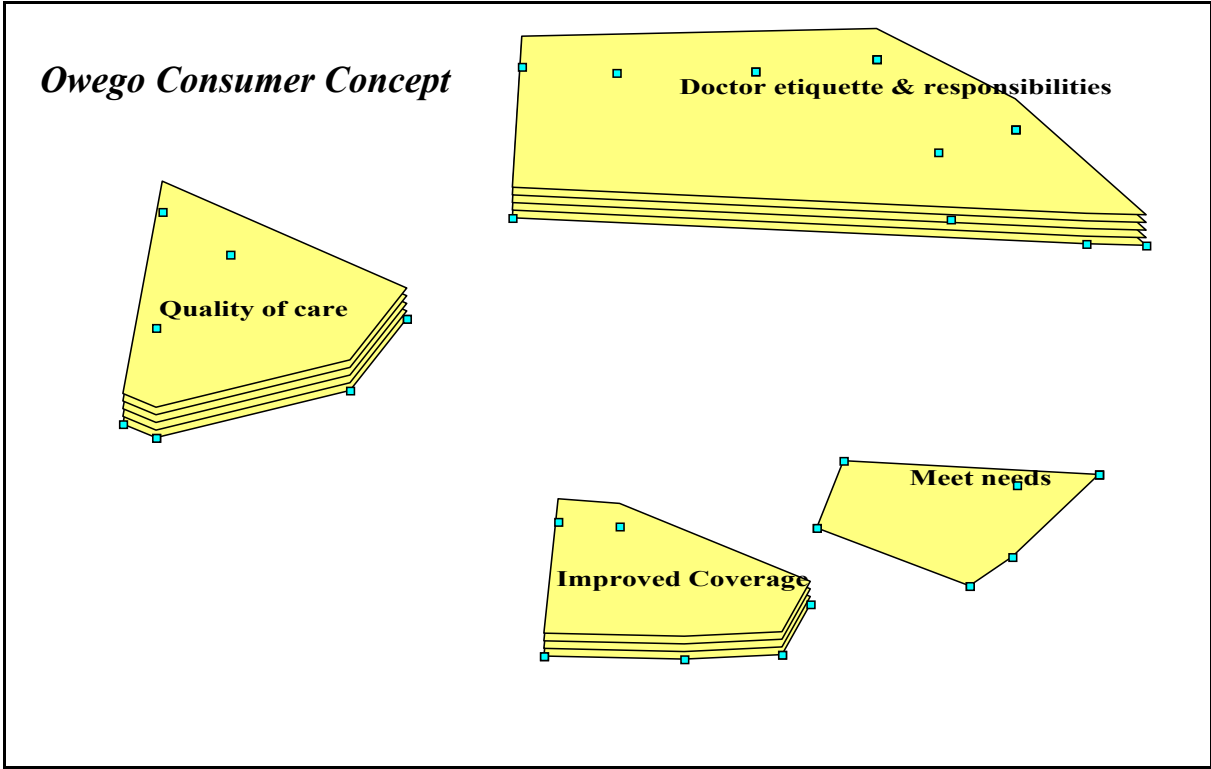
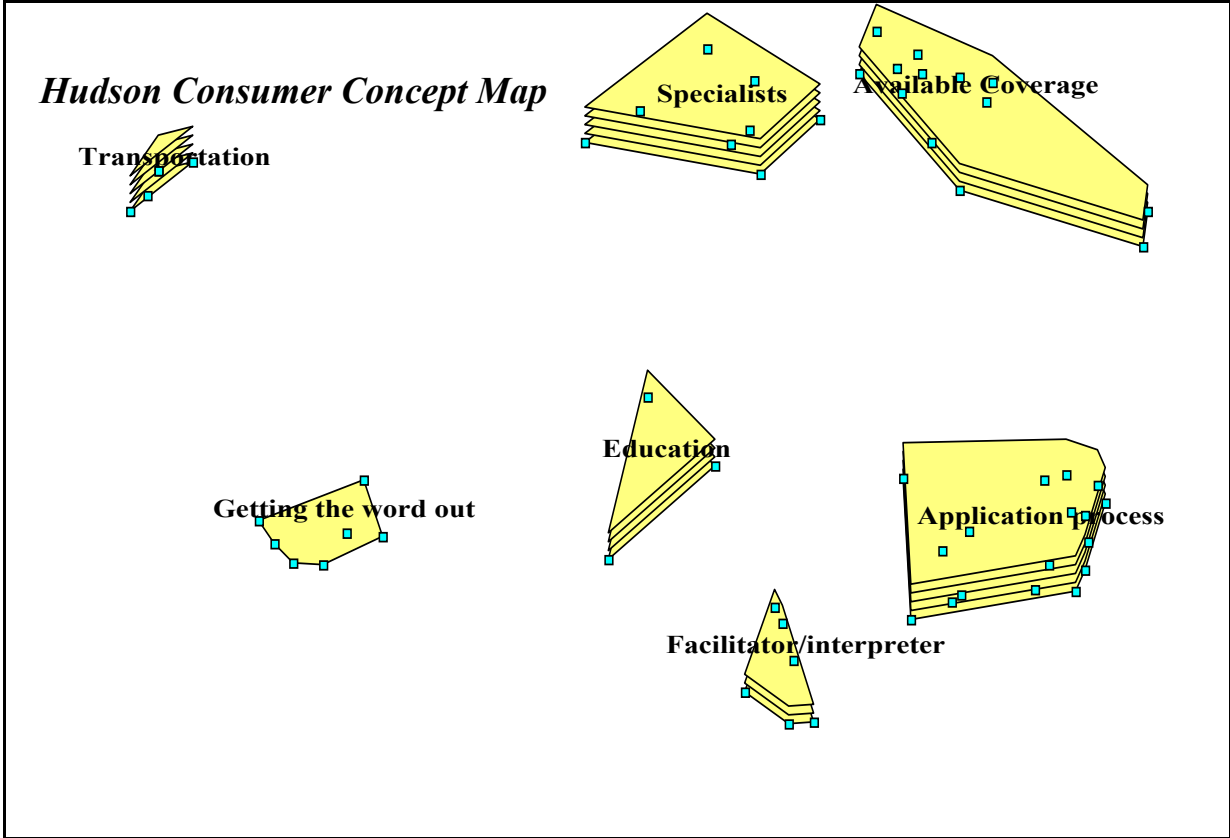
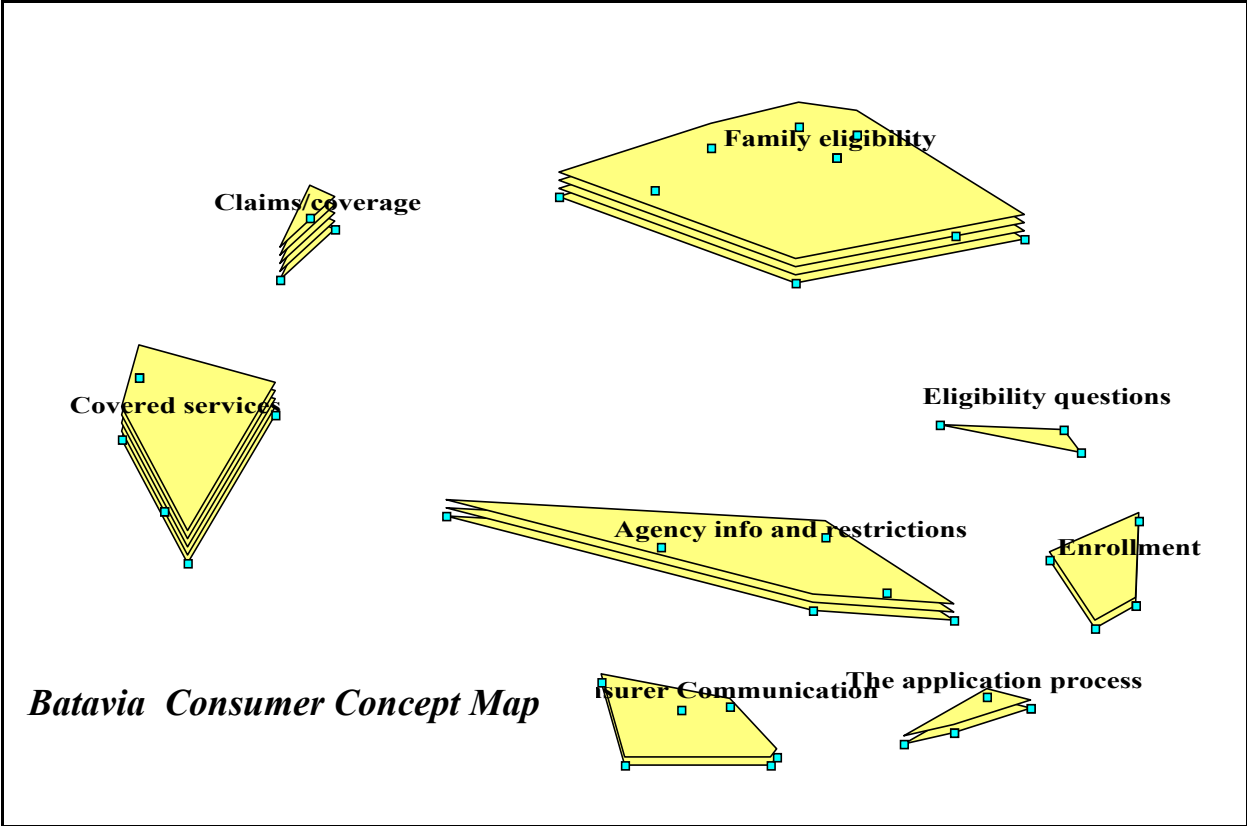
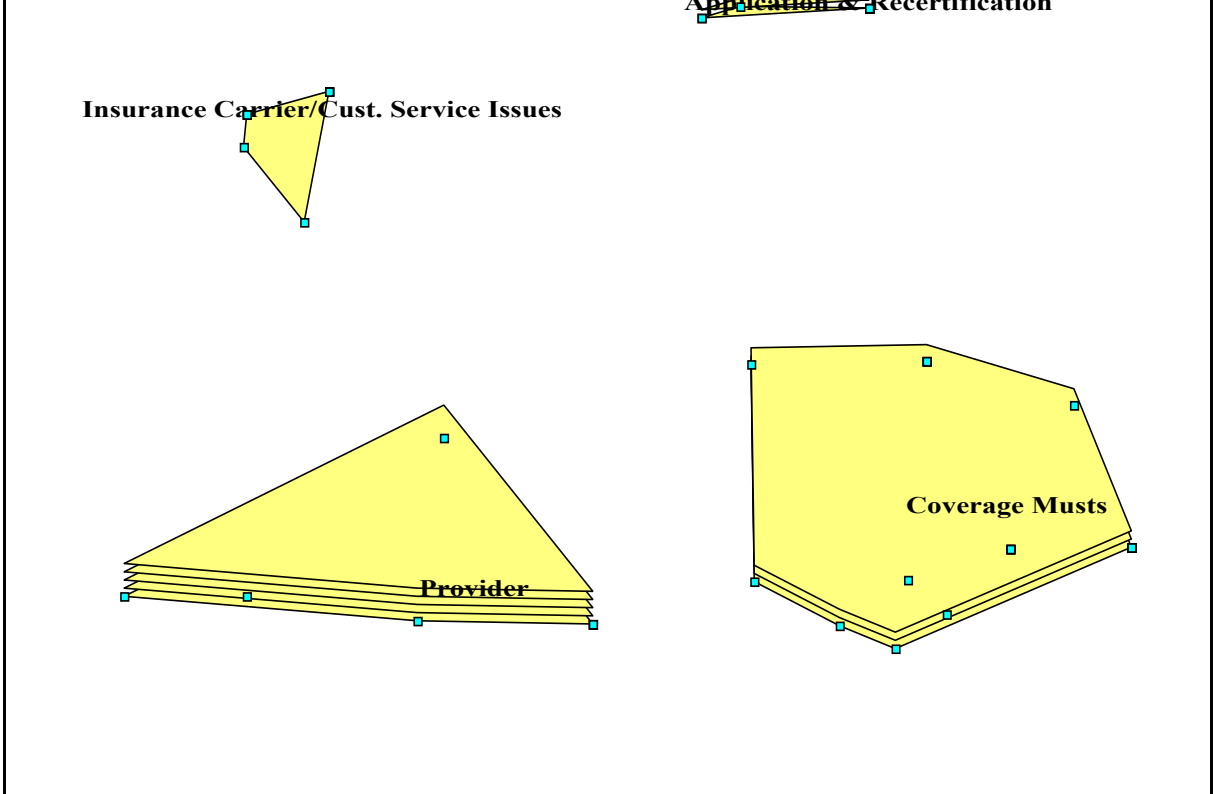


