



ADVOCACY & BENEFITS COUNSELING FOR HEALTH

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ANNUAL PROGRESS REPORT
PROJECT: COVERING KIDS WISCONSIN
NATIONAL PROGRAM: COVERING KIDS
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1) What were the project's objectives and how has the project met them in this year?

Project Component: Statewide Project (SP)

Goal SP-A

Work towards solutions to eligibility and enrollment problems faced by families applying for Medicaid/BadgerCare throughout Wisconsin in collaboration with the State officials, county workers, eligible families, providers of health care, community workers, and other stakeholders.

Objective SP-A1:

Convene and staff Statewide Coalition with diverse representation to work on developing collaborative agenda to address systemic problems.

The Covering Kids Wisconsin Statewide Coalition convened in October 1999, bringing together a broad range of motivated individuals including representatives of advocacy organizations, State Department of Health & Family Services, faith communities, health care providers, and community organizations. Members were divided into four workgroups (Data & Evaluation, Education & Training, Simplification & Coordination, and Outreach) based on experience and interest. The workgroups have met formally at each of the three Statewide Coalition meetings (October 1999, March & June 2000) and informally via conference call, email, and phone conversations to orient planning of initiative projects.

In order to catalyze efforts to find solutions to eligibility and enrollment problems the Simplification & Coordination (S&C) Workgroup has actively pursued four complementary routes: monitoring State simplification activities, soliciting community input to build an action agenda for the S&C Workgroup and project staff, proposing and reviewing "Express Lane" eligibility policies, and introducing other coordination/simplification ideas.

Monitor State Simplification Activities. In addition to a state-level Medicaid/BadgerCare Program Simplification Task Force, Wisconsin's Medicaid Eligibility State staff are regular participants on the Milwaukee-based Enrollment Process Improvement Committee (EPIC) (see Objective MP-A). John Haine, Chief of the Program Implementation Section in the Division of Health Care Financing, serves as the Medicaid liaison to both of these groups, and he also regularly attends the meetings of the Covering Kids Simplification and Coordination Workgroup at Statewide Coalition meetings.

The Medicaid/BadgerCare Program Simplification Task Force agenda includes: creating a simple, one-page (front & back) Medicaid/BadgerCare application; simplifying verification requirements to include only those needed for Medicaid/BadgerCare eligibility; developing mail-in application for use in cooperation with community organizations and health care providers.

Indeed the Task Force has achieved significant progress on all three of its agenda items. In October of 1999, Wisconsin's Division of Economic Support announced the availability of mail-in recertification for Food Stamp participants at alternate reviews and for Medicaid/BadgerCare participants at any review. A one-page application has been developed and widely reviewed – including two separate reviews by Covering Kids state coalition members in March and June of 2000. This will be tested at FQHC and DSH sites already doing mail-in applications. We have established three county sites for testing of reduced verifications (Milwaukee, Dane, Polk under consideration). This includes reducing verifications to residency, child support, citizenship, and self-declaration of both income and assets. The Division of Economic Support seeks to implement these simplification changes statewide by sometime in the Fall of 2000.

The Covering Kids S&C Workgroup has served as a reporting, discussion, and review site for these two task forces. In addition, the Covering Kids outreach and training events, held statewide, have facilitated the publicizing and promotion of these efforts, while also serving as a site for the receipt of community and professional comments and suggestions.

Soliciting Community Input to Build an Action Agenda. The Workgroup has sought to cast a wide net as it gathers issues for its evolving agenda. In particular, two complementary approaches have been taken to simplification agenda building at meetings held throughout the state. First, in coordination with Wisconsin's Bureau of Managed Health Care Programs, Covering Kids Coalition Member Agency and contractor, Children's Health Alliance of Wisconsin, collected outreach and simplification ideas from attendees at six Managed Care Forums in each region of the state (and Milwaukee). A chart listing no less than 70 barriers to eligibility or barrier-breaking suggestions has

been produced and distributed to Coalition members for use in furthering our simplification/coordination agenda. Second, at each of the five regional Covering Kids Training and Community Leaders forums, Covering Kids staff distributed RWJ-drafted lists of simplification ideas and asked participants to identify the most important items. A comprehensive list of simplification ideas has been prepared and distributed to Coalition members. In addition, ABC for Health's Simplification Workgroup Manager has initiated a "rolling" introduction and discussion of simplification and coordination ideas on the "SafetyExchange" bulletin board at www.safetyweb.org¹. The purpose of this forum is to gather ideas from any site user and to invite comments on ideas. In addition to offering this effort a wide access base, this also permits many Workgroup members to join in a discussion when it best suits them between meetings.

Reviewing and Proposing "Express Lane" Eligibilities Policies. Wisconsin's Covering Kids Statewide Coalition has gathered information about the several express lane possibilities, including WIC and school lunch programs. In particular, an email conversation about WIC express lane possibilities has yielded some interesting statistics².

In addition, Wisconsin Bureau of Health Care Financing is planning pilot projects in 3 counties related to elements such as self-declaration of income. A WIC presumptive eligibility certification of some kind would not only add potentially over 10,000 participants to MA/CHIP, but it would be a de facto test of self-declaration of income. Of some interest in this regard is the growing number of WIC participants reported at income levels exceeding 185% FPL. This was 1.2% (1,425) in 1997 and it is 1.7% (1,876) as of December, 1999. These must be individuals who obtained Healthy Start via the FFU or Deductible³ and then presented to WIC with Healthy Start eligibility or whose income has risen since MA certification. This represents a growing number of individuals receiving WIC whose incomes are over WIC guidelines. Our assertion is that a reverse presumptive eligibility (when you get WIC, you get MA or CHIP) would not increase the MA error rate and would boost eligibility instantaneously.

