

# Using Community-Based Organizations to Improve Retention in New York



**The Community Service Society of New York**

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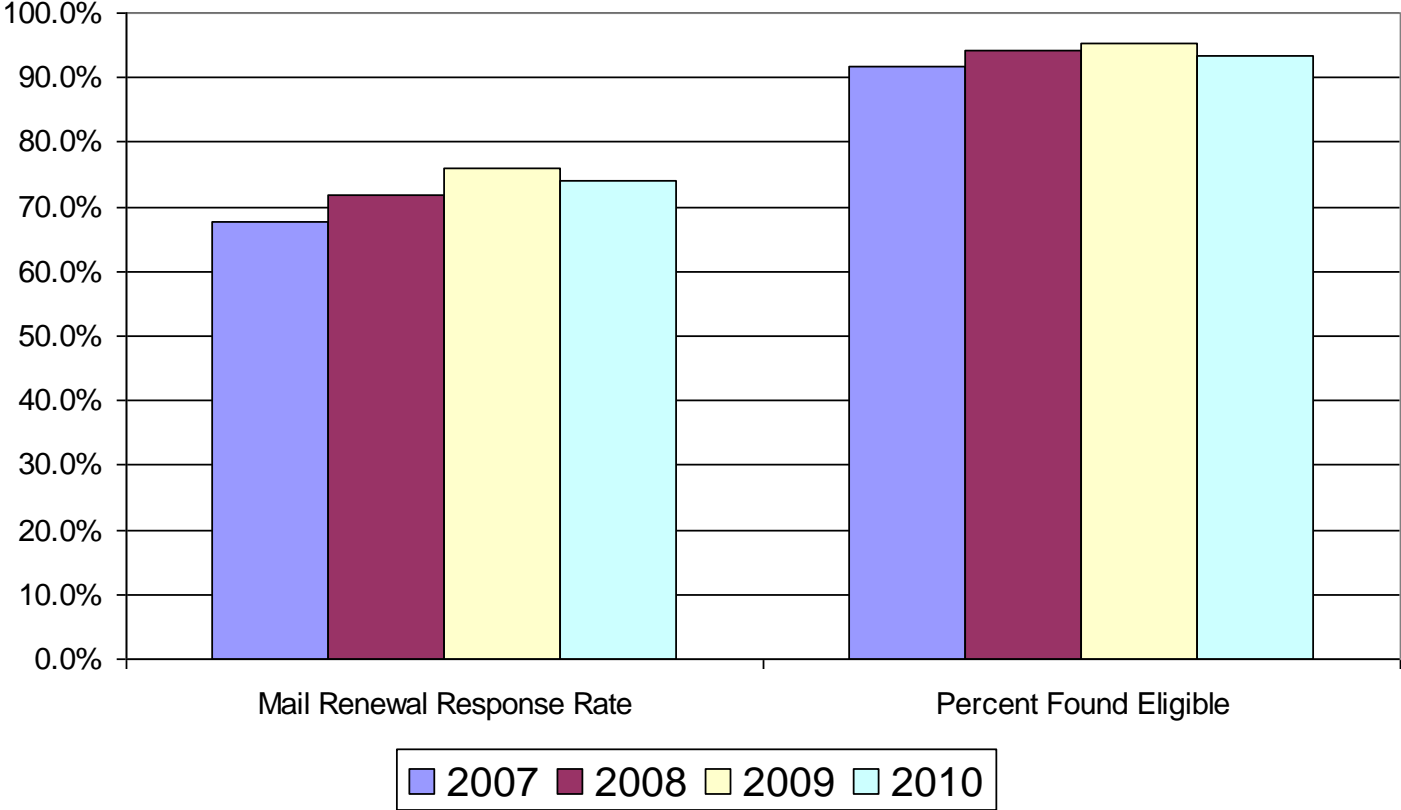
# New York: A leader in many ways

- Child Health Plus (SCHIP) is universal
  - Free or low-premium up to 400% FPL, full premium thereafter (2008)
  - No immigration rules
  - Uniform Medicaid/CHP application
- Robust community based organization facilitated enrollment program launched in 2000
  - \$17 million annually; 112,000 enrollments/year for CBOs
- Lots of new simplification gains in Medicaid
  - Presumptive eligibility for children in Medicaid (2008)
  - Eliminated barriers:
    - Drug/alcohol testing (2008), finger imaging (2009), asset test (2010), and face to face (2010), continuous enrollment (2011)

# Steps Towards Improving Retention in New York

- Self-attestation of income and residency at renewal (2008)
- Statewide Enrollment Center launched in June 2011
  - Rolling out mail-in renewal and telephone renewal options in upstate counties
- New York City using mail-in renewal for nearly 10 years
  - Mail renewal started in 2002 (renewal rates increased from 50% to 76% over 5 years)
  - Launched ACCESS NYC online renewal tool in 2010
    - Pilot test with FEs found some kinks, but computer literate consumers can use the tool successfully