Appendix A
Consumer Concept Maps

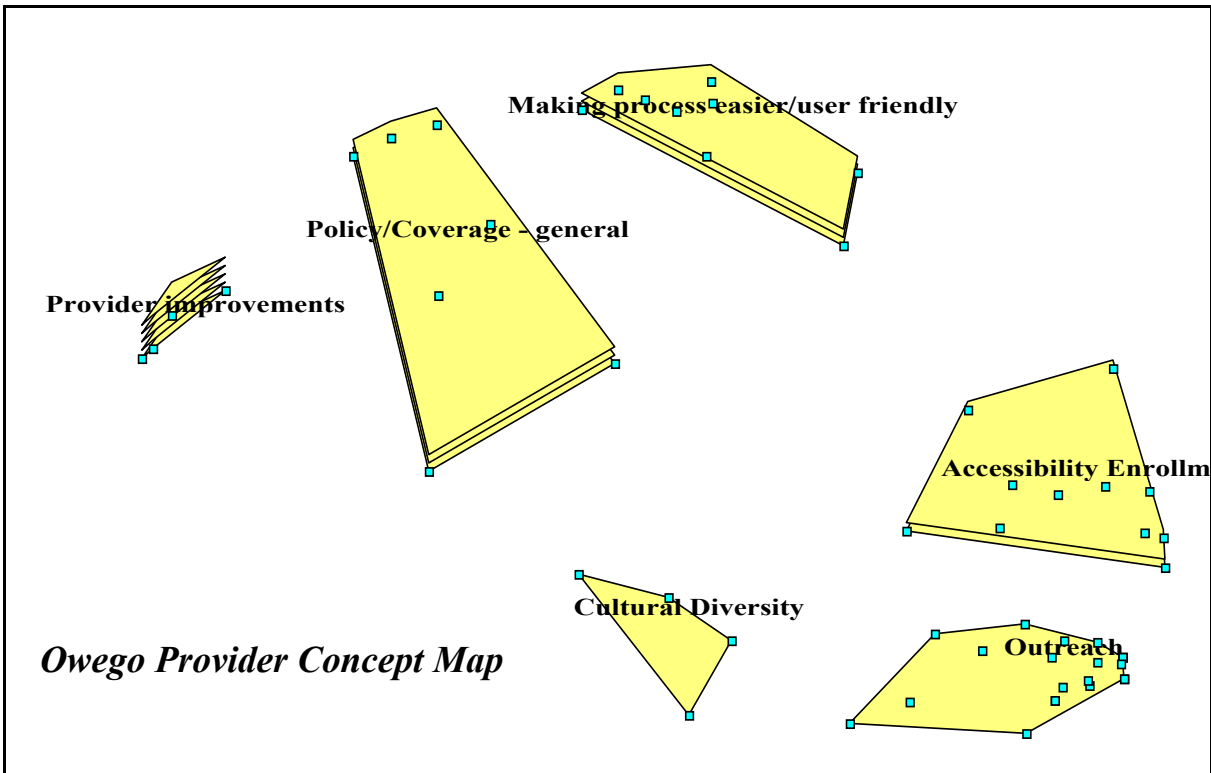
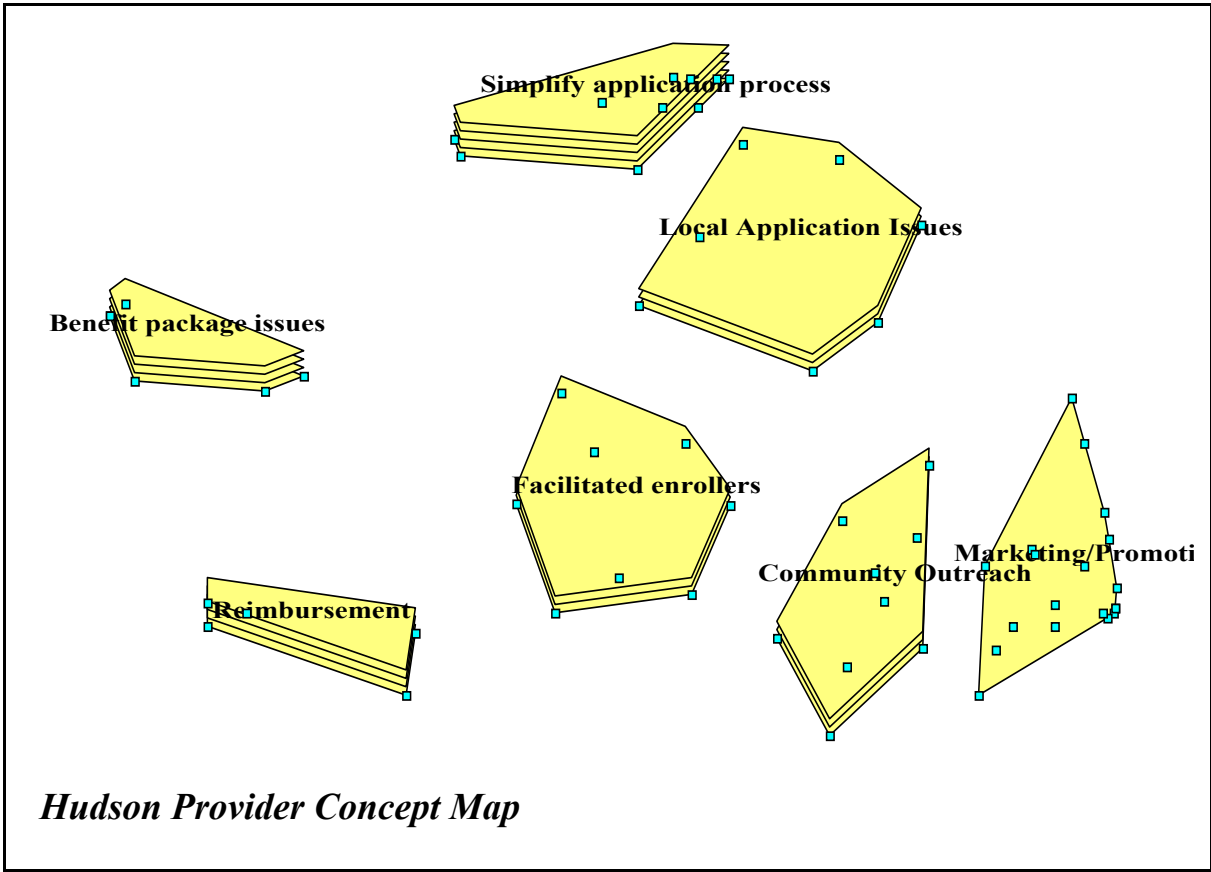




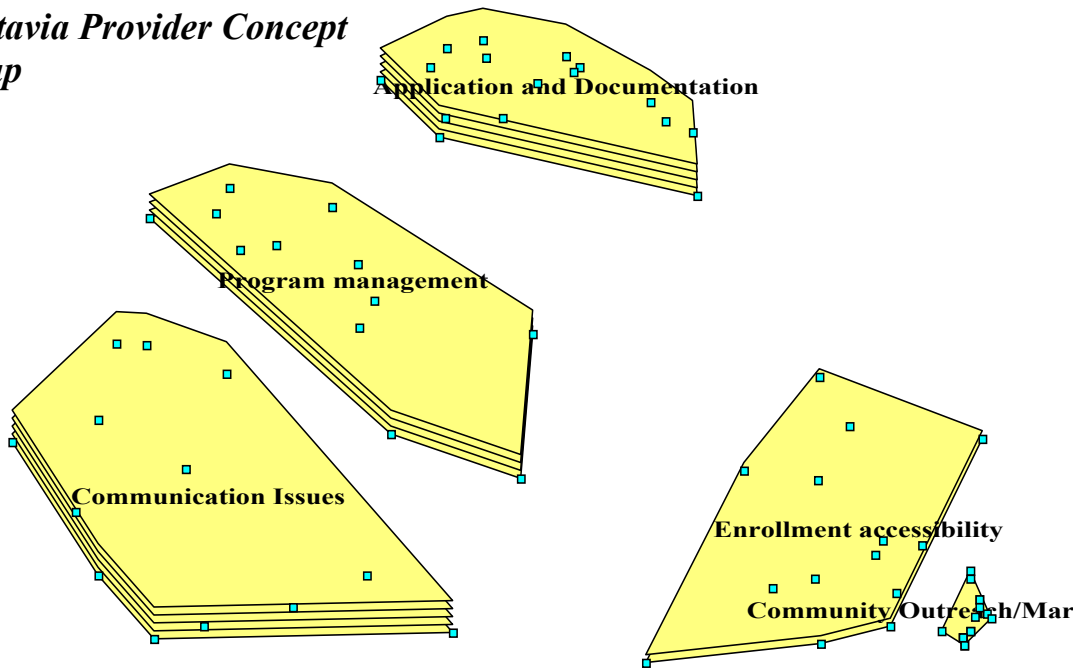
Saranac Lake Consumer Concept Map



Appendix B
Provider Concept Maps

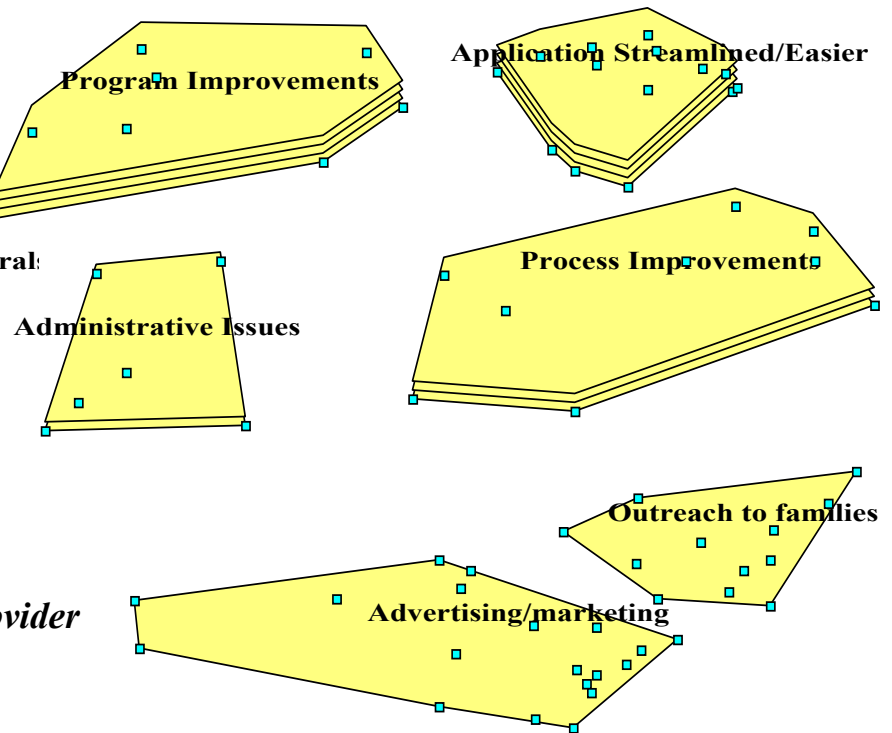


Batavia Provider Concept Map



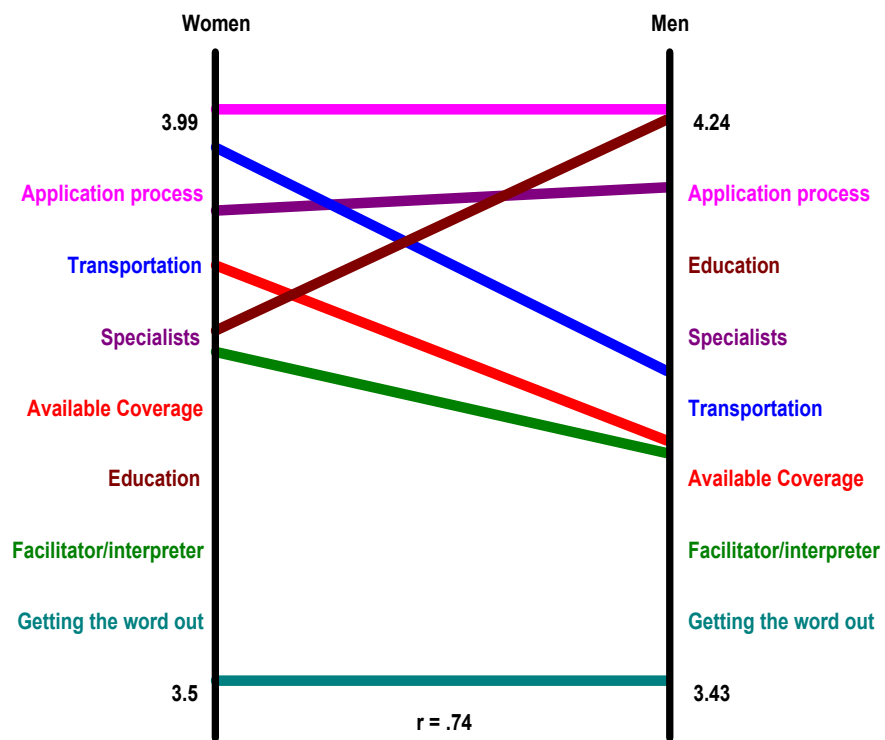
Specialized Services/Referral:

Saranac Lake Provider Concept Map

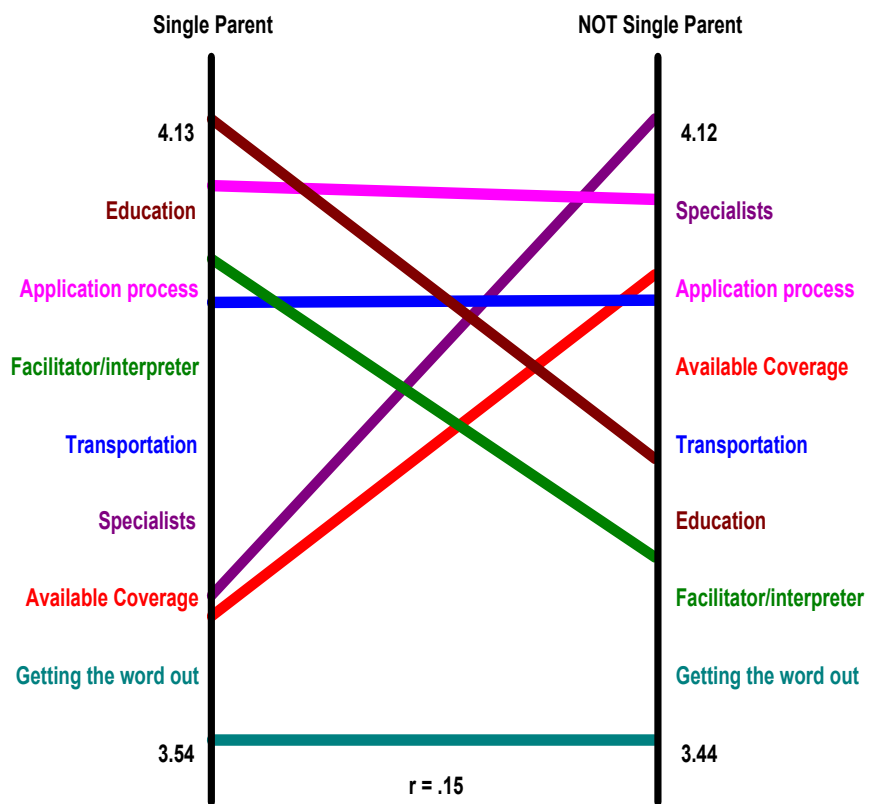


Appendix C
Consumer Matching Patterns

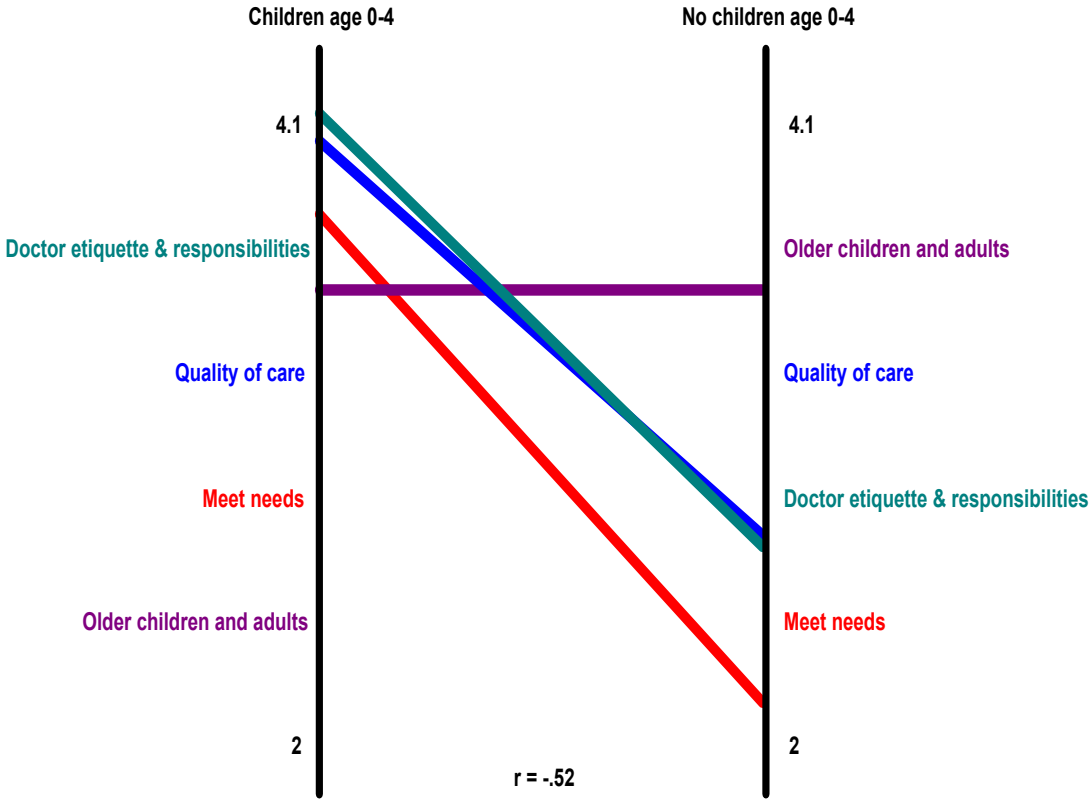
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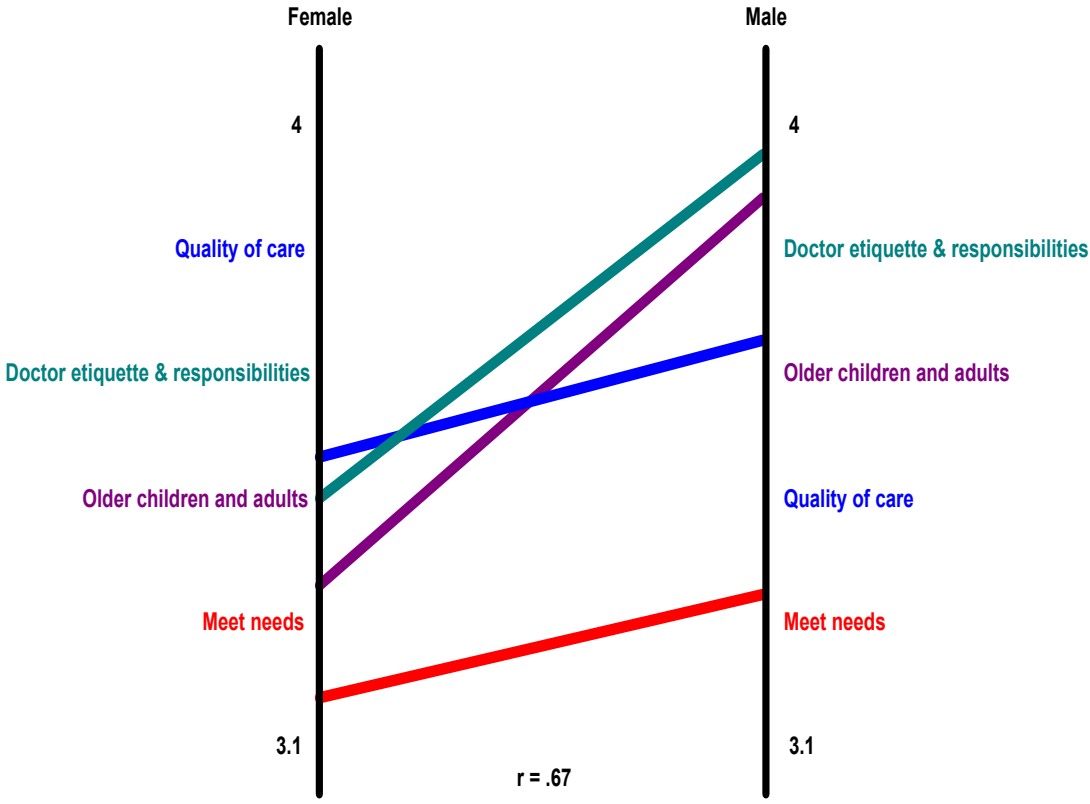
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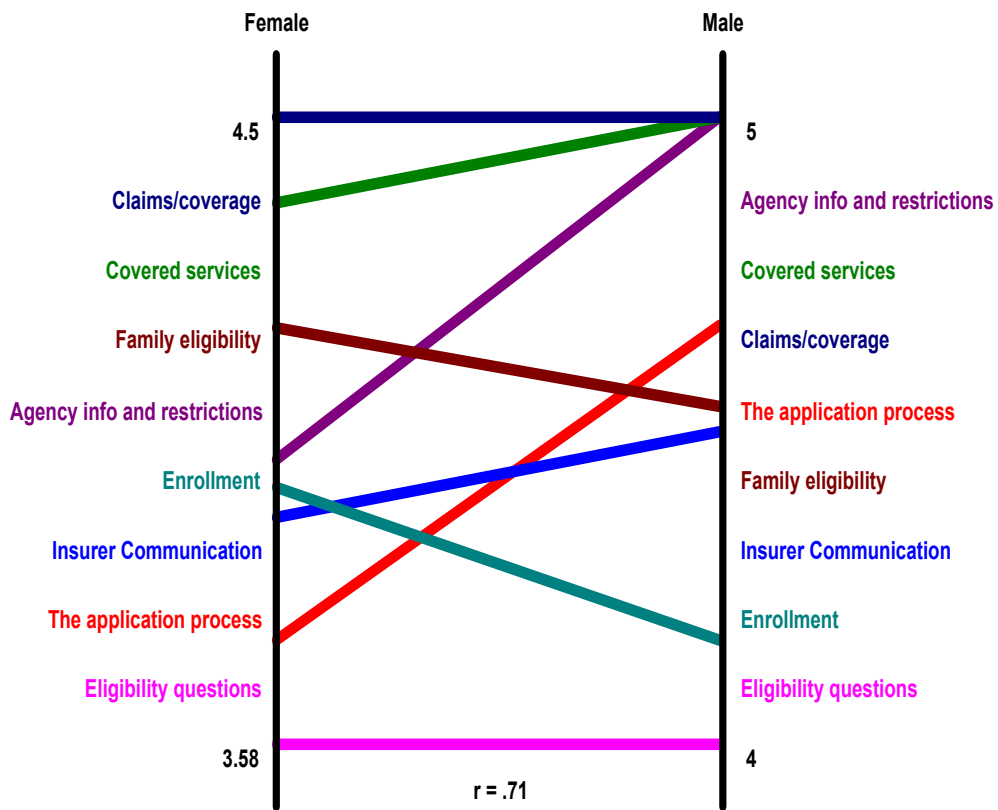
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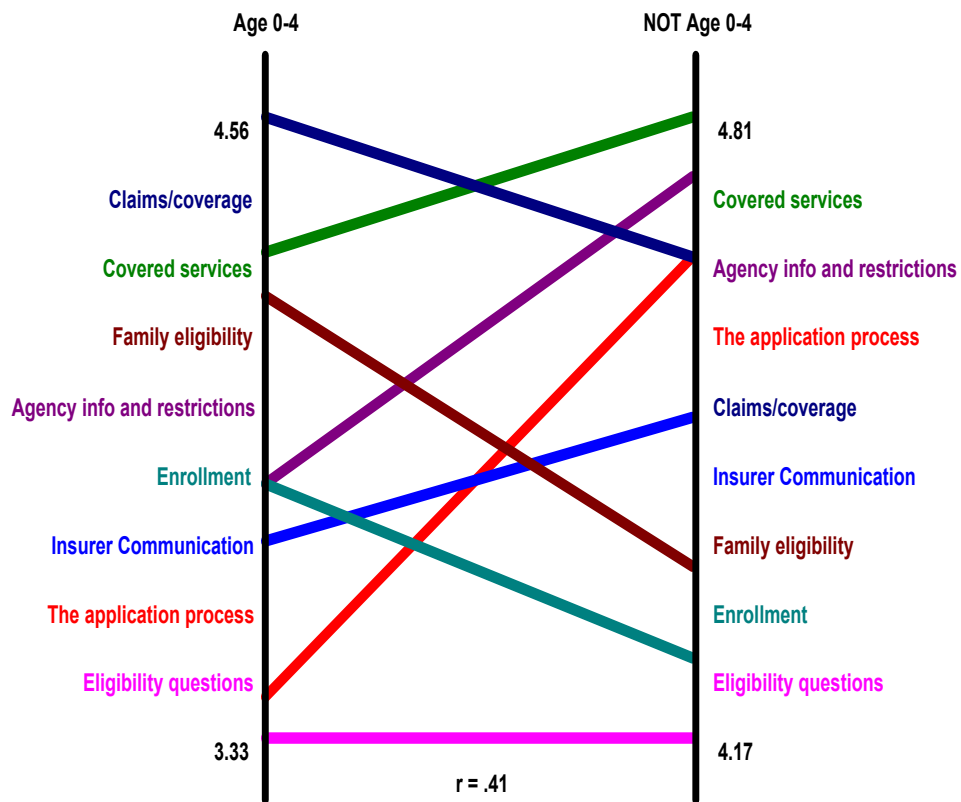
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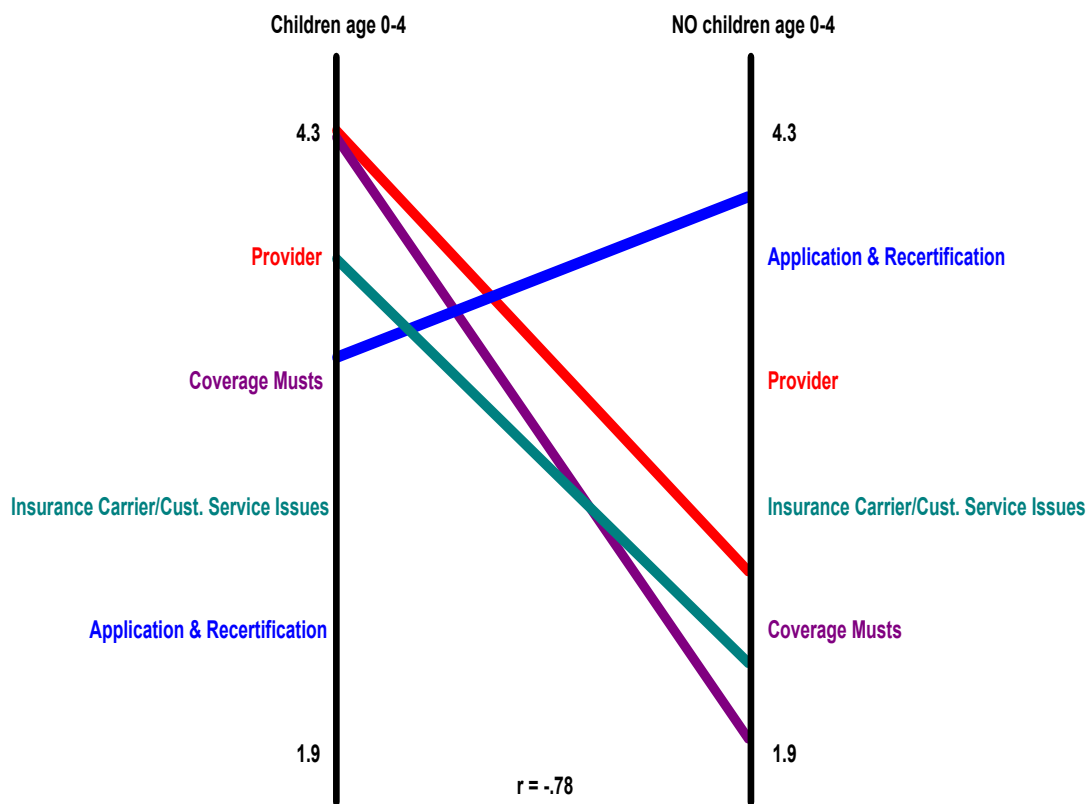
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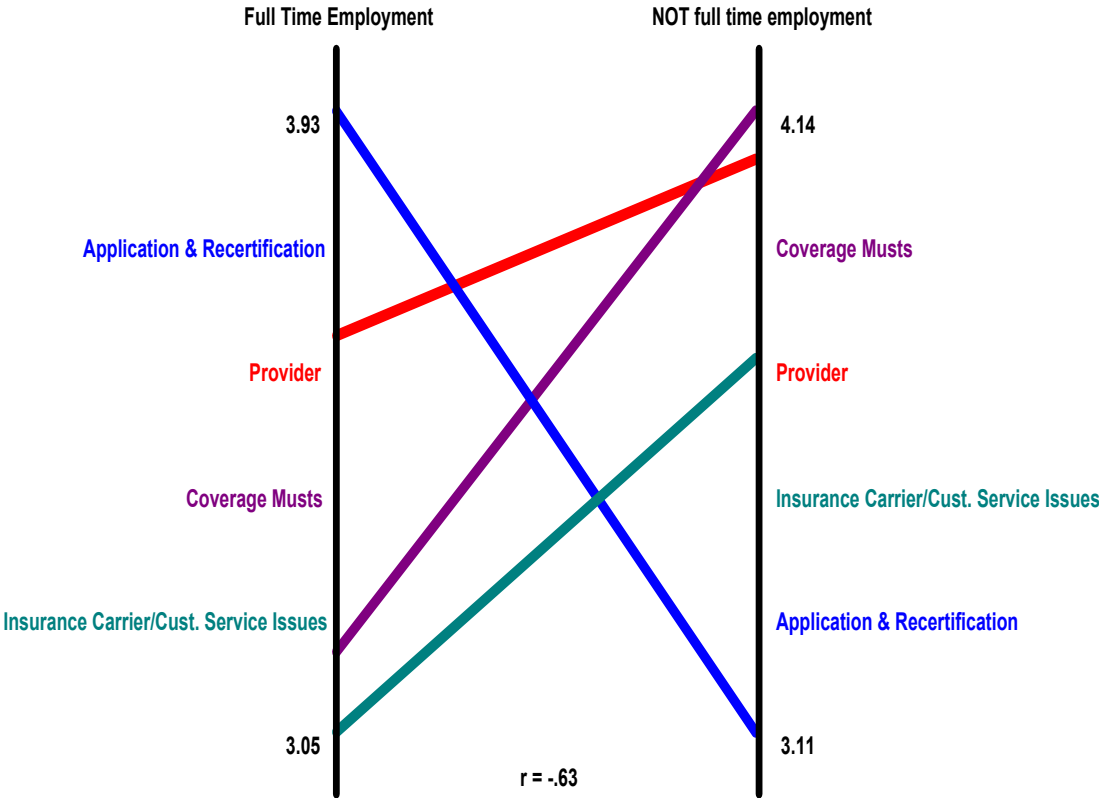
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Saranac Lake Consumers

