



Collaboratives Propel Systems Change

The *Covering Kids & Families* coalitions had three strategies to increase enrollment in Medicaid and the Children's Health Insurance Program (CHIP): simplification of public coverage programs, coordination of public benefit programs and outreach to those who are potentially eligible. In 2002, the economic downturn created barriers to enrolling more children and families through outreach, as states scaled back on expanding coverage and making other cost reductions in their programs. *Covering Kids & Families* coalitions needed to focus more attention on the other strategies of the project to increase and maintain coverage of those children and families eligible for Medicaid and CHIP.

Toward that end, the Southern Institute on Children & Families (the national program office) and the Robert Wood Johnson Foundation (RWJF) sponsored two Eligibility Process Improvement Collaboratives, in 2003 and 2005, to help grantees improve and simplify the administrative processes for determining eligibility, enrolling eligible children and families in Medicaid or CHIP and retaining them in coverage.

About the Model

Process improvement collaboratives were developed by the Institute for Healthcare Improvement (IHI), a Cambridge, Mass.-based not-for-profit organization that seeks strategies for improving patient care and strengthening the quality and efficiency of health care systems. According to the IHI, these collaboratives had been used by health care providers to:

- Reduce patient waiting times by 50 percent
- Reduce intensive care unit costs by 25 percent
- Reduce hospitalizations for patients with congestive heart failure by 50 percent

The Southern Institute had previously used process improvement collaboratives to help grantees of the RWJF national program *Supporting Families after Welfare Reform* improve eligibility services in the Supplemental Nutrition Assistance Program (SNAP), Medicaid and CHIP. The national program office adapted the IHI collaborative model for *Covering Kids & Families* and invited grantees that were in the best position to take advantage of the opportunity and had support of state officials to join an eligibility process improvement collaborative.

A total of 21 states participated in a collaborative, including seven that participated in both the 2003 and 2005 collaboratives.

Teams that included *Covering Kids & Families* project staff, local eligibility office staff and state Medicaid and SCHIP officials identified changes with the potential of resulting in big improvements in the Medicaid and CHIP eligibility processes. They tested these changes on a small-scale, and then shared their progress and lessons learned in face-to-face learning sessions. The goal was to spread positive outcomes within each state and across states.

During these sessions, participants also learned about Medicaid and CHIP program rules and methods to improve processes and received specialized instruction about health literacy, which the national program office had previously identified as a major impediment in the enrollment and retention process.

Evaluators Find Improvements

Evaluators Sheila Hoag and Judith Wooldridge, from Mathematica Policy Research in Princeton, N.J., reported that “successful *Covering Kids & Families* teams learned methods and approaches that improved processes in the short run and led to positive changes in the philosophy and culture of state administration in the long run.” Some teams also reported increases in enrollment or retention rates.

For example:

- State officials from Iowa and New Hampshire said that they now conduct literacy reviews to ensure their written Medicaid and CHIP documents, forms and instructions are readable and understandable.
- Arkansas implemented phone renewals for Medicaid and SCHIP and aligned the SNAP and Medicaid/SCHIP redetermination dates statewide. The team reported that this decreased the percentage of cases closed for failure to renew, from roughly 25 percent to roughly 6 percent.
- After automating referrals between CHIP and Medicaid statewide, Iowa’s referrals grew from 350 to over 800 per month, with the staff time involved in making referrals decreasing from 15 minutes to two minutes per referral.
- New Hampshire began to accept a forwarding address from the U.S. Postal Service as a valid new address and began to verify home addresses during every phone contact with clients.

These teams believed these changes would not have occurred, or would have occurred more slowly, without the process improvement collaborative.

The collaboratives also helped foster relationships within the states, as the evaluators reported in this example:

In Oregon, the CKF grantee had often been at odds with the state over Medicaid and SCHIP processes. However, both groups saw the value in improving processes, and worked together to apply the process improvement collaborative techniques to their central processing of applications. Working together, they streamlined the process from 72 to 16 steps, decreasing the average application processing time from 22 to three days and saving \$28,500 per month in overtime costs. These findings are similar to other studies that have documented the value collaborative participants found in sharing ideas and working together to solve common problems.

For more details about the work of the collaboratives, see [Improving Processes and Increasing Efficiency: The Case for States Participating in a Process Improvement Collaborative](#).