At the same time, ABC for Health staff registered a concern that any such expansion of eligibility be careful not to turn away from MA eligibility pregnant women or children under 6 in blended families whose income exceeds guidelines at 185% FPL for WIC and school lunch or Head Start or any other similar program. While presumptive eligibility is not appropriate for this group, they should not be "denied" MA, since Wisconsin's FFU (individual "deemed" income test) boosts eligibility for these particular groups to well over 185% FPL.

Introducing and Discussing Other Coordination/Simplification Ideas. Other elements of MA eligibility currently under discussion within the S&C Workgroup reflect ABC for Health's history of client advocacy. ABC's Health Benefits Counselors have long felt that recovery of birth costs by local offices of child support has become a serious stumbling block to Medicaid eligibility, and, accordingly, ABC has introduced discussion of stopping this activity while also suggesting that child support offices become closely involved in efforts to identify uninsured children from child support program files and to enroll these children in MA/CHIP.

ABC for Health Counselors have also long-supported increasing eligibility by changing the manner in which Wisconsin's BHCF counts farming and other self-employed depreciation as income.

Goal SP-B

Enhance the willingness and capacity of people in contact with uninsured children to inform and assist them in enrolling for free or low-cost health care coverage

Objective SP-B1:

Provide regular educational programs for a variety of audiences on eligibility and enrollment for Medicaid, BadgerCare and other health care coverage programs for uninsured children.

¹ Access to bulletin board forums where confidentiality may be an issue is guarded by a password. The password is distributed to network participants once they have been instructed on the nature of the bulletin board and the importance of not revealing sensitive client information.

² WIC numbers overall have been declining. The statewide participant count in March of 1997 was 117,092, while by the end of 1999 there were 111,292. In 1997, 67.5% of the group (some 78,000+) were enrolled in one or another of the MA programs. By December of 1999, both the percent (now 62%) and the number (now 66,000+) of MA-enrolled individuals dropped. The number of people with full insurance coverage dropped from 6.1% and 7,088 to 5% and 5,392 individuals. The group with insurance & co-pay/ded rose from 22.9% & 26,554 to 26.8% & 28,983. The group self-reporting NO INSURANCE at all rose from 7.2% & 8,407 to 9.5% & 10,237.

³ The FFU and Deductible are features of medical assistance that permit alternative methods of calculating income eligibility. Often, these features make enrollment possible for non-traditional families and for families with medical debt gain eligibility with incomes over stated limits.

During the spring of 2000 a two tract training program was successfully completed in each of the five regions of the state providing instruction to a total of 181 people from 100 organizations. Intermediate to advanced training was provided in the Health Access Leaders Workshop while an introductory overview was offered in the Community Leaders Workshop (for more on curricula see Question 5). Initial plans to begin offering training in the fall of 1999 were delayed until the spring in order to coordinate with the year 1 Outreach Forums, promoting the trainings as an extension of Covering Kids participation. To further promote these events brochures were sent to 4213 individuals and registration was made available online. While attendance and evaluations for the Health Access Leaders Trainings were tremendously positive (see Objective SP-C3), attendance at the Community Leaders Training was unexpectedly low, causing cancellation of two of the five trainings (for explanation see Question 3).

Feedback was solicited and received via the training and education forum on the web-based SafetyExchange bulletin board. In addition, "Stay in the Loop" cards were distributed at all trainings, allowing participants to identify which aspects of Covering Kids they would like to continue to actively participate in. While most individuals indicated that they would enjoy coming to future trainings and receiving the SafetyLine newsletters, many requested continued involvement in the development or sponsoring of the Family Health Care Access Kits (see Objective SP-B3) and in the replication of health benefits counseling models in their organizations. Training evaluations demonstrated a high level of satisfaction⁴.

Further participation in the Covering Kids network was solicited through displays, presentations, press releases, newsletter articles and ABC's website. Among the audiences reached this year were: Maternal & Child Health Coalition members, Head Start and Early Head Start agencies, child care referral agencies, University of Wisconsin Medical School students, support groups for parents of children with special needs, faith community representatives, health care providers and managers, community centers, the Wisconsin Public Health community, and many others.

A Dane County provider group interested in establishing a health benefits counseling network. As an extension of the Covering Kids initiative, ABC for Health trainers offered an intensive training series focused on health benefits counseling skills, case management, along with in-depth instruction on coverage programs such as BadgerCare, Medical Assistance, SSI, SSDI, and Katie Beckett.

Objective SP-B2:

Provide up-to-date information on Covering Kids project activities, current eligibility and enrollment policies for Medicaid, BadgerCare and other insurance programs benefiting children, advocacy and outreach ideas to help enroll children in coverage programs and updates on any changes in enrollment and eligibility policies.