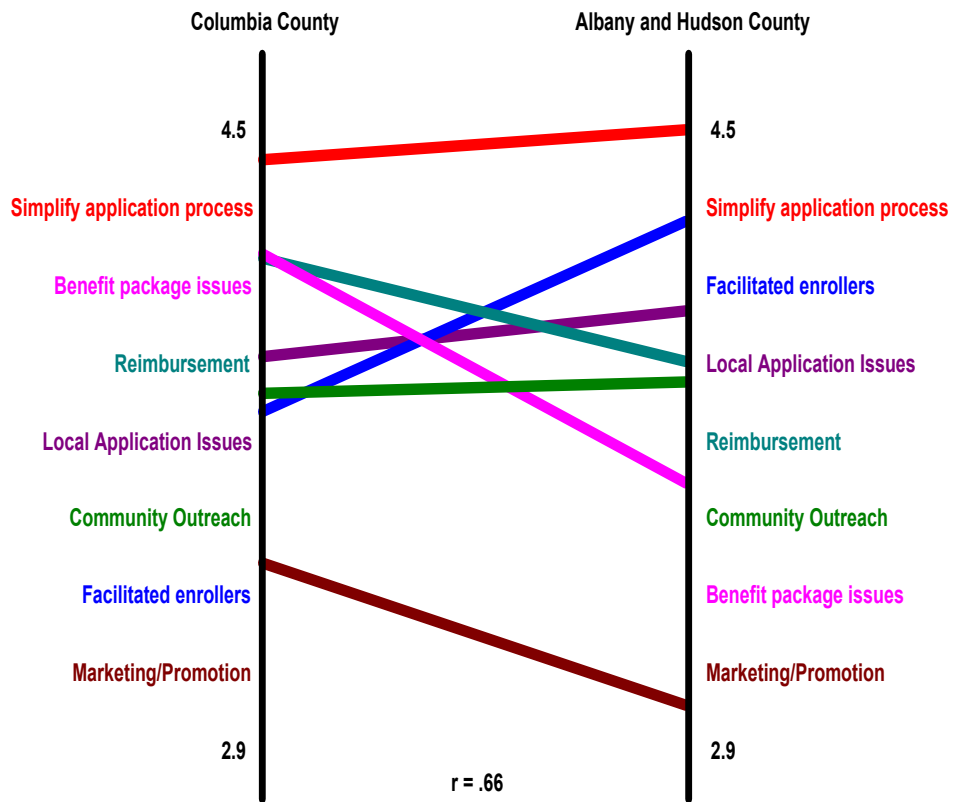


Saranac Lake Consumer

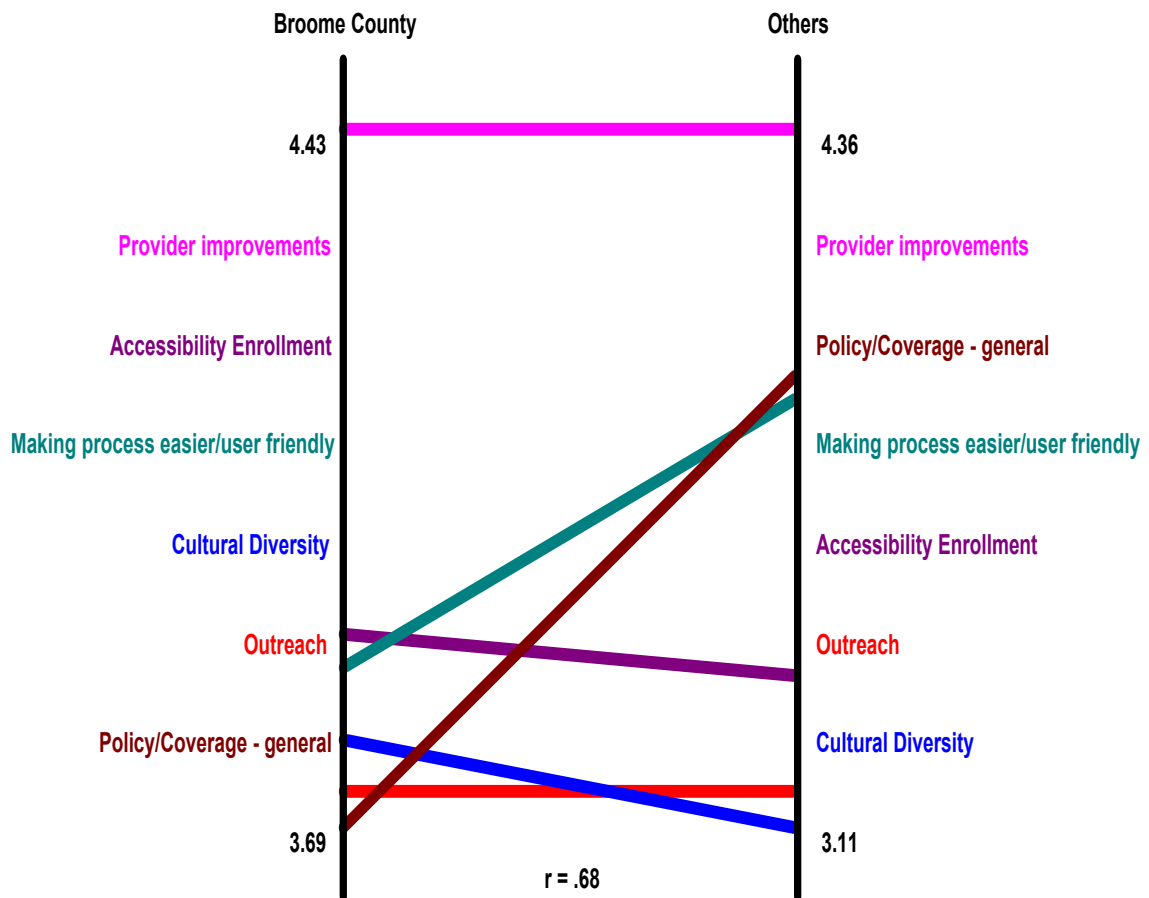


Appendix C
Provider Matching Patterns

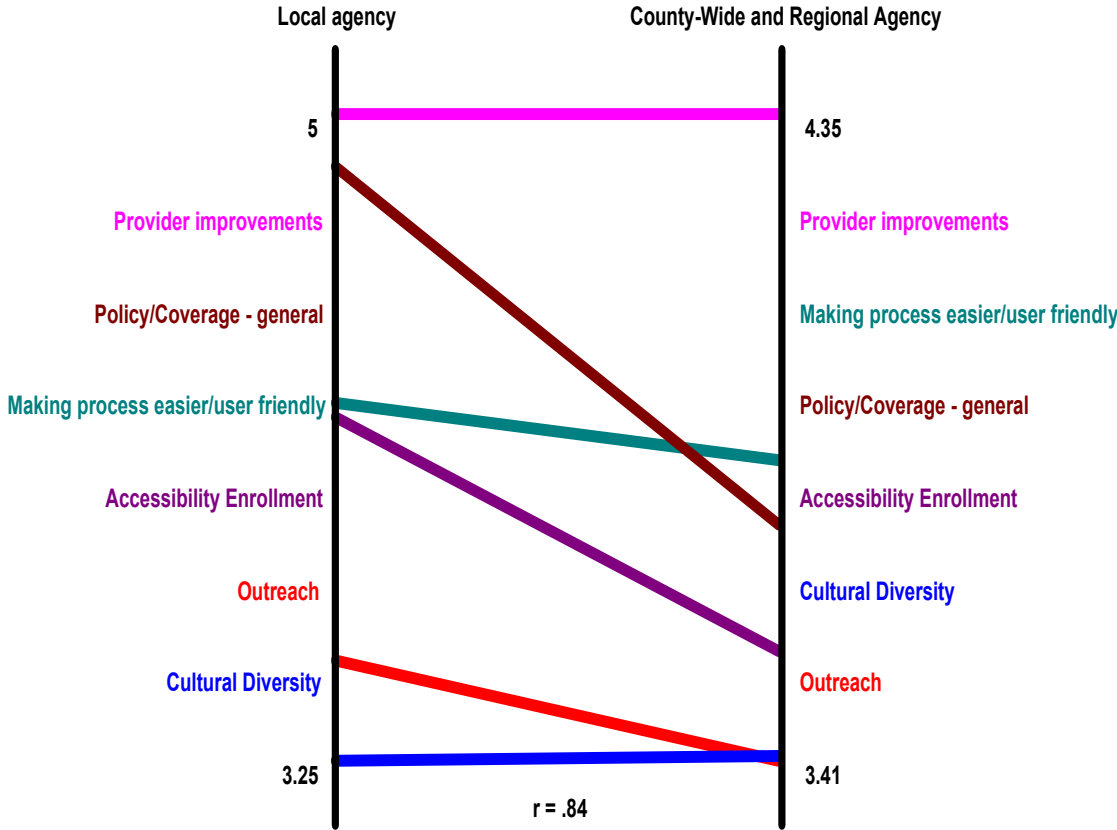
Hudson Providers



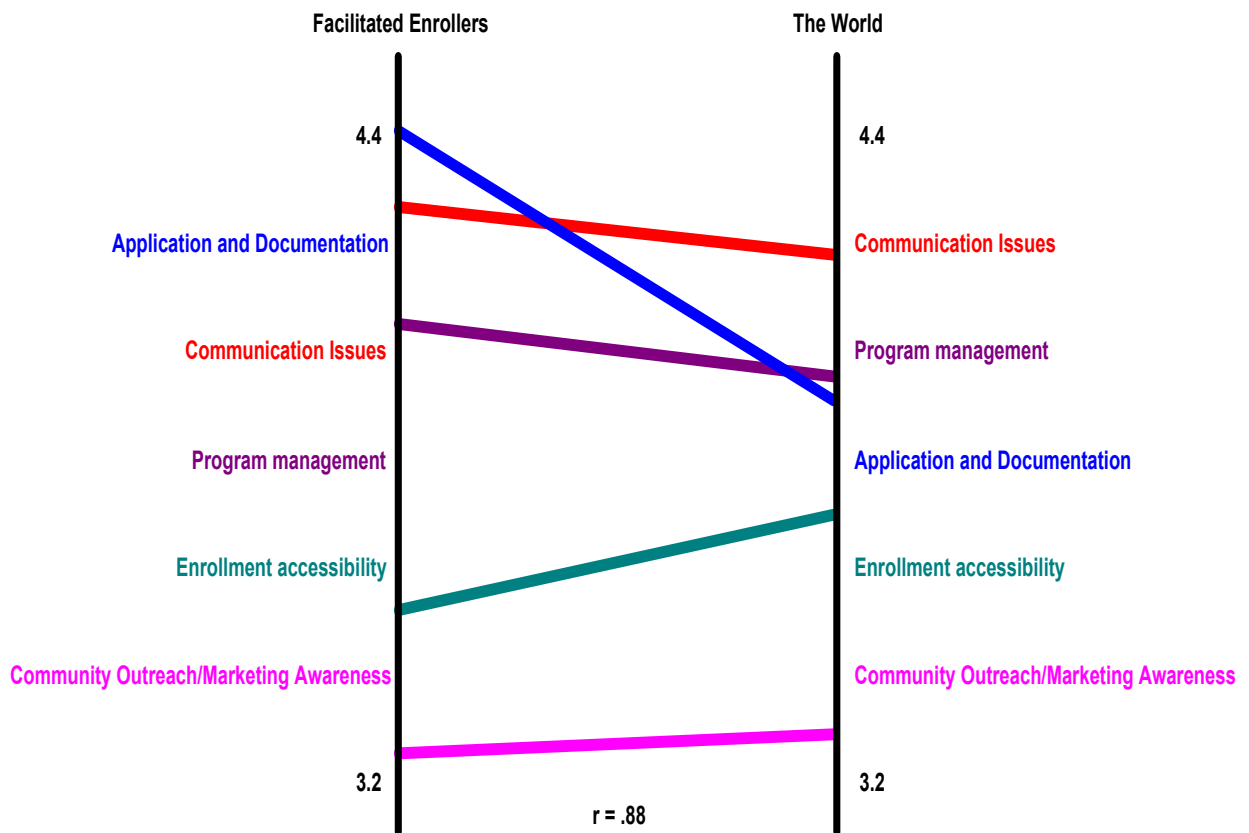
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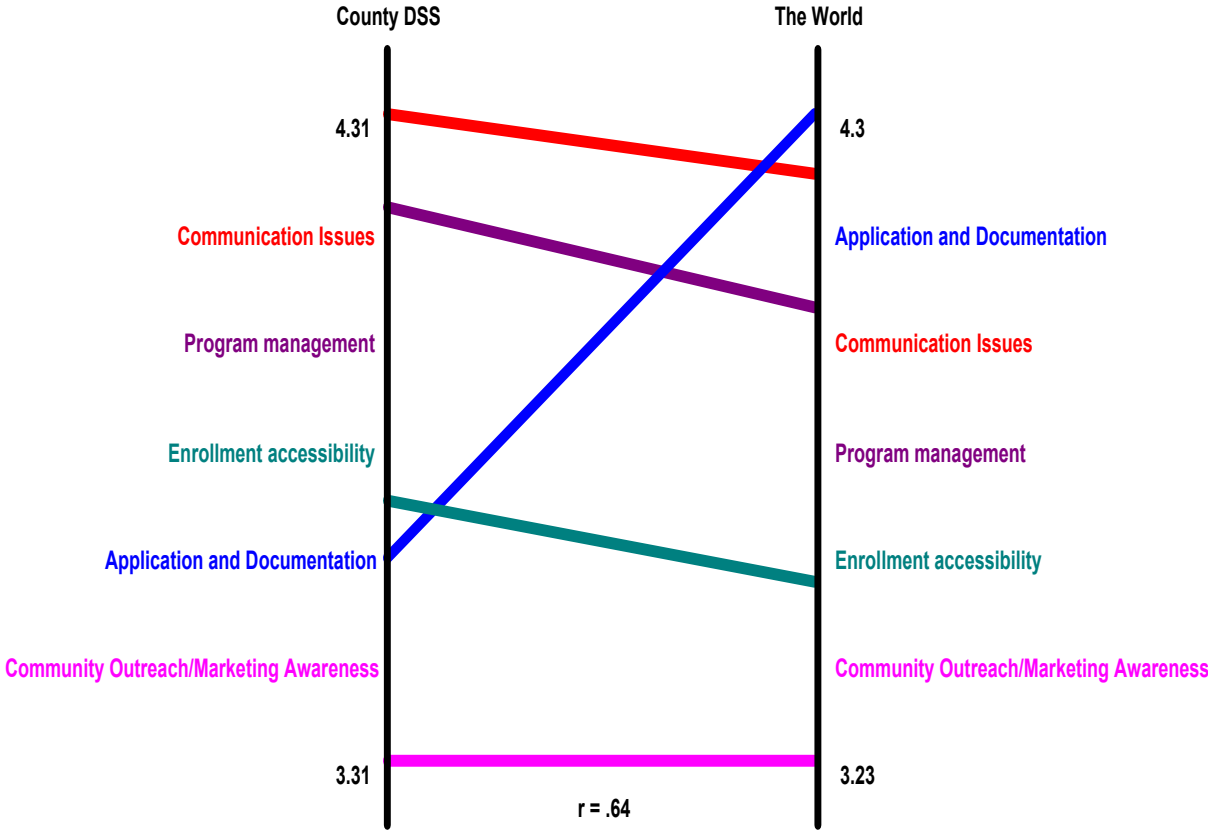
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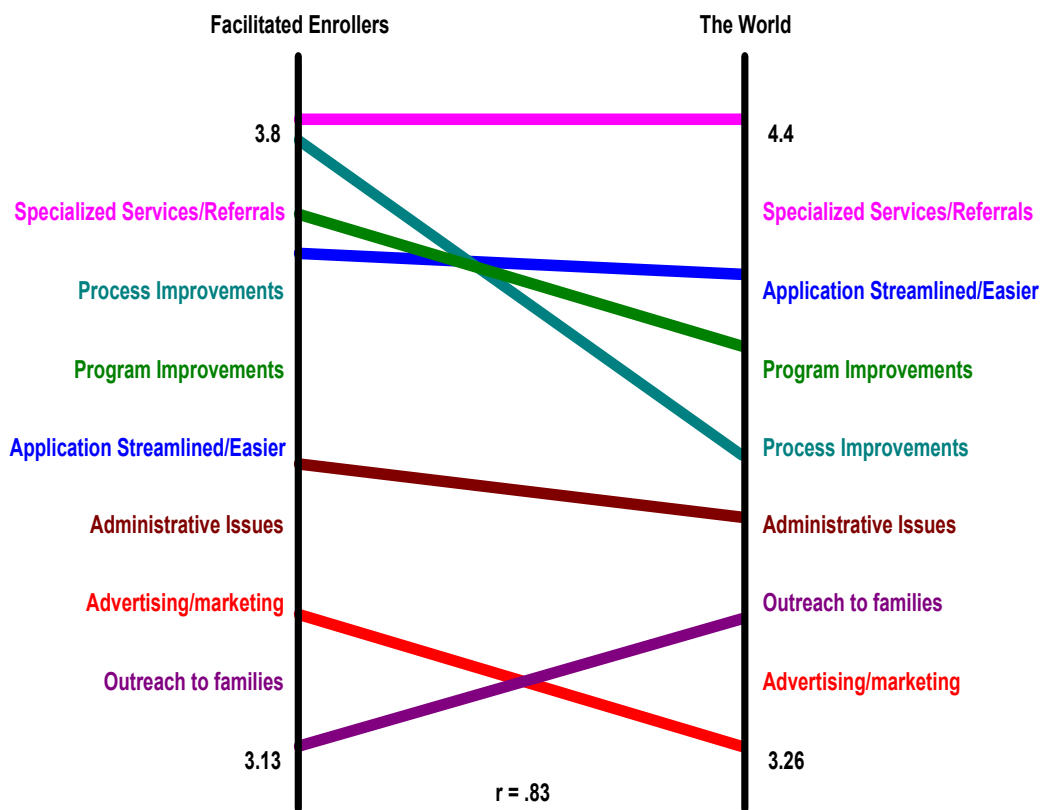
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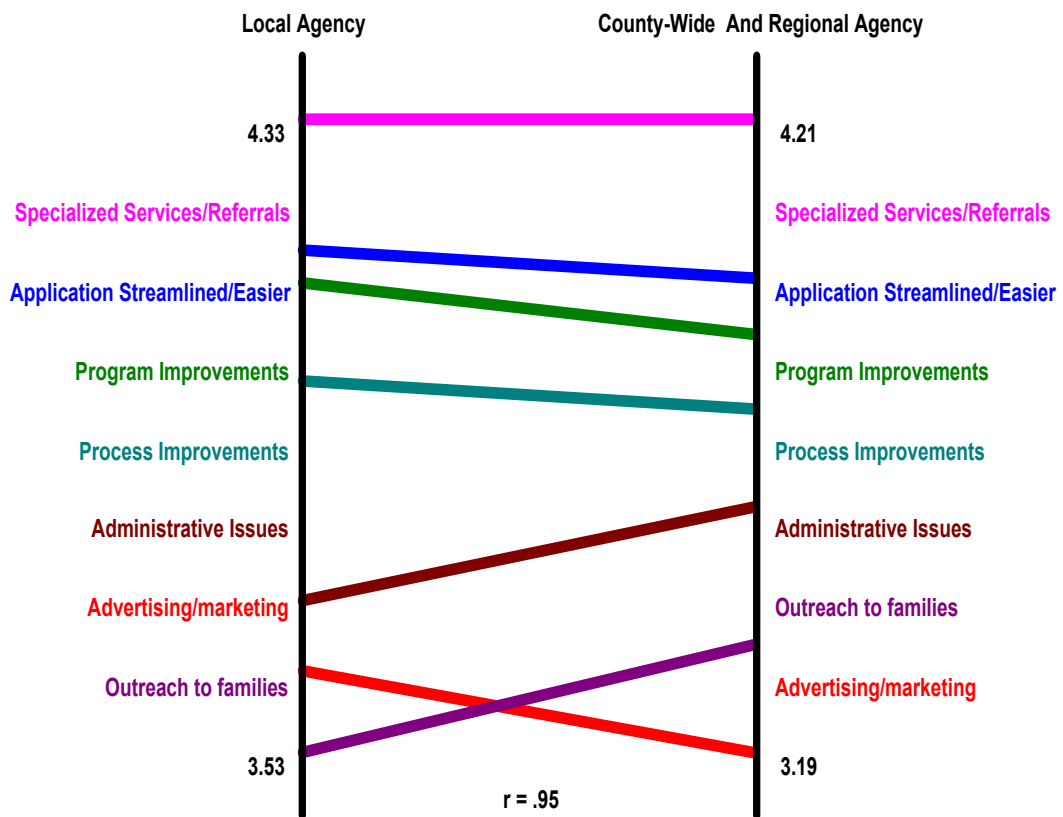
Batavia Providers



Saranac Lake Providers



Saranac Lake Providers



Appendix E
Consumer Cluster Ratings

Hudson Consumer Cluster Statement Ratings

Cluster : Available Coverage

2) More dentists who take children with Medicaid	4.08
14) More coverage for medicine (prescription)	4.08
1) More dentists who take children	4.00
7) More doctors that take Medicaid-Wellcare (Managed care and CHP)	4.00
41) More doctors to take coverage (especially eye doctors and dentists)	4.00
50) Expand coverage to cover everyone	3.92
52) Children that are straight SSI should not be excluded from managed care plans	3.92
3) Children need more eye exams during the year (rather than every two years)	3.85
18) Narrow down reasons why you have to call the doctor first before you go to the emergency room	3.69
24) Increase the number of allowable visits for a child under Medicaid	3.67
23) Age limit should be increased for students	3.62
25) Need more visits (Medicaid)	3.54
37) You should be able to switch primary care doctor under your HMO	3.54
Average Rating: 3.84	

Cluster : Specialists

10) Expand network of medical specialists	4.46
33) More specialists in the local area who accept coverage	4.08
19) Eliminate calling before taking a child to the emergency room	4.00
35) More information about what specialists take your insurance	3.92
34) More information about which specialists take which coverage	3.92
26) Medicaid should pay the co-pay on prescriptions	3.83
32) When primary care physician is not available, you should have a choice as to other doctors to see	3.77
36) More information about where specialists are located	3.69
Average Rating: 3.96	

Cluster : Transportation

6) Transportation that can be provided on a short notice	4.15
21) When provided transportation to take your child to a doctor, picking up a prescription should be included	4.08
