

## Grant Outcomes Report:

### The Access Health Care Long Island Coalition:

Working to Standardize Public Health Insurance Enrollment Procedures Across Long Island

#### I. Executive Summary

Long Islanders feel the impact of uninsurance as strongly as other communities across New York State. To address this issue, the Health & Welfare Council of Long Island attempted to standardize interpretations of eligibility rules and procedures used by various Long Island enrollment agencies to reduce health insurance applications processing delays and unnecessary rejected applications.

#### II. The Problem

Approximately 300,000 Long Islanders lacked health insurance when this project began, yet most were eligible for public health insurance programs. Many do not apply because the public health insurance application process is burdensome and complex, requiring a great deal of paperwork that is often difficult to access. Moreover, two counties in Long Island, Nassau and Suffolk, take three times longer than the Federal average to determine an applicant's eligibility.

In addition to these existing challenges, a series of other public health insurance eligibility and programmatic policies were introduced at the beginning of this project:

- the elimination of temporary enrollment for children, a policy that allowed lead facilitated enrollment agencies and managed care plans to immediately enroll children who appeared eligible for public health insurance coverage while awaiting final determination from the local districts;
- the introduction of presumptive eligibility for children, which allowed children seeking medical treatment at federally qualified health centers to immediately enroll and use Medicaid without experiencing processing delays;
- the elimination of a policy that required documentation of income and residency at renewal;
- an increase of the Medicaid asset test to higher levels, allowing families to save more resources and achieve economic sustainability while still qualifying for public benefits;

#### KEY INFORMATION:

**GRANTEE**

Health & Welfare Council of Long Island

**GRANT TITLE**

The Access Health Care Long Island Coalition

**DATES**

January 2008–December 2008

**GRANT AMOUNT**

\$86,000

**300,000**  
Long Islanders lacked health insurance when this project began, yet most were eligible for public health insurance programs.

- a new 15-day application submission policy, which required all facilitated enrollers and health plans to submit applications within 15 days of starting enrollment for a client; and
- the expansion of Child Health Plus to include families with incomes up to 400% of the Federal poverty level.<sup>1</sup>

While most of these changes were intended to expand and streamline enrollment, they presented administrative challenges to enrolling entities and the local districts.

Standardization of screening, enrollment, and re-enrollment policies, procedures, and documentation requirements across Long Island's facilitated enrollment agencies, managed care organizations, and community-based organizations would help alleviate the burden of the application and re-enrollment process by clarifying a lengthy and complex set of regulations.

### III. Grant Strategy

Under this grant, the Health & Welfare Council of Long Island planned to create a bi-county workgroup comprising the Nassau and Suffolk County Departments of Social Services, Facilitated Enrollment lead agencies, and managed care organizations. The workgroup, Access Health Care Long Island Coalition, would:

- 1) establish and disseminate standardized eligibility screening, enrollment, and reenrollment policies, procedures, and documentation standards;
- 2) create a set of culturally and linguistically appropriate client enrollment materials for coalition members;
- 3) provide a single point of access to all forms, client materials, program and policy updates, and data analyses through secure access to the Health & Welfare Council's Web-based facilitated enrollment system for coalition members; and
- 4) develop a collective outreach strategy for coalition members.

The Health & Welfare Council of Long Island believed it could reach these goals by establishing a shared interpretation of State and Federal Requirements.

**3X**  
Nassau and Suffolk Counties take three times longer than the Federal average to determine an applicant's eligibility.



<sup>1</sup> Kinda Serafi. Review of New York State Public Health Insurance Policy Changes and Enrollment in 2008. February 2009. Children's Defense Fund New York.

## EXPECTED OUTCOMES:

### THROUGH THESE ACTIVITIES THE COALITION HOPED TO:

1. increase the number of insured Long Islanders by 25%;
2. increase the number of re-enrollments and recertifications by 50%;
3. decrease the determination time; and
4. decrease the error rate in applications found ineligible for non-documentation compliance.