A principle public information resource is ABC for Health's website, www.safetyweb.org. Consumers and advocates can find explanations of available services, such as technical support; reference materials, such as program factsheets, Federal Poverty Guidelines, and charts comparing MA and Badger Care; links to a number of other useful websites related to legal research, family support, State agencies, health care financing programs, advocacy organizations, and general health resources; along with the latest on Covering Kids Wisconsin, including scheduled meetings, minutes, products, and proposals. Since project inception the site has received an average of 1306 visitors per month. During the final four months of the grant year the number of visitors has experienced significant growth reaching an average of 1660 visitors per month.

Another resource made available this year is the SafetyLine Newsletter and its complement, the SafetyLine Weekly Update, which goes a step beyond the workplan requirements. Issues for February and June were distributed to all members of the Covering Kids network, a group totaling some 470 people, and have been made available online in the Newsroom area of safetyweb.org (for explanation of newsletter frequency see Question 2). Similarly, the Weekly Update, has been produced regularly since April 24, 2000. During the development stage, copies were distributed only to project staff in order to fine-tune format and design. Broad email distribution (250 members of the listserv) began with the July 14 issue.

⁴ Participants (of 83 responding) either Agreed or Strongly Agreed with the following statements (Strongly Agreed in parentheses): 1) The workshop increased by knowledge — 96% (73%); 2) Because of the workshop I will be able to help families more effectively — 95% (62%); 3) The material was well-presented — 95% (62%); 4) The workshop materials were useful — 99% (84%); 5) My expectations were met — 92% (67%); 6) I am interested in more in-depth training — 75% (56%).

Objective SP-B3:

Provide appropriate informational material to community resources that will aid them in assisting individuals with uninsured children.

Preparation of the Family Health Care Access Kits has been subject to a number of modifications based on the availability of new funding resources and plans to create the Kits as a first step in a much expanded longer-term strategy that involves soliciting sponsorship of the Kits and a much broader distribution (see Question 3 & 6). While the content of the Kits has been thoroughly reviewed by both the Training & Education Workgroup and a group of interested network members, finding a suitable and cost-effective encasement has proven to be a challenge. With the help of contacts provided by Statewide Coalition members, new estimates are being developed. The T&E Workgroup has decided to produce kits in English, Spanish, and Hmong and has pursued a multi-cultural and interactive approach to design by including in the kit pages of stickers, representing images relevant to health care in a variety of Wisconsin cultures. Family will decorate their kits with the images most relevant to their living situation and culture.

Plans for distribution of this pilot version of the kit are underway, and will incorporate assistance from both Automated Health Systems, the holder of the State enrollment monitoring contract, and Head Start. These organizations have established trusting relationships with families that may help stimulate both familiarity and use of the kits. All agents that distribute the kits will receive training and will be expected to survey families on the effectiveness of the kits and to complete surveys themselves identifying strengths and weaknesses of the pilot design.

Preparation of the media kit was deferred to year 2 in order to accommodate new funding sources (see Questions 3 & 6) and make use of recent staff additions (allowing time for new staff, experienced in media relations, to become familiar with the project and the world of health care financing advocacy in general). Similarly, production of a promotional video on Health Benefits Counseling has been deferred to year 2 in order to incorporate new funding sources and coordinate the use of the video as an extension of skills developed during year 1 training and outreach events.

An English-language Covering Kids brochure was produced, with input from the Statewide Coalition, but production of brochures in Hmong and Spanish was deferred until year 2 so that they may be used to publicize the availability of language-specific Family Health Care Access Kits.

Goal SP-C

Maintain effectiveness and timeliness of project interventions, and evaluate implementation and impact of project.

Objective SP-C1:

Manage staff and workloads to maintain progress on workplan activities, and ensure collection of information necessary for evaluation of project implementation and impact.

Staff of both the statewide initiative, the pilots and the outreach contractor have worked diligently and in a coordinated fashion, attending regular conference calls and meetings, to assure that all aspects of Covering Kids Wisconsin proceed efficiently.

Objective SP-C2:

Develop and implement evaluation plan, and analyze data collected to assess project performance and impact.

The project evaluator has developed an evaluation model that identifies the predisposing, enabling, and reinforcing factors that serve as a context for the interventions sought by Covering Kids Wisconsin. The model proposes to focus on process, impact, and outcome factors to measure the results of interventions.

At present, variables have been selected to measure the success of enrollment/outreach activities. Questions have been developed for the key informant interviews and the categories of sample respondents have been determined. Since the beginning of the project ABC for Health and both pilots have been collecting the data requested by the project evaluator. Evaluation of the collected data has been delayed by internal factors like the maternity leave of the principle project evaluator (see Question 2) and external factors like the delay in receiving data sets from the State of Wisconsin (see Question 3).

Project Component: Milwaukee Pilot (MP)

Goal MP-A

Work towards solutions to eligibility and enrollment problems faced by families applying for Medicaid/BadgerCare in Milwaukee County in collaboration with the County, State, eligible families, providers of health care, community workers, and other stakeholders

Objective MP-A1:

Convene and staff Milwaukee Pilot Work Group with diverse representation to work on developing collaborative agenda to address systemic problems.