28) Transportation should be provided to your physician (even if in another town)	3.85
29) Transportation provider for medical appointments should be knowledgeable about the disabled population and treat them respectfully	3.85
8) Transportation for non-critical emergencies	3.77

Average Rating: 3.94

Cluster : Getting the word out

- 39) Better outreach for Child Health Plus (advertising) 3.85
- 11) Develop a local referral resource for medical services 3.67
- 42) Use the elementary schools to send information on children's health insurance home with report cards 3.62
- 40) Let doctors tell their patients about Child Health Plus 3.54
- 43) When information goes home from schools, there should be a way for parents to apply easier 3.46
- 51) Different approach to outreach rather than having the governor on TV 3.15
- 49) Leave politics out of it 3.08

Average Rating: 3.48

Cluster : Application process

- 58) Speed the application process for emergencies 4.77
- 13) Eliminate the waiting period for children applying for Medicaid 4.62
- 56) In Columbia County, make it easier and smoother for adults and children to re-certify 4.46
 - 4) Medicaid should allow people transitioning from Medicaid to Child Health Plus an easier turnover 4.31
- 57) Limit the grace period for the application 4.31
- 12) Simplify the process for CHP and Medicaid 4.15
- 15) Recertification for CHP cards should come more promptly 4.00
- 22) The Medicaid to CHP process should be seamless (and vice versa) 4.00
- 46) Respect for the parent on the part of the facilitated enrollers 4.00
- 59) Flexible hours to apply for insurance for working families 4.00
- 16) Make the enrollment process easier for facilitated enrollers to process faster and eliminate long waits for applicants 3.92
- 20) When CHP tells you you "appear" to be Medicaid eligible, you should eliminate going to Medicaid to be disapproved 3.85
- 31) Eliminate the wait on the phone and being transferred again and again 3.85
- 17) Have more facilitators available at open CHP enrollment sessions 3.69
- 44) CHP/Medicaid application should be shorter, require less information, or be as easy as getting a credit card on the phone 3.69
 - 9) Child Health Plus needs to be made easier to apply for, not go through as many hoops 3.67
- 5) Significant other or guardian should be able to move a child through the system 3.54