If local departments of social services, enrolling entities, and the State Department of Health shared the same interpretation—specifically on issues of creditability and income—a more streamlined system could be implemented and inconsistencies could be greatly reduced. “The key to successful Coalition work is based on the buy-in and participation of the members, and a key point person who leads the charge forward. We can all know the issues and the barriers. But until all parties acknowledge them and invest fully in the process of addressing them, the Coalition goes no where—and fast!” said Gwen O’Shea, CEO of the Health & Welfare Council. Thus, the Coalition focused on achieving consensus from the parties at the table for mainstream definitions related to enrollment.

### IV. Grant Activities

The major activities under this grant fell under four categories: start-up, coalition meetings and participation, addressing barriers and issues, and advocacy.

#### *Start-up*

The Health & Welfare Council of Long Island representatives focused initially on hiring a project coordinator to convene a diverse group of participants. Once hired, this new staff person worked with the President and CEO of the Health & Welfare Council to garner support for the Coalition and its goals from potential participants from the local departments of social services, health plans, and community-based organizations. It was essential that each organization asked to participate had a clear understanding of what it was being asked to do and why, and that the Coalition would be a workgroup with an open process—not one in which participants would be criticized. Each organization was informed that the Coalition would require continuity among its meeting representatives so that decision points would not be revisited from meeting to meeting. Finally, the Project Coordinator made clear that each member would have equal say and authority as it related to the focus and progression of the group’s work.



### *Coalition Meetings and Participation*

The Coalition's first major, and perhaps most important, accomplishment was its ability to bring all possible participants across Long Island to the table. Its first meeting included both local departments of social services, all of the Long Island health plans, and both lead facilitated enrollment agencies, all of which were fully engaged in the introductory meeting. "While many perceived the first meeting as the start of the Coalition, few realized the preparation that went into getting everyone to the table. However, it was critical groundwork to complete, as it resulted in all potential participants—participating," said Ms. O'Shea.



The Coalition met eight times during the 12-month grant period, with an average of 20 attendees representing 10 member agencies. Two new organizations joined the Coalition during the grant period—Visiting Nurse Service and Suffolk Health Plan. After the grant ended, Nassau University Medical Center and Planned Parenthood of Nassau County were also asked to join. In addition, the Coalition solicited the input and participation of the New York State Department of Health during and after Coalition meetings. A State representative participated by phone in every Coalition meeting to explain any unclear requirements or terminology, and verify the original intent of the policy with all parties in the room. This information was noted in meeting summaries, preventing any future misinterpretations. According to O'Shea, "The State's presence allowed for clarity and verification on every issue that caused disagreement between parties."

### *Addressing Barriers & Issues*

At the start of the Coalition, the Project Coordinator immediately began to draft client communication materials to notify clients and enrollers of necessary documents related to application completion and recertification. One of the Coalition's main focus areas was increasing the percentage of Long Islanders who recertify in one of the public health insurance programs. In response to the common re-enrollment barrier of individuals and families failing to notify the department of Social Services when they move, the Coalition decided to be proactive rather than reactive; the Coalition now informs clients beginning the program that they are required to notify the local district if they move. To facilitate this process, the Coordinator created a [Change of Address Form](#) and an [Additional Information Form](#) to ensure clients keep their information updated.

The Coalition also addressed communication issues between facilitated enrollment agencies and local departments of social services regarding pending applications

### FUNDING INITIATIVE:

#### EXPANDING INSURANCE COVERAGE IN NEW YORK STATE

This Request For Proposals was an open call to organizations with ideas for tackling the persistent problem of enrolling uninsured New Yorkers in public coverage and keeping them enrolled, as well as expanding insurance options for individuals not eligible for public coverage. This project addressed the Foundation's goal to improve the way public insurance programs function.

submitted to the local departments. Coalition members developed a list of 10 child-only applications that were pending at the time; these lists were submitted to the local departments for review and comment. This allowed the Coalition to identify where the breakdown in communication was occurring and possible trends in why applications in local departments of social services were delayed. The Coalition held a training session using actual case studies to clarify regulations and rules. It created a Cheat Sheet to address common mistakes made during the application process. The Coalition also addressed the retention rate and recertification process by discussing current issues the local departments of social services were facing and how facilitated enrollment agencies could assist in the process.