The Milwaukee Pilot Work Group has taken the form of the Enrollment Process Improvement Committee (EPIC), chaired jointly by John Haine of the State Division of Health Care Financing and Ken Germanson of Community Advocates, both of whom participate in the Statewide Coalition's Simplification and Coordination Workgroup. This committee has become one of the most effective avenues of collaboration dealing with improving access to quality health care. Formed in December of 1998, the group has become an ongoing initiative, meeting on a monthly basis. The Committee's protocol is to discuss possible issues that have come up during individual advocacy of cases, with an eye to having state and county representatives discuss the issues with their own staffs, returning to the next month's meeting with a report of action taken to resolve the issues.

During the past year the committee has identified some 30 process issues, resolving more than half of the issues, with the balance either dropped for good reason or still in the process of being resolved. One of its major goals is to improve the coordination in the administration of the enrollment process for food stamps, Medical Assistance, child care and other entitlements, which often work at cross purposes.

This collaborative effort has addressed issues such as: translation/language barriers; customer access to eligibility workers; need for a troubleshooter; coordination of case review timing across all programs to prevent MA closure when other benefits close; case transfers between regions/workers; access to and stronger oversight of outstation sites; extending enrollment service hours to evenings and weekends; simplification of notices of decision; ending the delay in processing MA while food stamp eligibility is awaiting; encouraging home visits to enroll home-bound applicants; and coordination of MA/Badger application with solicitation of free and reduced school lunch.

Goal MP-B

Encourage application by educating community workers and individuals with easy-to-understand information that can be spread by word-of-mouth to members of low-income communities.

Objective MP-B1:

Train community workers so that they can assist families in accessing enrollment into health care.

Community Advocates staff have developed flexible training curricula that can be modified to fit the needs of specific audiences. Trainings may range from a brief 20 minute presentation to a half-day educational session. Among the groups that have received training are hospital social workers, nurse groups, "hotline" specialists, clinical workers, public health personnel, social service agency workers, school social workers and families. One such presentation was done before a Muslim group in Milwaukee in which immigration issues were critical. During the first year of the Covering Kids initiative Community Advocates held 38 training sessions at a variety of community locations with audiences totaling 785. Evaluations show positive responses; approximately 75% of participants rated the training as "excellent" while another 20% rated it as "good".

Goal MP-C

Provide easily accessible information upon request about health coverage resources and application procedures and locations.

Objective MP-C1:

Implement and staff Medical Assistance Phone Line (MedLine) to provide basic information.

More than 400 families have benefited from the development of MedLine this year. The number of caller has steadily increased since its inception due to marketing efforts. Adding to the call volume are callers with BadgerCare questions who are being referred to MedLine from the newly established "Community Information Line". Individuals are encouraged to call or visit Community Advocates' offices to make contact with a health information specialist; in some 50% of the cases calls are handled immediately, while in other cases callers are placed into a voicemail system and promised a call back within 24 hours. Fortunately the agency has been able to make good on this promise except under rare circumstances. Currently, one staff person is assigned to receive calls as they come in during regular business hours.

Information specialists are trained to answer questions about various types of health care coverage programs, including Title 19, Healthy Start, BadgerCare, the Milwaukee County General Assistance Medical Program, availability of sliding fee-scale health care providers, alcohol and other drug treatment, mental health issues, etc.

About two-thirds of the callers to the MedLine have been classified as "information and referral" calls, with the information often being provided during the initial conversation with a health information specialist. The greatest number of cases, as has historically been the problem, involve difficulties with eligibility for Medical Assistance and/or BadgerCare.

Objective MP-C2:

Create Community Education and Information Center to house information resources, both online and printed, on health care coverage and access topics.

As a first step in the development of the Community Education and Information Center, The Health Care Resource Guide, a comprehensive resource that lists area health care coverage programs and support organizations, has been revised and distributed to Milwaukee area agencies. Looking ahead to next year, talks with a computer/web specialist regarding a redesign of the Community Advocates' website have begun and a new URL has been registered. Pilot leadership expect new web resources to be available by the beginning of 2001.

Project Component: North Central Pilot (NCP)**Goal NCP-A**

Work towards solutions to eligibility and enrollment problems faced by families applying for Medicaid/BadgerCare in North Central Pilot region in collaboration with the County, State, eligible families, providers of health care, community workers, and other stakeholders

Objective NCP-A1:

Convene and staff North Central Pilot Work Group with diverse representation to work on developing collaborative agenda to address systemic problems.

Local coalitions have been established and meetings held in each of the counties covered by the pilot (Clark, Marathon, Rusk, and two active groups in Wood County due to its size and the fact that it has two county seats). In each of the five coalitions members have been drawn from diverse backgrounds including County Departments of Social Services, County Health Departments, Private Clinics and Hospitals, Automated Health Systems, Children's Service Society, School Districts, County Job Centers, women's groups, WIC Programs, county development groups, County Economic Support Offices, Planned Parenthood and other parenting programs. At present 44 organizations and agencies are represented in the four counties. Additional networking among coalition members has successfully occurred at other Covering Kids events, such as the Health Access Leaders Workshops and Outreach Forums for the Northern and Western Regions. In addition, site visits by County Economic Support caseworkers to Marshfield Clinic's Patient Assistance Center has forged stronger bonds among coalition members.

Goal NCP-B

Continually educate Marshfield Clinic System Patient Assistance Center staff and community resources on Medicaid, BadgerCare, and other various health care coverage programs for uninsured children.

Objective NCP-B1:

Provide multiple training sessions per year per county.