Average Rating: 4.05

Cluster : Education

- 30) When applying for insurance, need information about HMOs and their doctors and dentists locations 4.08

- | | |
|---|-------------------------------|
| 38) More education about what is allowed and not allowed under HMO coverage | 3.85 |
| 27) Should be educated about your choices of health care | 3.77 |
| | <i>Average Rating:</i> |
| | 3.90 |

Cluster : Facilitator/interpreter

- | | |
|--|-------------------------------|
| 48) Provide an interpreter when needed | 4.23 |
| 45) Community advocates to help people apply for their children's insurance | 4.00 |
| 53) Facilitator enroller should be able to assist adults through the recertification process | 3.75 |
| 47) When language is a barrier, they should accept an interpreter input or help | 3.69 |
| 54) Need more facilitated enrollers | 3.62 |
| 55) Need Spanish (bilingual) facilitated enrollers | 3.38 |
| | <i>Average Rating:</i> |
| | 3.78 |

Owego Consumer Cluster Statement Ratings

Cluster : Meet needs

30) Improve treatment for learning disabilities	4.00
21) To have more access to a dentist	3.67
23) Better access to eye doctors	3.67
32) Better define the way to help a physician or health care giver to diagnose a problem with a child	3.67
11) Longer time before re-certification (more than six months)	3.33
17) Explain the difference in the three plans	3.33
25) Eliminate referrals	3.00
22) Children who are sick should be able to see a D.O. or a chiropractor	2.67
1) Easier access to doctors	2.33
15) Not go three generations back for filling out applications	2.33
<i>Average Rating:</i>	3.20

Cluster : Improved Coverage

28) Why can't they (CHP) insure adults, too	5.00
10) More doctors involved who take the insurance	4.00
19) Extend CHP to children over 19 who are in college	4.00
37) Different children should be able to see different doctors (especially older children)	3.67
5) Fair representation of income (especially seasonal workers)	3.33
3) More than one dentist	3.00
13) Applications could be simpler	2.67
36) Allow nurse practitioners to be listed	2.33
<i>Average Rating:</i>	3.50

Cluster : Quality of care

2) Better coverage of medication	4.67
26) Eliminate need to renew referrals every six months	4.00
6) Less of a stigma attached to the type of insurance you have	3.67
24) Better benefit for eye-care needs (variety of glasses, quality of glasses)	3.67
27) Better testing for hearing at a younger age	3.67
38) Allow changes in plan/physician for Medicaid	3.67
14) Simpler wording on application (normal everyday English)	3.00
16) Provide help to choose a plan (list the choices)	3.00
43) Help with transportation/provide transportation for those who need it	2.67
<i>Average Rating:</i>	3.56

Cluster : Doctor etiquette & responsibilities

7) Treat people fairly regardless of insurance	5.00
12) More understanding (by doctors, teachers) for parents who have a child with learning disabilities	4.00
31) Get prescriptions filled locally during evening hours	4.00
33) Better communication among physicians involved in referrals	4.00
34) Doctors should listen to patients	4.00
8) Doctors should have a broader definition of what an emergency is	3.67
18) Better hours to see the doctor	3.67
35) Doctors should tell parents why medications are necessary for children, side effects, allergic reactions, etc.	3.67
40) Have a doctor call you back	3.67
4) Less of a waiting period to see a doctor or provider	3.33
9) Doctors should be more sensitive	3.33
20) Doctors should be available when people are not working	3.33
39) Answer the 1-800 numbers! Talk to a real human being	3.33
42) More dental needs being met (braces, wisdom teeth)	3.33
29) Eliminate waiting period in doctor's office	2.67
41) Better explanation of dental benefits from the dentist (or the plan)	2.67

Average Rating: 3.60

Batavia Consumer Cluster Statement Ratings

Cluster : The application process

37) Answer the phone instead of answering service	4.75
1) Make application process easier	4.40
2) Representative available to help with the process	4.20
17) State toll-free number should send out information, not ask questions (too intimidating)	3.60
22) One place in each county for CHP information/enrollment	3.60
36) Informed counselors for the 800 phone line	3.00

Average Rating
3.93

Cluster : Agency info and restrictions

27) Lift geographical restrictions on where you have to enroll and what plan(s) you have to choose from	5.00
32) CHP should be honored regardless of HMO carriers	5.00
29) CHP should explain to enrollers geographical restrictions and HMO choices	5.00
5) Make updated list of physicians available	3.80
48) Not to be discriminated against for selection of eyeglasses	3.80
30) Give back plastic cards, paper ones are too flimsy	3.20

Average Rating:
4.20

Cluster : Insurer Communication

44) CHP set up their own agency instead of going through HMOs	4.80
8) Quicker response times for claims	4.20
9) Better communication between facilitated enroller and health insurers	4.00
41) Someone locally available to talk to when there are questions or concerns	4.00
33) CHP should accept multiple (monthly) payments	3.60
51) Explain why HMOs were picked to administer the program	3.60

Average Rating:
4.03

Cluster : Enrollment

18) Educate facilitated enrollers on correct process to fill out forms	4.60
6) Enrollment help available in local areas	4.40
49) Provide correct information about where to call or enroll	4.20
46) Review application with parent so they know it is correct	3.80
14) Inform families of all information necessary to complete application	3.60
25) Notify of updates of policy changes during enrollment	3.40

Average Rating:
4.00

Cluster : Eligibility questions

- | | |
|--|------|
| 26) Include a statement of benefits (what is my child eligible for?) | 4.20 |
| 12) Fix problems between federal and state eligibility requirements | 3.60 |
| 15) Immediate response to eligibility questions (on application) | 3.20 |

Average Rating: 3.67

Cluster : Family eligibility

- | | |
|--|------|
| 11) Cover a family with one policy | 5.00 |
| 16) Prevent lack of coverage when re-enrolling | 4.80 |
| 20) Prevent children from same family from being on different policies | 4.80 |
| 45) Eligibility based on net income and not gross income | 4.80 |
| 19) Cover children from date of birth | 4.60 |
| 21) Cover pre-natal care (esp. single mothers-to-be) | 4.20 |
| 24) Eligibility according to income (and co-pays) | 4.20 |
| 40) Terminally ill and developmentally disabled children should be eligible regardless of income | 4.20 |
| 3) Eligibility extended to families paying large health insurance premiums | 4.00 |
| 39) Make stepchildren eligible (even out of the household) when family is eligible | 4.00 |
| 10) Cover college students until they get through college | 3.60 |
| 13) Coverage for family without going on Medicaid | 3.60 |
| 31) Coverage for adults | 3.60 |

Average Rating: 4.26

Cluster : Covered services

- | | |
|---|------|
| 23) Offer a CHP dental plan for all counties, not some | 5.00 |
| 34) Keep existing providers regardless of geographic location or insurance carrier | 5.00 |
| 42) CHP should cover new medications (based upon patient and doctor recommendation) | 4.80 |
| 38) Doctors should be required to handle state insurance programs (CHP, etc.) | 4.60 |
| 43) Have specialists included without referrals | 4.40 |
| 4) Physician participation based on Child Health Plus not HMO | 4.20 |
| 7) Devices to administer infant medication should be covered | 4.00 |
| 35) Allow prescriptions as written instead of forcing generic medicines | 4.00 |

Average Rating: 4.50

Cluster : Claims/coverage

- | | |
|--|------|
| 28) Cover emergency room services under CHP anywhere | 4.80 |
| 47) Not to be discriminated against because of insurance plan or carrier | 4.60 |
| 50) CHP program is supposed to be helping children; why aren't we giving them the best? (not minimal coverage) | 4.40 |

Average Rating: 4.60

Saranac Lake Consumer Cluster Statement Ratings

Cluster : Provider

- | | |
|--|------|
| 1) More providers who accept (especially dentists) Child Health Plus | 4.75 |
| 27) User major hospitals even if out of state (Burlington)---closer is better | 4.50 |
| 55) When moving to a new area, you should have a grace period to use any doctor (try out period for doctors) | 4.25 |
| 28) Consolidate bills for clinic and doctors | 4.00 |
| 23) Treat closer to home whenever possible, regardless of "out of network " | 3.75 |
| 25) Accessibility to regular (not special) services should be close to home, not outside of county | 3.75 |
| 53) Once treatment is started with a physician, NEVER suggest changing physician | 3.75 |
| 22) Timely service at any health care provider's office | 3.00 |
| 3) Be able to go to specialist without worrying about paperwork | 2.75 |

Average Rating:
3.83

Cluster : Coverage Musts

- | | |
|---|------|
| 26) More dentists in all counties | 5.00 |
| 30) Grandfather active coverage (treatment) if plans change | 4.50 |
| 32) Reimbursement should be made mandatory if there are no providers available in your area | 4.50 |
| 40) Anything ordered by primary care physician should be covered---no questions asked (in or out of hospital) | 4.25 |
| 14) Insurance needs to cover all medications | 4.00 |
| 31) All pharmacies should take all plans (Medicaid, CHP) | 4.00 |
| 9) Take all children regardless of health | 3.75 |
| 10) One referral to a specialist should be sufficient | 3.75 |
| 24) Approve out of network care on an as-needed basis, based on primary care physician referral | 3.75 |
| 34) Choice of pharmacy should not be exclusive (forced by insurance plans) | 3.75 |
| 54) You should not have to call your primary physician to go to the ER | 3.75 |
| 15) Cover injections | 3.50 |
| 19) Cover psychiatrists/psychologists | 3.50 |
| 20) Treat the whole child---mind, body, spirit | 3.50 |
| 56) Cover emergency transportation | 3.50 |
| 43) PT services should be unlimited as prescribed by physician | 3.25 |
| 49) Be open to alternative medicine | 3.25 |
| 21) Make the spectrum of care holistic | 3.00 |

44) Chiropractor services should be covered	3.00
46) Mental health coverage should be unlimited for existing problems	3.00
52) Covering the cost even if it is reimbursement of natural vitamins, herbs, etc. if prescribed by doctor.	3.00
35) Medication should be available out of network (mail order medication)	2.75
Average Rating: 3.65	

Cluster : Application & Recertification

47) Notify people immediately if coverage is terminated	4.50
18) Acceptance into program (cards) should be sent in a timely manner	4.25
33) Re-certification should be retroactive to cover gap in coverage (all fees and charges)	4.25
7) Recertification should be automatic if paying full premium	4.00
17) Keep coverage during recertification process (even if application is not submitted by deadline)	3.75
48) Send application information specific to my geographic area	3.75
5) Streamline recertification process	3.50
6) Make recertification work in a timely basis	3.50
12) Application needs to be simplified	3.50
13) CHP/Medicaid application needs to be simplified	3.25
45) Less information in application packet	3.25
4) More than one year between recertification	2.75
16) Needs to be advocates to help with the application	2.75
2) All children in family re-certify at the same time	2.33
Average Rating: 3.52	

Cluster : Insurance Carrier/Customer Service Issues

42) Put money into health care not advertising (no Frisbees, rulers, stickers)	4.25
38) People who work for the insurance companies need to understand the geographic areas they are serving (let's talk rural)	4.00
39) Get one person (one NAME) to handle upstate region and upstate clients	4.00
8) Customer service should always be available between 9 AM and 5 PM	3.75
29) Do not change policies from one administrator of CHP to another	3.75
41) There needs to be a plan and chain of command for people to get problems resolved	3.67
11) Needs to be direct access to management and supervision for customer service (CHP)	3.00
36) Train everybody (insurance plans) for sensitivity as clients and as people	3.00
37) Train everybody (insurance plans) for better crisis management	3.00
50) One phone number for New York State CHP	3.00
51) Put CHP stickers on the phone books	2.00
Average Rating: 3.40	

Appendix F
Provider Cluster Ratings

Hudson Provider Cluster Statement Ratings

Cluster : Simplify application process

1) Simplify the programs into one program to cover all children of all ages	4.63
8) Shorter application process	4.56
17) Simplify the enrollment and re-certification process	4.54
18) Keep children insured while agencies decide who funds the insurance	4.52
26) Simplify, simplify, simplify	4.50
22) Simplify the paperwork so that everyone uses the same forms	4.46
41) Speed up the application process	4.42
16) Insure the child first and then submit documentation	4.19
40) Single point of entry into the system through one plan	4.15
56) "Piggyback" on other assistance programs by linking CHP eligibility to other programs	3/96

Average Rating:
4.39

Cluster : Local Application Issues

9) Have applications in different languages	4.07
53) More cooperation and assistance from insurers	4.04
33) More sharing and cooperation among agencies	4.00
63) Make sure applications have a return address	4.00
5) Use existing documentation from DSS and insurers instead of duplicating it	3.93
44) Focus on quality of applications and not just quantity	3.64
36) There should be an understanding of cultural differences in respect to who is in authority and who can speak freely in the family situation	3.62

Average Rating:
3.90

Cluster : Facilitated enrollers

4) More facilitated enrollers available everywhere	4.15
43) Facilitated enrollers should be prompt and respectful of client's time	4.08
21) Bring the facilitated enrollers to the people	3.96
25) Appropriate funding for facilitated enrollers for necessary equipment (copiers, cell phones)	3.74
38) HMOs should have enough facilitated enrollers in the field	3.73
23) Increase the number of home visitors doing facilitated enrollment	3.68
50) More training for facilitated enrollers	3.60

- 45) Facilitated enrollers should go out to the fields and farms to enroll migrant families 3.38

Average Rating: 3.79

Cluster : Reimbursement

- 28) Adequate reimbursement for providers 4.59
- 39) Adequate re-imburement for health care providers 4.33
- 19) Partner with health care providers to guarantee adequate reimbursement so they will provide services before insurance is in place and serve as a referral mechanism 4.31
- 51) More money for the groups doing enrollment so they can do their job properly 3.96
- 37) Re-imburement for community agencies assisting in application process 3.33