### Advocacy

During the grant period, the Coalition undertook several advocacy activities. It participated in the National Cover the Uninsured Week in spring 2008. In September 2008, the Coalition sent a letter to Governor Paterson urging him to maintain the expansion of coverage and continue with his health reform agenda. The Coalition also presented its goals and objectives to the Governor's Children's Cabinet Advisory Council so that similar initiatives could take place across the State.

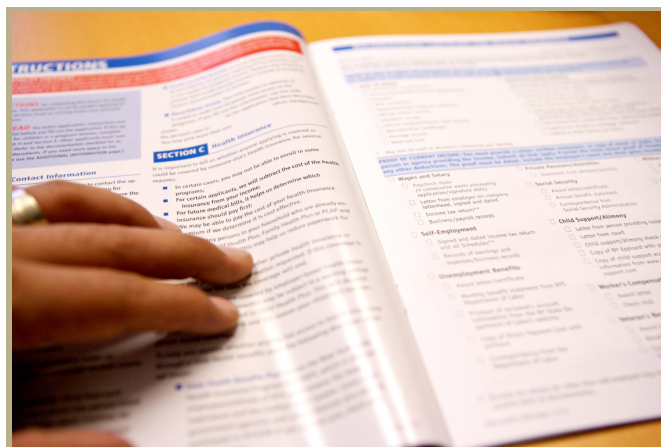
### V. Challenges

Three major challenges affected the outcomes of this project. First, getting all of the organizations on board with the Coalition required more time up front than anticipated. It took extensive legwork for each participating organization to be comfortable with the goals of the Coalition, and with the idea that all participants would have an equal voice. Representatives from the Health & Welfare Council of Long Island realized early on that achieving its originally proposed objectives would be difficult during the one-year grant period.

Second, as mentioned earlier, new legislation was passed during grant period, the most burdensome of which was from the Centers for Medicare & Medicaid Services and required a 15-day processing window for public health insurance applications. This new requirement overwhelmed enrolling organizations because their clients' applications now had to be processed and submitted to local districts within 15 days. The onus was on both the client to be timely with appointments and requested materials, and the enrolling agencies to expedite their quality review processes.

Finally, the economic downturn resulted in a greater number of applications, naturally increasing the local districts' workloads.

In addition to these three major challenges, the Health & Welfare Council of Long Island lost its original Project Coordinator at the midpoint of the grant period and did not hire a new one. The Health & Welfare Council expended funds remaining for the Coordinator on staff who took over this role.



## VI. Results

The original goal of this project was to streamline the public health insurance application process to reach the ambitious outcomes agreed upon by the Coalition (see above). By the second half of the project year, Coalition members realized that they needed to reach shorter-term goals during the grant period as a step towards these long-term objectives. While the original goals were unattainable during the grant period, the Coalition continues its work to reach them.

### INTERIM GOALS REACHED:

Ultimately, the Health & Welfare Council of Long Island:

- convened the key players responsible for enrollment and re-enrollment in Nassau and Suffolk Counties to discuss similarities and differences in their processes, and to find ways to standardize and streamline the process;
- facilitated communication between enrollment agencies and local departments of social services regarding the status of applications;
- developed Change of Address and Additional Information forms to help streamline the process;
- developed a Cheat Sheet for enrolling agencies to clarify requirements and improve the quality of applications; and
- clarified key points of difference on State and Federal requirements by involving a State Department of Health representative during each meeting.

Enrollers throughout the Coalition organizations are disseminating the Change of Address and Additional Information forms when clients first enroll to underscore the importance of keeping the local districts informed of any change of address. While clients do not necessarily keep these forms, Coalition members feel it is important to ensure clients see the forms and understand their importance at the beginning of the process. The Health & Welfare Council of Long Island keeps copies of these forms on its Web site. Enrollers throughout the Coalition also use the Cheat Sheet, which is updated regularly by the Health & Welfare Council.