A Covering Kids Community Resource and Referral Training was conducted jointly between St. Joseph's Hospital and Marshfield Clinic for employees who come into contact with patients. The training focused on informing advocates of financial and supportive services that are available through the community as well as within the medical complex. This training was video-conferenced to all Marshfield Clinic regional centers on 6/28/00 and was videotaped on 6/29/00. This 3-hour training covered health care financing programs and services such as the Covering Kids Initiative, BadgerCare, Healthy Start, Medicaid, Katie Beckett, SSI, SSI for Neonatal Infants, National Children's Cancer Society, Leukemia Society of America, Families with Special Needs Funds, and the services provided in the Patient Assistance Centers of Marshfield Clinic and St. Joseph's Hospital. Presentations on supportive services included speakers from Children's Miracle Network, Child Life Program, Healthy Birth Program, Cerebral Palsy, Special Development Clinic, Birth to Three Program, School Performance Clinic, and Ronald McDonald House. 56 people attended this training. Of the 21 evaluations received, the results were very positive.

Additional Healthy Start and BadgerCare training from a Medicaid Outstationing standpoint was provided by Family Health Center of Marshfield, Inc./Marshfield Clinic on 6/19/00 for all interested coalition members. Nine people attended this training, and good to excellent reviews were received.

Plans are underway within the pilot area to organize, in cooperation with the State Department of Health and Family Services, a customer service/sensitivity training sessions for Economic Support workers. This will be modeled after Marshfield Clinic's front-line mandatory customer service training. The intent of this training is to teach customer service skills and to make everyone aware of how they may be interacting with families. John Haine, Chief of the Program Implementation Section in the Division of Health Care Financing, will invite the Regional Administrators along with Economic Support supervisors and their staff.

Automated Health Systems will be asked to conduct basic Medicaid and BadgerCare trainings within the pilot area in order to reach out to those advocates and community members who are unable to travel longer distances. If more in depth training is needed, we would encourage them to attend on-going trainings put on by ABC for Health and/or Family Health Center of Marshfield, Inc.

Objective NCP-B2:

Attend regional workshops sponsored by ABC for Health and Statewide Coalition.

Trainings were offered in the pilot area by ABC for Health, Inc., lead agency, on the technical aspects of the Medicaid and BadgerCare programs. Automated Health Systems, a member of the Statewide Coalition, offered the basic Medicaid and BadgerCare Overview trainings throughout the regions as well. Our local pilot sent these training invitations to all local coalition members, which included the Marshfield Clinic system Patient Assistance Centers.

Objective NCP-B3:

Provide appropriate informational materials to community resources that will aid them in assisting individuals with uninsured children.

A total of 9252 flyers containing eligibility criteria and local contact information were distributed through public and private schools in the pilot area. 1070 BadgerCare/Medicaid brochures with contact information were made available at numerous community events including pre-school screenings, farm shows, health and fitness fairs, and sports clinics. In addition, a Covering Kids poster was produced and 238 copies have been distributed throughout the pilot areas and beyond.

To further promote the dissemination of key information resources, the North Central pilot distributed various sets of ABC for Health training videos to coalition participants interested in Health Benefits Counseling.

Goal NCP-C

Expand outreach activities related to case finding of the harder to reach uninsured children in rural areas.

Objective NCP-C1:

Incorporate new outreach activities into REGIN's (Regional Early Childhood Immunization Network) intervention component.

Approval to incorporate outreach materials into the RECIN immunization intervention letters was received in the third quarter of this grant year. Information was provided on how to reach the Covering Kids Outreach Assistant or, in cases where families were having difficulty paying for immunizations, how to reach a local county agency to apply for Medicaid/BadgerCare and Healthy Start programs. RECIN providers that have implemented this message are Wood County Public Health, Marshfield Clinic, Wausau Family Practice and Marathon County Public Health. Rusk County Public Health is not implementing intervention letters at this time as they are calling families to remind them. Clark County Public Health has agreed to include our outreach materials during the next phase of their intervention process. Tracking results from this activity is difficult because we do not know how many families may be calling the county agencies to apply for the available Medicaid programs.

Objective NCP-C2:

Utilize other existing Marshfield Clinic system program populations to identify individuals for outreach activities.

Activity is coordinated with the Healthy Birth program and Marshfield Children's and Family Health Center staff on a daily basis. Joint trainings were conducted as outlined in Objective NP-B1. A Covering Kids letter has been developed to send to uninsured and underinsured families with children who secure appointments in the Marshfield Clinic system. This letter advises of the Healthy Start, BadgerCare/Medicaid programs, and asks them to contact the Covering Kids Outreach Assistant. Again it is difficult to measure our success with this effort, as these families could be contacting other sources, such as the county agencies or Marshfield Clinic outstationing staff.

Objective NCP-C3:

Identify pregnant women earlier in their pregnancy and strive to aid them in securing health coverage (Medicaid) earlier in their pregnancy.

Steps have been implemented in the Marshfield Clinic/Marshfield Center OB/GYN department to identify uninsured and underinsured pregnant women at the time an appointment is made, rather than waiting until they come in for their appointment. Medicaid Outstationing staff contact "new mothers to be" as soon as possible to discuss their options under the Healthy Start programs and encourage them to apply. However, contacting them prior to being seen by their doctor was a problem as an expected due date was needed by the county agency staff to put through their Healthy Start certification. We contacted Wood County Social Services and Department of Health and Family Services who agreed that this was a barrier to enrollment and that we should try to obtain a policy change. John Haine and Jim Jones of DHFS worked together to bring forth this policy change. BWSP Operations Memo #00-39, dated 5/23/00, was put in place, stating that a verification of a due date is NOT a requirement of MA eligibility, therefore allowing pregnant women to be enrolled sooner. This also allows them to enroll in their HMO sooner.