# NYC Experience: If you build it right, they are eligible!



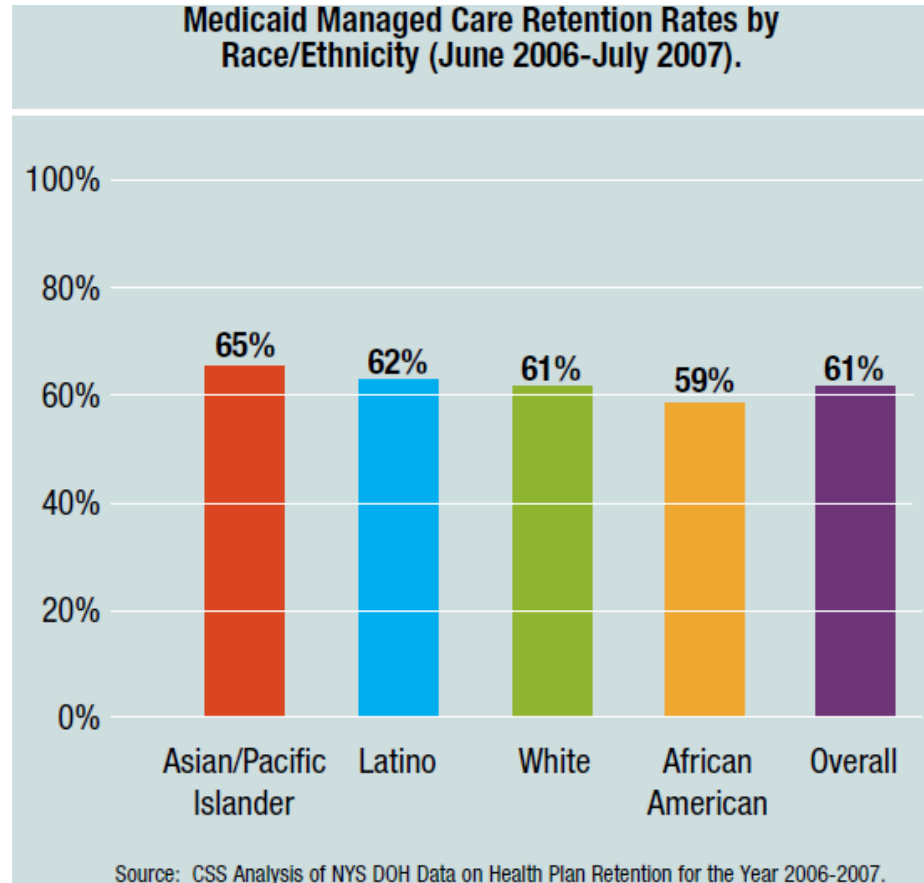
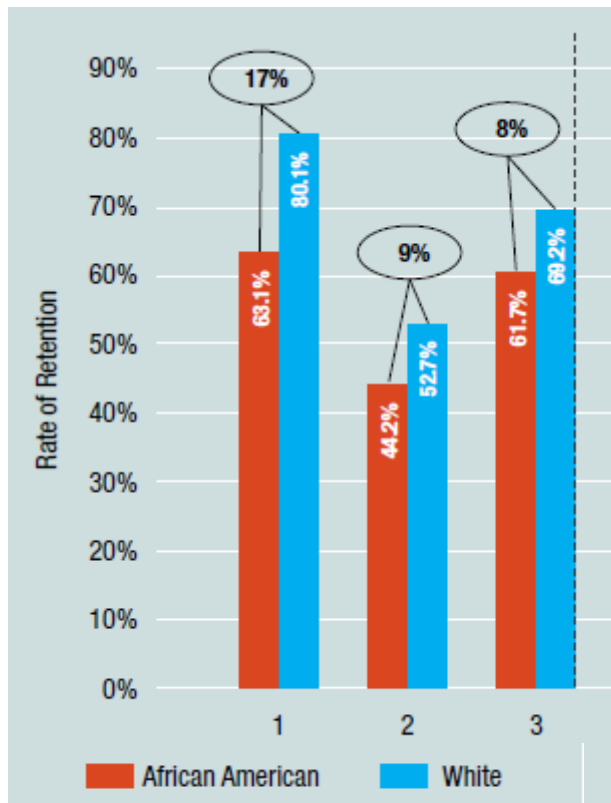
# So, what's the problem?

- Current NYS retention rates are underwhelming
  - CHIP renewal rate is 80%
  - Medicaid Managed Care rate is 68%
- Renewal rates vary widely by geography
  - Medicaid (low of 17% to a high of 78%)
  - Child Health Plus ranges (low of 63% to a high of 100%)
- Renewal rates vary widely by race:

	African American	Latino	White
Child Health Plus	72%	75%	83%
Medicaid MC	77%	80%	81%

# CSS Findings: Significant variation of renewal by race

Three Health Plans Appear to be Driving the African American Disparity in Retention



# Lake Research Partners Findings

- Conducted 8 focus groups
  - 3 Cities (Albany, Buffalo and New York City)
  - 2 focus groups of parents of children who disenrolled from CHP (mixed premiums)
  - 1 Spanish, 1 in Chinese, 1 focused on African Americans
- Barriers to renewal:
  - Misconceptions about eligibility,
  - Confusion about how to renew
  - Too much paperwork
  - Complicated lives
  - Language barriers
- Recommendations for simplifying the renewal process:
  - Telephone and online renewal, telephone reminders
  - Pre-populated renewal forms
  - “Recertification facilitators” to assist with renewal

# Community-Based Organizations: How can they help?

- Retention and Enrollment Assistance through Community and Healthcare Outreach (REACH-Out) Project
- CSS will contract 6 to 8 community based facilitated enrollment groups in targeted venues with low retention rates
  - Counties: Bronx, Kings, Monroe, Nassau, New York, Onondaga, Orange, Queens, Suffolk and Westchester
  - African Americans and Latinos
- Hire 8 to 10 “retention specialists” to focus on renewal
- Retention specialists will:
  - Receive SDOH-generated lists of families up for renewal in advance
  - Text and mailed reminders to clients
  - Other community based outreach and assistance



# But still need broader reforms

- Institutionalize the electronic transmission of client renewal dates to facilitated enrollers in advance
- Implement administrative renewal system
- 2-year continuous eligibility
- Simplified (non-legacy system) notices
- Effective web-based renewal forms
- Text reminders
- Mobile renewal applications for facilitated enrollers and clients

# Thanks!

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