Associates, a market research firm in Denver, conducted the telephone survey.
- Colorado DHCPF participated in the design of a strategic marketing plan and contracted with Phyllis Albritton, an Evergreen, Colo., marketing consultant, for assistance.
- Colorado DHCPF sponsored two types of training: organizational effectiveness training for staff and communications training for staff, policy board members, and representatives of Child Health Advocates and the Department of Public Health and the Environment. DHCPF contracted with Solutions Resources, a strategic planning and organizational development firm in Englewood, Colo., for organizational training, and with the Bowman Group, a Denver public relations firm, for communications training.

Although the school-based children's insurance program originally intended under this grant was not pursued after federal block grant funds became available, Colorado DHCPF worked extensively with the schools on outreach activities, including distribution of CHP+ applications and enrollment forms in back-to-school packets.

Other sources of support for this project were the state of Colorado (for salary support of DHCPF staff); the Rose Community Foundation (for evaluation efforts). In addition, RWJF has provided support to DHCPF through two of its other national programs:

- *Covering Kids*³ (now known as *Covering Kids and Families*[®]): Grant ID# 035096 under this program is being used to support the implementation of statewide outreach activities and pilot programs to break down barriers to enrolling children in CHP+ or Medicaid's Baby Care/Kids Care Program

³ *Covering Kids*[®]—An RWJF national program that helps states and communities increase the number of eligible children who benefit from CHIP and other health insurance coverage programs. It is now called *Covering Kids and Families*[®].

- *State Coverage Initiatives*⁴: Grant ID#s 027242 and 031819 have helped plan a statewide multiple-insurer health plan.

RESULTS

Colorado received federal CHIP funds in the same time period as RWJF funds for this grant. The project accomplished the following:

- **Through its strategic marketing process Colorado DHCPF developed standardized messages to communicate about the plan to the public.** The standardized messages—which include a media response policy, a handout describing outreach activities, and a standard message sheet—allow all groups and agencies that conduct outreach and enrollment activities to communicate consistent information about CHP+ and the plan.
- **Colorado DHCPF simplified enrollment processes and provided community partners with online access to the eligibility database and processes through its network of Satellite Eligibility Determination sites.** The sites handled approximately 27 percent of applications.

Data from the CHIP [website](#) show cumulative numbers of children enrolled by states during each fiscal year (October 1 to September 30).

- **During fiscal year 1999, Colorado enrolled 24,116 children in CHP+.**
- **In fiscal year 2000, Colorado enrolled 39,889 children in CHP+.**
- **During fiscal year 2001, Colorado enrolled 45,773 children in CHP+.**

Findings

The survey of families that requested an application for CHP+ but did not complete it revealed that:

- **Families frequently did not apply for CHP+ because they thought their incomes were too high to qualify, yet the majority appeared to be eligible for the program.**
- **Government program stigma and fear of immigration authorities did not stop people from applying for CHP+.**
- **Nearly all families felt that CHP+ employees treated them with kindness and respect.**
- **Hispanic and non-Hispanic people have similar expectations about the program.**

⁴ **State Coverage Initiatives** (formerly called State Initiatives in Health Care Reform)—An RWJF national program that helps states expand access to health insurance coverage.

The survey of families that had dropped out of CHP+ or had failed to re-enroll revealed that:

- **More than three-quarters of families who left the plan (79 percent) did so because they found other insurance.**
- **One third of families who left the plan did not remember receiving a renewal application.**
- **The main reason why re-enrollees did not maintain seamless coverage was not completing the application on time.**

Communications

Several articles were published in the *Denver Post*, the *Denver Business Journal* and the *Rocky Mountain News*.

AFTERWARD

Since the RWJF grant ended, DHCPF has:

- Built surveying, tracking and other standards into program activities.
- Used findings from program evaluations to improve the renewal process and information processing and standardize outreach messages.
- Engaged partners and others to enroll more eligible children.
- Improved marketing and outreach efforts.

This includes targeting schools that have a high percentage of eligible children and are willing to allocate resources to CHP+, and awarding mini grants to community organizations to conduct pilot outreach projects. In February 2001, a dental benefit was added to CHP+.

Prepared by: Lori De Milto

Reviewed by: Richard Camer and Molly McKaughan

Program Officers: Nancy L. Barrand, Terri G. Appel and Pamela S. Dickson

Grant ID # 33208

Program area: Coverage

BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Reports

Kempe A, Renfrew BL, Barrow J, Cherry D, Jones JS and Steiner JF (eds.). *Barriers to Enrollment in a State Children's Health Insurance Program*. Denver: University of Colorado and Colorado Department of Public Health, 2000.

Sundel Research (eds.). *Colorado Child Health Plan Plus Dis-Enrollee Study*. Denver: Sundel Associates, 2000.

Survey Instruments

"Barriers to Enrollment in CHP+." University of Colorado and Colorado Department of Public Health, fielded spring 1999.

"CHP+ Dis-Enrollment Survey," Sundel Associates, fielded December 1999 and January 2000.