Average Rating: 4.11

Cluster : Benefit package issues

- 58) Make emergency transportation available 4.31
- 29) Guaranteed transportation for clients to get to providers appointments 4.26
- 20) Develop transportation system 4.15
- 42) Fill in the holes for families with minimal insurance plans (CHP could provide dental, vision, etc. riders) 4.04
- 24) CHP should back pay like Medicaid (for three months) 3.92
- 57) Provide transportation re-imburement to CHP clients (as plans are obligated to do for Medicaid) 3.79

Average Rating: 4.08

Cluster : Marketing/Promotion

- 47) Provide multi-lingual advertising 3.88
- 35) All employers (esp. those not providing health insurance) should make CHP information available 3.84
- 12) Advertise through employers who offer health insurance 3.73
- 14) Advertise CHP more consistently and universally 3.73
- 31) County-wide publication telling people where to go for facilitated enrollers 3.69
- 11) Advertise locally in businesses, workplaces 3.62
- 49) Simplify the flyers (less wordy)---get to the point 3.62
- 54) Provide information and materials to school nurses 3.54
- 15) Use churches and other community organizations in outreach 3.52
- 52) Advertise basic health insurance and its importance 3.48
- 6) Use pediatricians and family doctors to advertise the program (through billing) 3.41
- 48) Use medical and dental journals to reach providers 3.38
- 2) Dispel the myths about Child Health Plus A (Medicaid) and accentuate the positive 3.24

32) Advertise in county (local) newspapers	2.96
62) Provide CHP information through calendars provided by licensing agencies	2.92
61) Provide CHP information through professional licensing mailings	2.80
60) Bulk mailing with pre-paid postage for return	2.72
59) Flyer with application bulk mailed out to the entire county	2.60
3) Internet advertisement and enrollment	2.19
	<i>Average Rating: 3.31</i>

Cluster : Community Outreach

13) All people coming in contact with children and families should have necessary tools to share information about CHP	4.41
64) Educate community agencies as to what insurance plans are available and how to contact them	4.23
27) Child Health Plus should provide more information to care providers	4.11
46) Hook up with existing migrant programs to reach migrant families	4.00
55) Use existing community agencies that work with various cultures and languages	3.96
34) In the beginning of the Head Start year, have a general meeting for parents with facilitated enrollers	3.64
30) Enrollment representative in emergency rooms	3.32
7) Have facilitated enrollers at all school events	3.22
10) Give local agencies more control of marketing, promotions and funding	3.19
	<i>Average Rating: 3.79</i>

Owego Provider Cluster Statement Ratings

Cluster : Outreach

3) Provide information at walk-in clinics and emergency rooms on CHP enrollment	4.19
22) Include family practice offices in outreach	4.19
18) Outreach at pediatric offices	4.07
2) Use the school system	4.06
19) More active involvement by pediatric offices (billing, accounting)	4.06
38) Use school insurance/medical records to determine possible CHP enrollees	3.94
27) Target employers who do not provide health insurance (temp agencies)	3.93
12) Outreach at food pantries	3.88
31) Provide literature and contacts through unemployment offices	3.69
1) Include CHP information in paycheck envelopes	3.63
11) Advertise in local Pennysavers and other local publications	3.31
42) Provide information to local home health care agencies	3.25
14) Outreach through churches and vacation bible schools	3.06
24) Work with refugee assistance programs	3.06
51) Market to tax preparers to reach self-employed	2.94
10) Outreach at malls, stores, grocery stores	2.88
13) Use garbage bills for outreach	2.75
15) Outreach through library reading programs	2.75
16) Improve cultural outreach (attend cultural affairs)	2.75
9) Door-to-door outreach (esp at housing projects)	2.69
33) Mini telethon to promote CHP	2.69

***Average Rating:* 3.42**

Cluster : Accessibility Enrollment

20) Applications during off hours (evenings, weekends)	4.38
4) Provide facilitated enrollment at clinics and emergency rooms	4.06
5) More accessibility to rural world (facilitated enroller on site at community centers, local facilities)	4.06
44) Increase community agency collaboration for CHP enrollment	4.00
30) Actively seek enrollment at birth (OB departments)	3.75
39) Confidentiality release for school records to tie in with CHP enrollment	3.63
43) Check for CHP eligibility/need at intake for community agencies	3.50
35) Insert information as COBRA plans expire	3.44
25) Do enrollment fairs in the community for a length of time (several days/adequate staffing)	3.38
53) Enroll at boys and girls clubs	2.81
52) Enroll at summer camps	2.69

***Average Rating:* 3.61**

Cluster : Cultural Diversity

28) Educate parents as to why children need CHP	4.38
17) Multi-lingual radio announcements and programming	3.19
23) Tie in with a mission statement and a logo	3.13
8) Literature in more languages	2.94

Average Rating: 3.41

Cluster : Making process easier/user friendly

21) More seamless system for families not qualified for Medicaid	4.50
36) Simplify the application process (positive experience!)	4.44
55) Increase time period between re-certifications	4.25
47) Put expiration date (re-certification date) on benefit card as reminder	4.13
40) Expand number of qualified facilitated enrollers	4.00
29) Revise literature to reflect current programs (CHP A and B)	3.75
6) Eliminate face-to-face requirement	3.50
7) More professional notification for re-certification	3.20
41) Use technology for enrollment (enroll over Internet)	3.06

Average Rating: 3.87

Cluster : Provider improvements

26) Improve limited dental services by encouraging dentists to take CHP	4.75
49) Increase providers involved in dental care	4.75
50) Benchmark what other areas are doing to enhance dental provider participation in CHP	4.38
54) Improve access to mental health services	3.69

Average Rating: 4.39

Cluster : Policy/Coverage - general

46) CHP needs to be one program with common eligibility requirements	4.31
32) Extend coverage to dependent children through age 21	4.25
45) CHP should cover children in school as long as they are in school (like other insurance plans)	4.06
37) Remove Medicaid stigma from CHP enrollment/plan	3.88
56) CHP encompasses all children without "Medicaid eligible" concerns (stigma)	3.69
48) State should take over the entire program and absorb local cost	3.38
34) Diversity training for facilitated enrollers	3.19

Average Rating: 3.82

Batavia Provider Cluster Statement Ratings

Cluster : Communication Issues

9) Speak to someone in person instead of a computer or an answering service	4.70
21) Better communication with plans	4.62
1) Increase participating medical and dental providers	4.45
42) Better communication with plans	4.43
33) Improve communication among participants	4.35
32) Statewide meeting of all participants (enrollers, plans, DSS, etc) to share best practices, problems, solutions	4.33
40) Statewide communication to ALL participants in the program at the same time (plans, DSS, enrollers) a consistent message	4.33
16) Increase access to the plans by consumers	4.25
47) Regional monthly meetings	4.24
37) More help for facilitated enrollers	4.05
50) Consistent reimbursement (timely) for providers	3.76
10) Spanish speaking CHP hotline	3.67
34) More help from DSS	3.62

Average Rating:
4.22

Cluster : Program management

69) Better information to facilitated enrollers	4.62
13) More CHP training for facilitated enrollers	4.50
31) Increase money for facilitated enrollers	4.41
49) Improve turn-around time for issuing cards	4.32
6) Be honest about the Medicaid component of the program	4.14
43) Hire people specifically to do facilitated enrollment	4.05
24) One reimbursement level to all providers (whether A or B) to encourage participation	3.95
51) Timely reimbursement for facilitated enrollers	3.90
30) Increase the number of facilitated enrollers	3.86
60) Survey CHP applicants as to their evaluation of the process	3.52
45) More health insurance opportunities (more than one or two plans)	3.48
44) State give money to local DSS to hire facilitated enrollers	3.19

Average Rating:
3.99

Cluster : Application and Documentation

11) Improved application process from the state	4.81
14) Streamline the system with enrollment and application process	4.67
35) Cohesion of required documentation (consistent across counties)	4.62
36) Consistent documentation requirements	4.62

41) Same documentation and process for Medicaid and CHP	4.55
25) Same date for enrollment for CHP and Medicaid (back up to beginning of month of application)	4.43
18) Simplify application process (one page)	4.40
22) Concise list of documentation required for application process	4.38
57) Allow underinsured children to upgrade to CHP	4.27
48) Improve eligibility determinations	4.20
20) Less paperwork so facilitated enrollers can go out in the community	4.09
70) Presumptive eligibility	4.09
63) Requirements and qualifications should be made less strict	4.00
56) Clarify CHP vs. Medicaid	3.95
29) Take the scare out of the INS documents	3.70
3) One card---one name	3.18
Average Rating:	4.25

Cluster : Enrollment accessibility

61) Increase outreach funding	4.15
27) Sign up children in their homes	4.05
26) Educate parents to idea of well-child health care	4.00
38) More education and outreach to providers	3.95
23) Educate school system administrators as to ways to work with facilitated enrollers	3.86
55) Educate providers to do community awareness and publicity	3.62
54) Match outreach to resource (product availability)	3.57
59) Enlist CHP parents to encourage others to enroll	3.55
5) Establish regularly scheduled time and site for enrollment (consistent)	3.52
39) Mail the list to all providers in the directory	3.50
53) Provide facilitated enroller list to community based programs	3.48
2) Have more night and weekend hours available to sign up people	2.86
62) Construct lists of CHP parents to help with outreach	2.86
19) Use volunteers as well as trained staff	2.65
Average Rating:	3.54

Cluster : Community Outreach/Marketing Awareness

4) Provide school system with necessary information to provide to the parents	4.09
8) More outreach to youth and teen parents	3.95
65) Target Head Start and nursery schools	3.65
71) Outreach through civic groups	3.52
58) Outreach to people working with children on a day to day basis (school bus drivers, etc.)	3.48
68) Penny Saver inserts and advertisements	3.38
64) Do insurance surveys through the schools	3.25
12) Regular appearance at youth activities	3.24
46) Reach out to the churches (youth programs, needy families)	3.19

67) Local radio station announcements	3.10
52) Posters for CHP with facilitated names and phone numbers	3.05
66) Information through church bulletins	2.95
15) Tray liners in fast food restaurants	2.81
7) Set up tables at stores, malls, etc (where the people are)	2.71
17) Advertise on grocery bags	2.71
28) Door to door recruiting	2.71
	<i>Average Rating:</i> 3.24

Saranac Lake Provider Cluster Statement Ratings

Cluster : Advertising/marketing

2) Advertise locally at the lowest (consumer) level	4.50
1) More advertising	3.94
26) More consistent information provided by points of consumer contact	3.83
15) More education to enlist doctors offices in generating referrals to CHP	3.67
63) Frequent in-service education for primary care providers keeping them up to date on CHP system and changes	3.61
18) Recruit key people within community to promote CHP	3.39
3) Simple educational materials (poster, flyer, phone sticker)	3.33
19) Use school programs (PTA, etc) to promote CHP	3.33
24) Positive radio spots (PSAs) that would educate people about CHP	3.28
20) Utilize school nurses to promote CHP	3.22
31) Hospital staff (esp OB) should be able to explain CHP options	3.22
16) More consumer education pertaining to insurance companies	3.17
70) Create economic incentives to sell this product	3.17
57) Use the family court system to direct people towards CHP	3.00
7) More materials and more languages	2.89
25) Advertise CHP on school lunch menus or other items that will be displayed on the refrigerator	2.89
6) Train and hire those currently receiving CHP to promote and enroll others	2.83
39) Incentives to families for referrals into CHP (financial or medical)	2.72
23) CHP parties modeled after Tupperware, etc.	2.06

Average Rating:
3.27

Cluster : Outreach to families

17) Easier methods for consumers to get information about CHP/Medicaid coverage locally	4.28
11) More enrollers in rural areas	3.94
46) Single point of contact for referrals to all children's programs in New York State	3.67
13) Have facilitated enrollers housed where the target population is	3.61
8) Periodically hold community information sessions offered to consumers	3.56
28) Provide regular contact opportunity in each small town by facilitated enroller or volunteer	3.56
35) Give out phone numbers for local facilitated enrollers	3.56
44) Worker trained in CHP stationed at Medicaid office to minimize stigma	3.39

58) Educate family court system so court orders reflect feasible options (CHP)	3.06
55) Trained local volunteers (or small stipend) for one-to-one contact about CHP	2.89
54) Involve employers and church groups in enrollment	2.78
75) Have school nurses do CHP enrollment	2.44
<i>Average Rating:</i>	3.39

Cluster : Application Streamlined/Easier

50) Notify clients of eligibility in a timely manner (within 30 days)	4.50
32) Streamline application process	4.44
68) Make re-certification process simpler	4.33
69) Notify ahead of time that recertification is necessary	4.22
62) Use swipe card like Medicaid	4.17
72) Have Medicaid follow the CHP rules and procedures (not the old way)	4.17
4) Application process needs to be easier	4.06
76) Uniform and simplified way to calculate eligibility of self-employed families	4.06
37) Application should be simpler	4.00
71) Make documentation requirements for CHP and Medicaid more similar	3.89
64) Reduce documentation requirements for applications	3.72
73) If eligible for Medicaid, automatically eligible for CHP	3.72
42) Advocating at the health plan level to streamline the process	3.67
5) CHP application less (or not!) associated with Medicaid	2.94
<i>Average Rating:</i>	3.99

Cluster : Process Improvements

47) Facilitated enrollers should be cross-trained in Medicaid and DSS procedures	4.22
33) Plans should make trained people available to talk with families on toll-free phone lines, not just take messages	4.11
36) People losing Medicaid benefits should be informed about CHP	4.06
48) Insurers and facilitated enrollers should be on the same page	3.94
49) Regular meetings among all parties involved	3.89
10) Follow-up support to families after enrollment	3.67
65) Mandatory for all children entering kindergarten to show proof of insurance	3.56
67) Provide proof of insurance every school year	3.39
40) Make application available via Internet	3.28
<i>Average Rating:</i>	3.79