WIC and Family Planning staff from pilot counties are a part of our local coalition. They are aware of the Covering Kids initiative along with Marshfield Clinic's Medicaid Outstationing and Patient Assistance Center services.

Objective NCP-C4:

Implement one-on-one outreach activities to inform individuals on Medicaid, BadgerCare, and other health care coverage programs for uninsured children.

Ongoing health benefits counseling services continue in our Patient Assistance Centers system wide, advising patients of health care coverage options. A Health Information Line has been developed for families to call to receive information about health care coverage options, such as Healthy Start, BadgerCare, and Medicaid. Also our Outreach Assistant and Outstationing staff are available by calling the Marshfield Clinic toll-free number and asking for their direct extensions. All local county agencies are an intricate part of our network. This allows us to contact them for information and advice to assist our families.

Goal NCP-D

Monitor project's effectiveness with targeted outreach activities

Objective NCP-D1:

Implement evaluation components as developed with the project evaluator.

Objective NCP-D2:

Review and analyze data collected in order to refine outreach activities.

Project staff have maintained close communications with the project evaluator and have been faithfully compiling requested data (see Questions 2 & 3 for further explanation of evaluation components). Baseline data regarding BadgerCare enrollments has been obtained through State websites and will be used to implement and enhance outreach efforts within and outside of the Marshfield Clinic system.

Project Component: Children's Health Alliance of Wisconsin Outreach Project (OP)**Goal OP-A**

Promote and strengthen outreach efforts and coordination among outreach activities across the State of Wisconsin to ensure that all eligible children are enrolled in health coverage plans.

Objective OP-A1:

Implement regional outreach forums for addressing outreach issues; developing new and/or continuing strategies; and establishing plans for collaborative efforts between agencies

Facilitation of six regional outreach forums (an addition event supplemented the workplan to address issues specific to Milwaukee) helped Coalition members, advocates and many others survey and analyze health coverage outreach efforts around the state. The format of the forums, based on intensive, small group discussion and reporting, gave individuals the chance to interact with a variety of agencies and to develop recommendations to improve the current system of health coverage. Because of promotional efforts, and the word-of-mouth advertising that resulted from the first forums, attendance at all meetings was significantly higher than expected. In total, more than 350 individuals attended the meetings and participated in this important effort.

Objective OP-A2:

Implement annual statewide outreach meeting for celebrating best practices in outreach and coordinating statewide outreach efforts.

The statewide outreach celebration was conducted on June 8, 2000 in Stevens Point, WI in conjunction with the summer Statewide Coalition meeting. The two events were joined to permit attendance by busy Coalition members and to allow other invitees, drawn primarily from the network of individuals who participated in the regional Outreach Forums, to participate in on workgroup discussion. The approach provided a refreshing boost to Coalition discussions. All participants received a copy of the Regional Workgroup Results (summarizing the results of small group discussions at the Forums) and a listing of contact information for all individuals who participated in the outreach events around the state. This resource will promote collaboration and increase network cohesion.

2. What internal challenges were encountered during this year that are related to the project's design, collaboration, staffing, operations, or other project factors?

The incorporation the additional funding sources, as outlined under Question 6, and the resulting expansion of operations has resulted in modifications to project design, particularly related to the production and distribution of information resources and tools like the website, the Family Health Care Access Kit, the media outreach kit and the promotional video.

A tight labor market caused delays in the hiring of a Curriculum Specialist, whose primary role is research and writing for publications and online materials. As a result publication of the Safetyline newsletter, which began in February 2000, on a monthly basis was achieved later than expected in June 2000.

An additional challenge encountered during year one was the unexpected maternity leave taken by ABC for Health's Education Director who, in addition to coordinating the training and information resource aspects of the project, is the primary person responsible for data and evaluation efforts. The redistribution of responsibilities caused by the Education Director's absence, in combination with the restructuring made necessary by the new funding sources and the external factors discussed below, caused delays in the implementation of some aspects of the project, most

notable the data and evaluation piece. As of August 1, 2000 the Education Director will be returning to her position on a part-time basis and will return full-time early in September

3. What challenges or successes were caused by factors external to the project?

While relations with State of Wisconsin agencies have indeed been effective and cooperative, the project has experienced some difficulty obtaining key data sets from the State of Wisconsin. These data shall be used to track the effectiveness of outreach and enrollment activities by following families through the State computer system. In the absence of this key resource, evaluation efforts have been significantly hampered. State officials have indicated, however, that data should be available from its contracted agent by the end of August 2000 at which time comprehensive data evaluation may begin.

Additionally, attendance of the Community Leaders Training was unexpectedly low, causing cancellation of two of the five trainings (for explanation see Question 3). The most probable explanation of this phenomenon is that the target audience did not identify themselves as Community Leaders. Planning for year two trainings includes replacing this training with on-demand overview trainings that may be marketed to community groups, faith communities, and other community agencies. The expectation is that by addressing community leaders in their peer groups, perhaps at a regularly scheduled internal event, Covering Kids staff can more effectively design content and curricula specific to the needs of each group.