## VII. Lessons Learned

A major lesson from this grant is that setting up a coalition requires extensive work. In this project's case, the start-up work took longer than anticipated, and the project team and the Foundation learned that the original goals for this one-year grant were overly ambitious. While it was not possible to address these goals in one year, the Coalition laid the foundation for ongoing work and the Council is hopeful the Coalition will maintain its momentum.

The Health & Welfare Council also learned that memorandums of understanding from the potential coalition participants might have been helpful in reducing the amount of work it took

to set up the Coalition. Additionally, the Coalition learned the importance of carefully documenting the results of each meeting to avoid rehashing old decisions during later meetings. Further, outlining the rationale for its project through a logic model—it's activities, short- and long-term outcomes, and expected impact—with technical assistance from NYSHealth was key to clarifying what the Coalition wanted to achieve and what it would take to get there. It helped the Coalition to frame what it was doing, and the Health & Welfare Council felt it ultimately brought a higher level of commitment from the other Coalition participants.

A final lesson learned by both the grantee and grantor is the danger of committing to overly ambitious goals. Many efforts committed to expanding health insurance coverage and public insurance renewals over the past decades have not had great success in moving their target indicators by a large percentage. In this project's case, it was perhaps too ambitious to believe that setting up a coalition and its associated activities would lead to a 25% increase in insured Long Islanders. In addition, the coalition lacked a mechanism for compiling all of the data necessary to measure such outcomes. The Council is working diligently now to determine how it can track enrollment outcomes across the Coalition. The onus is on both the Foundation and the grantee to realize the resources and time that it would actually take to reach such a goal. Since the time that this grant was made, increasingly people who work on this issue realize how difficult it is to singlehandedly change these statistics. Attaining the kinds of goals originally outlined by this project may require a much more broad, State-led effort. Knowing what it knows today, the grantee would have submitted a slightly different proposal that included a planning grant period and a longer timeframe to launch the coalition. Such a proposal would not likely have been eligible for the RFP under which the project was funded.

### VIII. Future

The work and meetings of the Access Health Care Long Island Coalition continue today. The Coalition meets every six weeks and still has a very high level of participation—none of the originally participating organizations has dropped out since the grant closed. The Coalition also has incorporated informative presentations into its meetings that can help each member organization better serve its clients (e.g., a presentation from an outside asthma group). In terms of working dynamics, Coalition members seem to feel greater ownership of their role and the central objectives of the group—they seem more willing to offer their opinions during discussions. It is easier to get all of the member groups around the table for meetings than it was in earlier days. The Health & Welfare Council is still playing a lead role in the Coalition and does not foresee leaving that position.

In addition, a new analysis project is underway to help Coalition members understand application and re-enrollment barriers from the client's perspective. With ongoing technical



assistance from NYSHealth, the Coalition designed this study to follow a client from the moment he or she walks in the door of an enrolling organization to the point of determination of his or her eligibility for public health insurance. Health & Welfare Council of Long Island also is planning to do more fundraising to keep the Coalition active. According to O'Shea, a part-time staff person is probably all it would take to coordinate regular Coalition meetings and ongoing communications, though it is difficult to secure funding given the nature of this project.

## BACKGROUND INFORMATION:

### ABOUT THE GRANTEE

The Health & Welfare Council of Long Island is a nonprofit, 501(c)3 organization that has represented Nassau and Suffolk Counties' health and social services and advocacy interests for more than 60 years. It serves as an umbrella for public and voluntary agencies servicing Long Island's poor and vulnerable individuals and families. Representing the ever-changing needs of its community, the organization provides both direct and indirect services. In its direct service role, the Health & Welfare Council of Long Island has served as a lead agency for facilitated enrollment since the program's inception in 2000. Through this program, the Health & Welfare Council provides application assistance and program eligibility screening for children and adults seeking coverage under one of New York State's public health insurance programs—in both Nassau and Suffolk Counties.

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