4. If you are working in collaboration with other organizations, or depend on other organizations or institutions to meet the objectives of this project, how are those relationships working?

With the exception of the challenges involved in obtain key enrollment data, positive relationships with State agencies have strengthened the implementation of proposals to simplify and coordinate coverage program. These successful collaborations with key representatives from the Department of Health and Family Services, Department of Workforce Development, Department of Public Instruction, and the Division of Public Health have facilitated the project objectives.

The project has also benefited from well-coordinated collaboration among project partners. All partners have demonstrated an ability to work independently toward project objectives and a willingness to take the extra steps necessary to ensure success

5. What have been the project's key dissemination activities during the past year?

Recognizing that the varied training needs of those who are in contact with families in need of health coverage, the Covering Kids Training & Education (T&E) Workgroup proposed two simultaneous training tracts catering to Health Access Leaders and Community Leaders. Health Access Leaders are individuals who are to some degree familiar with the health coverage program. This group, which includes advocates, County Economic Support workers, social workers, public health nurses, school nurses and social workers, Head Start teachers, health care clinic managers and hospital business managers, among others, was provided with a more comprehensive survey of coverage programs and information resources. The training curriculum sought to increase knowledge of the multiple methods for obtaining eligibility for Medical Assistance including the often confusing MA Deductible, the Family Fiscal Unit, issues related to assets, and BadgerCare (Wisconsin's SCHIP program). In contrast, the Community Leaders training was designed for people who don't necessarily need an in-depth understanding of program rules and regulations but who have regular contact with lower-income communities and are in a position to provide valid recommendations. To this group we offered an overview of Covering Kids and of MA/BadgerCare eligibility guidelines. The objective of this curriculum was to raise consciousness among community members, such as child care providers, employers, clergy, legislators, school teachers, police officers, coaches and mentors for kids, job center workers, food pantry and shelter workers, etc., and provide them with some points of contact to assist families in need.

The SafetyLine Newsletter offers updates on Covering Kids activities, investigates issues affecting enrollment and eligibility, profiles useful websites and coverage programs, and offers helpful tips to advocates and health benefits counselors. The SafetyLine Weekly Update, distributed as a pdf email attachment, summarized public reports, introduces news items, profiles websites, and links readers to key regulation and program changes. The two publications, both of which are available at safetyweb.org, play a crucial role in the project's efforts to provide up-to-date information resources.

A number of additions to ABC for Health's website, www.safetyweb.org, have extended dissemination activity. An area dedicated to Covering Kids was developed in the Programs area to provide general project information and the latest on events, meetings and product development. Also on the website, the SafetyExchange bulletin board was introduced as a mode of sharing knowledge, asking questions, and facilitating rolling discussions on a variety of issues. A number of factsheets in the Reference area of safetyweb.org have been created or updated this year. This resource summarizes key program information related to application, eligibility, benefits, appeals, etc. Other consumer-oriented information pieces are currently under development and are expected to appear this fall.

6. What are the project's other sources of support?

In April of 2000, ABC for Health secured additional outreach funding from the State of Wisconsin. These funds will permit expansion of core Covering Kids activities as well as expansion to new activities. In particular the State has funded individual problem resolution activities that were *not* funded by RWJ Covering Kids. These additional services are now available statewide. Funding from the State of Wisconsin will run concurrently with the Covering Kids grant period (until June 2002).

7. What are your plans for the project next year

We plan to modify training curricula to focus more extensively on working through eligibility criteria. Additionally we plan to focus on potential referral resources in order to assist families and children in actually finding health care coverage. We are investigating the possibility of utilizing the University of Wisconsin Systems video conferencing facilities to expand the reach of training and outreach events (broadcasting to the more remote regions of the state) and supplementing intermediate level trainings with more in-depth broadcast trainings.

Furthermore, we look forward to distributing the Family Health Care Access Kits at pilot locations and then moving forward with efforts to identify businesses and organizations who would be interested in supporting an expanded distribution of the kits by financing a portion of the subsequent production and, in return, receiving the publicity of appearing on the encasement as a sponsor.

Plans for the safetyweb.org website include incorporation of web/database connectivity elements that will permit users to search more efficiently for resources applicable to their particular needs. As a complement to the in-person and video conferenced trainings, interactive web-based curricula will form the basis for individualized online training opportunities.

Based on the tremendous success of the format for the year 1 Outreach Forums, the Wisconsin Bureau of Managed Health Care Programs has agreed to continue collaborating with Covering Kids, dedicating a significant portion of their agenda in each region of the State to the year 2 Outreach Forums. The Outreach Workgroup has suggested that year two activities should focus on ensuring access to health care once enrollment has occurred, and developing unique outreach strategies that keep eligible children enrolled in health coverage programs.

8. How do you assess the NPO's role in your grant?

Covering Kids Wisconsin certainly has benefited from being a part of a larger national effort. Ideas appearing on the Covering Kids listserv have served as catalysts for further discussion and development plans, particularly for the Family Health Care Access Kits.

Participation in events such as Chicago, San Antonio and Philadelphia have raised our spirits and strengthened our belief that indeed efforts all around the country are seeded in fertile ground. By becoming aware of efforts in other states we are better able to evaluate progress in Wisconsin and can learn from the successes and challenges of others.

9. How long have you served as project director?

I have served as project director since the start of the project on July 1st, 1999.

ANNUAL PROGRESS REPORT BIBLIOGRAPHY (YEAR 1)
COVERING KIDS WISCONSIN
RWJF GRANT ID: 35757
JULY 1, 1999 – JUNE 30, 2000

PublicationsReports

- * Community Advocates. Health Care Resource Guide for Low-Income Persons. Milwaukee, WI: Community Advocates, 2000. 300 copies distributed to July 2000.
- * Dillen, A. Outreach Regional Workgroup Results – Health Coverage Outreach Forums. Milwaukee, WI: Children's Health Alliance of Wisconsin, 2000. 380 copies distributed to July 2000.

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- * "Covering Kids Wisconsin." ABC for Health, Inc. 2000.
- * "Health Coverage Outreach Celebration." Children's Health Alliance. 2000.
- * "Free Covering Kids Workshop." ABC for Health, Inc. 2000.
- * "Outreach Forums." Children's Health Alliance. 2000.

Flyers/Cards/Posters

- * "Stay in the Loop." ABC for Health, Inc. 2000.
- * "Covering Kids." ABC for Health, Inc. 2000.
- * "Health Benefits Counseling," ABC for Health, Inc. 2000.
- * "BadgerCare of Wisconsin is Covering Kids," Family Health Center of Marshfield, Inc. 2000

Newsletters

- * SafetyLine. Madison, WI: ABC for Health, Inc. 2 issues to July 2000. 472 copies mailed per issue.
- * SafetyLine Weekly Update. Madison, WI: ABC for Health, Inc. 10 issues to July 2000. 20 copies emailed per issue.

Sponsored Conferences, Meetings, Workshops

- * "Community Leaders Workshop," April 13, 2000, Wausau, WI; May 12, 2000, Green Bay, WI; June 12, 2000, Eau Claire, WI. Attended by 20 individuals from 15 organizations including Stockbridge-Munsee Health Center, Green Bay Public School, Brown County Health Department, Green Bay Head Start, Marquette County Birth to Three Program, La Crosse County Human Services, Early Head Start/Renewal Unlimited, Northwest Wisconsin Child Care Resource and Referral. 4 presentations: "Covering Kids Introduction," Vickie Baker. "Medicaid & BadgerCare – Roadblocks & Detours," Vickie Baker. "Community's Role in Increasing Coverage," Vickie Baker. "Using Covering Kids Network Resources," Aaron Schliem.
- * "Health Access Leaders Workshop," April 13, 2000, Wausau, WI; May 2, 2000, Racine, WI; May 12, 2000, Green Bay, WI; June 2, 2000, La Crosse, WI; June 12, 2000, Eau Claire, WI. Attended by 161 individuals from 85 organizations including Marshfield Clinic, Holy Family Hospital, Automated Health Systems, Inc., Children's Service Society of Wisconsin, Health Care for the Homeless, The Friends of Phoebe, Inc., WIC/Head Start, Ho Chunk Nation, Milwaukee Women's Center, Wisconsin Assembly, Great Lakes Tribal Council, AIDS Resource Center of Wisconsin. 7 presentations: "Covering Kids Introduction," Mike Rust. "Medicaid and BadgerCare Eligibility," Carole Crisler. "Medicaid Deductible Feature," Mike Rust. "Family Fiscal Unit," Mike Rust. "Assets," Carole Crisler. "Health Insurance Coverage," Vickie Baker. "Using the Covering Kids Network Resources," Aaron Schliem.
- * "Dane County Provider Network – Health Benefits Counseling Skills," April 18-20, April 20, April 25-27. 2000, Madison, WI. Attended by 12 individuals from 9 organizations including St. Mary's Hospital, UW Medical Foundation, Dean Medical Center, Madison Community Health Center. 5 presentations: "Medicaid," Mike Rust & Carole Crisler. "BadgerCare," Vickie Baker. "Private Health Insurance," Ray Laravuso & Robert Peterson. "Social Security, Katie Beckett Program," Vickie Baker. "Other Financing Resources & Counseling Skills," Vickie Baker & Aaron Schliem.

* “Health Coverage Outreach Forums,” March 15, 2000, Minocqua, WI; March 22, 2000, Racine, WI; April 5, 2000, Green Bay, WI; April 20, 2000, Milwaukee, WI; May 17, 2000, Madison, WI; May 24, 2000, Eau Claire, WI. Attended by 340 individuals from 300 organizations including Head Start, WI Division of Public Health, WI Division of Health Care Financing, public schools, health care providers, tribal health agencies, County Departments of Human/Social Services, HMOs. 2 presentations: “Status Reports on BadgerCare, Medicaid HMO Contract,” Representative from the WI Bureau of Managed Health Care Programs. “Covering Kids Introduction and Background,” Anastasia Dillen & Aaron Schliem.

WWW, Electronic Media, and Audio-Visuals

* www.safetyline.org. Provides information of ABC for Health services and specific information about health coverage programs and advocacy resources. Madison, WI: ABC for Health, Inc. June 1999; averages 1660 visitors per month.

News Releases

* A news release on the inception of the Covering Kids Wisconsin initiative was sent on July 22, 1999 to 26 newspapers.