Cluster : Specialized Services/Referrals

21) Wider network of physicians that accept CHP	4.72
29) More dental providers for CHP	4.67

52) Improved mental health services for children	4.44
22) Wider service area within the CHP network (access to specialists, especially psychiatrists)	4.33
45) Easier access to non-participating providers when medically necessary	4.28
9) Provide more education to dental providers to encourage participation	4.17
59) CHP should work with local dental clinics currently accepting Medicaid	4.17
12) More specialized care for pediatrics in local area	3.89
51) Need access to substance abuse prevention services	3.44
Average Rating: 4.23	

Cluster : Administrative Issues

77) More money	4.61
34) More funding for administrative support	3.67
43) Periodic updates of provider participation	3.67
27) Provide transportation services to CHP	3.56
61) Providers office need quarterly report on which families are active CHP	3.39
14) More administrative dollars for facilitated enrollers phone lines	2.78
Average Rating: 3.61	

Cluster : Program Improvements

41) Ease the process for providers to participate in CHP	4.61
66) Effective dates on CHP cards	4.28
60) All children should be automatically insured	4.17
74) Simplify the authorization process for providers	4.11
30) Improve billing and reimbursement process for dental providers	4.06
38) Expand benefits to cover students age 19 and above	4.00
56) Expand insurance to whole family at the same levels and income brackets	4.00
53) Electronic case load review system (clients, providers, enrollers)	2.06
Average Rating: 3.91	

Appendix G
*What They Said:
Anecdotes and Comments
from Consumers
and Providers*

What They Said: Anecdotes and Comments from Consumers and Providers

PARENT STORIES FROM OWEGO 2/20/01

1. A very concerned Dad was frustrated in trying to get his learning disabled daughter into the system.

“It has been difficult. My child had many issues from living with her mother. I just got custody of her, got services through Head Start, and they were able to refer her for testing. I felt doctors were looking down on me or didn’t give me the same respect as they would the child’s mother. Based on my status as a Medicaid client, I feel you get lesser treatment. I’m feeling less than a second-class citizen. I feel the health care providers didn’t try hard enough to diagnose my daughter. There are inconsistent messages from the same agency. I’m feeling very frustrated by these health care provider’s inability to diagnose my daughter. I’m feeling that I’m not getting the best care I could be getting for my daughter. I feel like the doctors do not listen to parents”.

“I feel you get lesser treatment...”

2. This Mom had difficulty re-certifying with Child Health Plus.

“After my husband and I separated, I had to prove that my kids lived with me to get them insurance. We had a two-month lapse in coverage due to documentation. If my ex had wanted to, he could have made this a bigger problem than it already was. As it was, he was okay about it”.

PARENT STORIES FROM BATAVIA 2/22/01

3. Another Mom picked up a Child Health Plus pamphlet at a doctor’s office. She called the 1-800 # to get application.

“I left many messages on the answering machine and never got a call back...”

“I got the application and contacted the local enroller. Made an appointment to see the enroller. The enroller was new and forgot to tell me that I needed to bring documents with her to the visit. This enroller was not well trained. I tried to enroll my 19 year old. The Enroller

told me that my 19 yr old was ineligible. The Child Health Plus process is too difficult, too lengthy. My daughter suffers from depression, and was seeing a psychiatrist in Rochester. I was confused about which enrollment site to call since I live half way between Buffalo & Rochester, and I work very close to Rochester. But it seems we must access our health care services in the Buffalo area. I called 1-800 # (STATE CHILD HEALTH PLUS line) to ask

for clarification. I left many messages on the answering machine and never got a call back. This was very discouraging, this experience with an under trained enroller and a non-responsive state 1-800 number”.

4. These Parents in Batavia are in between two plans. They do not understand which doctors are covered by which plans.

“We have requested books from the HMOs to find out which physicians are covered, the plans won’t send the books because they say it changes on a day to day basis. Our Family asked then how are we supposed to know which doctors take their insurance? The Plans said this information might be available on the web. We don’t have a computer”.

5. This Mom was paying \$450/month cobra to keep her family covered while she attended law school. She heard she may be eligible for Child Health Plus.

“I had my kids covered through the summer.

I began the process a few months early so there would be no lapse in coverage. The whole process from when I first called the 1-800 number to be sent an application until my kids were enrolled took 4 months. I work

“I was frustrated by the process...”

in Rochester, my pediatrician was in Rochester, but since I live in Genesee County, I was forced to get a doctor in Buffalo. I had to switch doctors to get Child Health Plus for my kids. I was frustrated by the process. I found it to be a bureaucratic nightmare. I had to keep calling and be pushy in order to get any help, and even then ended up still having gap in coverage.

6. The re-enrollment process frustrated another family because self-employment income is difficult to document on a month-to-month basis.

“We were out of state when our son broke his leg. The Doctor told me that I was uninsured! This was due to red tape holding up re-application process. My child could not get the splint he needed, as the hospital wouldn’t provide that for an uninsured child. We were very upset as we thought our child was insured”.

7. All the participants in this Children’s Health Summit complained about the local HMO-Community Blue. There were many complaints about the HMO not responding and unreturned phone calls.

“As parents we’re concerned about the lack of “quality” doctors in our area and rural areas in general. We have to wonder who checks out these doctors whose offices and credentials seem questionable to us, the parents. We really would like to know whether or not the state or HMO inspects these doctors before they let them sign on to be a Child Health Plus participating doctor through the HMO”.

PARENT STORIES FROM SARANAC LAKE 2/26/01

8. Notification and communication is a real issue.

“My children’s coverage was lost at recertification time because they lost my material. I ‘priority’ mailed all the necessary documents to the plan. My youngest child was ill and I went

to get a prescription filled. The pharmacist told me right there in the drug store, in front of everyone, that my kids coverage had lapsed. This is how I found out my kids were uninsured. I was upset since I had sent back the documentation in a timely manner. I made a photocopy of the application before mailing, covered all bases, still coverage lapsed. The Insurance was not reinstated. I faxed the documents & completed application three (3) times! I felt I was given a huge runaround. Even then, the Plan did not move quickly on my application, even though they had made mistakes to delay it.

I called many times. I was very frustrated. I had to leave messages and did not get called back. I kept calling the plan as my child was in need of care. The Plan representatives would not let me speak to a supervisor. My child meanwhile was in need of an antibiotic. I was and I am still very stressed-out about the plans lack of response. My concerned is that other families will have the same experience and may not be as self-advocating as I am. The plan that was so difficult was HMO Blue”.

9. When the health care plan partners switched to HMO Blue it made things very difficult.

“The process is difficult at best to negotiate...”

“As a parent with two kids on Child Health Plus, I experienced lots of red tape. The process is difficult at best to negotiate. Then

when Partners switched to HMO Blue it made things even more difficult. I have a daughter with Leukemia. My girl started treatment at nearest hospital that could accommodate her, which in this case was in Burlington, Vermont. Nine months into treatment the HMO (Partners) dropped out and I had to switch to HMO Blue. Keep in mind, this illness, my daughter’s illness caused me a lot of stress. I’m a single parent dealing with this alone. I needed new referrals to

“I felt people at the plan were insensitive and didn’t understand my child’s need for continued quality care...”

get the same care. HMO Blue told me that I had to take my daughter to

Albany Medical Center (three hours away) because it (AMC) was in ‘network’. I told the HMO that my daughter was already receiving care much closer to home in Burlington. I had to push, continue to call, collect letters of support from my girl’s primary pediatrician and her specialist, the plan still said NO! I demanded to speak to a plan supervisor, and was given the runaround, but finally put through. I felt people at the plan were insensitive and didn’t understand my child’s need for continued quality care. Months later I finally got approval, but meanwhile the hospital in Burlington became a participant in the plan’s network”.

10. Inequities in the system

“My sister and I both have children who are hemophiliacs. I don’t have Child Health Plus because my sister went to apply and the plan denied her. I think I can’t get it because my two year old has a pre-existing condition- hemophilia. My other sister has a special needs child as well and was turned away by Child Health Plus”.

11. Complicated system

“I have had my kids on Child Health Plus for seven years. It feels like the program has gotten more complicated through the years. We added our second child and found that more difficult than the first time. I have kept the same insurance carrier. The insurance plan is slow to make payment to doctor/hospital”.

12. Recertification

“I have had little experience using the system, but the biggest problem was recertifying. I missed my recert date. I get so much junk mail I just didn’t notice if something came in the mail or not. Besides sending a letter, plans should call you or put expiration dates on the card. There is no dental care using this plan so I bought coverage from my employer for my daughter.”

13. Rural awareness

“I know lots of parents in rural areas who are frustrated by Child Health Plus’ inability to accept a Post Office Box as an address. In rural areas the P.O. Box is the correct and only address some people have.”

14. Emergency Department visits

“I was so annoyed and frustrated by the insurance company. They sent me a letter asking for more information to explain why I brought my sick child to the emergency room. I felt that the fact that my child’s doctor had referred us to the ER should have been good enough.”

How can we improve health care access for children in rural areas?

PROVIDER STORIES FROM HUDSON 2/14/01

1. Pregnant Teen Program Worker- Columbia County

“People here don’t know they are eligible. The application is too hard for them to fill out alone.”

“The application is too hard for them to fill out alone.”

2. Rural Dentist- Columbia County

“I have no problem with clients, except that sometimes they don’t show up and that leaves me unpaid and with un-billable hours. But I am concerned about the low reimbursement rates, and losing money by taking CHILD HEALTH PLUS kids. This is discouraging. We need to educate the public about their responsibility in keeping doctor’s appointments. Public also needs to be educated about tooth decay and how well water may increase decay. Programs in schools seem to have stopped covering dental care (in Health classes). We can’t expect School Nurses to do everything.”

3. Dental Assistant-Columbia County

“Most schools lack educational programs that encourage good dental care for kids. We need to encourage fluoride treatments and start with kids in Head Start Programs.”

4. WIC Program Worker-Columbia County

“About 50 to 60% of our kids not getting fluoride treatments. WIC is no longer providing fluoride due to lack of funding.”

5. Dept of Health/Community Health Program Worker-Columbia County

“Lack of communication with Facilitated Enroller is a big problem. People complain enrol-
lers are not accessible, not dependable.

Parents can't or won't wait for an enrol-
ler if they are not prompt.”

*“Approval for paperwork takes
way too long.”*

6. Community Health Worker-
Columbia County

“Approval for paperwork takes way too long. The Clients are confused by eligibility guide-
lines and think they can't get it. The Lapse of time is too long for families to wait.

7. Cornell Cooperative Extension Nutrition Outreach Worker-Columbia County

“I help refer clients to CHILD HEALTH PLUS and to the Facilitated Enroller, even though
it's not my job to do so. I want to help with process.”

8. Advocate for Rural Health Network-

“Ignorance on the legislative level, believing that everything is fine with CHILD HEALTH
PLUS is a big concern. We need to let the people who make the laws know about all these
issues.”

9. Columbia Co Opportunities Worker-

“If people aren't doing their jobs, its time to replace them to make this program work.”

10. Head Start Worker-

“There is a need for more money for enrollers. I'm doubtful about the availability of
money, but it's needed it to do the job right. I'm concerned about the HMO's attitude to-
wards CHILD HEALTH PLUS (A & B). There is misinformation given out on too many
levels. Doctors are willing to accept CHILD HEALTH PLUS A & B, but need to be reim-
bursed at fair rate.”

11. Cultural Arts/Education Center Director-

“We work to help families to get coverage, although it is unrelated to scope of our job. I'm
afraid our agency cannot always do this (serve families who need health referrals). There
needs to be an organized (and reliable) referral system for CHILD HEALTH PLUS.”

12. Mental Health Worker-

“Case workers are not clear on all the CHP information. Especially on what is covered and
the process. The ‘Stigma’ still exists around Medicaid (CHILD HEALTH PLUS A).”

13. Medicaid Worker-

“ The Application process is just too complicated. Families need a lot of help and

time with the application process.”

14. Family Worker-

“I’m concerned about families being bounced around between CHILD HEALTH PLUS A & B. We should be more concerned about getting a child covered immediately! We should insure kids first, then let the federal/state/county figure out who pays for what. Why should the child wait/suffer because government organizations debate who pays for what?”

15. Head Start Worker-

“Families are waiting too long to hear about the outcome of insurance after applying.”

16. Head Start Worker-

“A process like presumptive eligibility is necessary.”

17. Head Start Worker-

“We help parents to apply. Maybe we shouldn’t. We know that a certain plan in that area works better than another and we think people should chose that one. Most of us feel that an ‘unbiased’ referral to all health plans hurts the family and wastes time and ties things up unnecessarily when some plans are just harder to negotiate. We want to know how the Facilitated Enrollers are able to refer in a non-biased manner.”

“Families are waiting too long to hear about the outcome of insurance after applying.”

18. Former Facilitated Enroller-

“The reimbursement for mileage takes too long. Its too hard for Facilitated Enroller’s to front the money needed to travel to do enrollment in rural areas.”

19. Dept of Social Services-

“Its evident that a lapse between ‘policy’ and it being carried out on a local level is impossible to carry out. The concept is good but really hard to put into practice. We should work to make the Medicaid office friendlier and decrease the differences between CHP A & B.”

PROVIDERS STORIES FROM OWEGO 2/21/01

1. Community Health Visiting Nurse-

“I see a need for information about all health insurance options.”

2. Food Pantry/ Project Step Ahead-

“There is a real need in health care to cover kids past age 18 years. We’re finding many young adults between the ages of 18 and 20 in need of health care and who are uninsured”.

3. Outreach Worker- Delaware County-
“In our County many of the fathers are afraid of having to “pay back Medicaid”, like with the P-CAP program. This is keeping a lot of families from enrolling.”

“I’ve found that the application process is very discouraging...”

4. Facilitated Enroller-

“I’ve found that the application process is very discouraging, parents who meet enrollers say they do not want Medicaid, they only want CHP. They will walk out before taking Medicaid.”

5. WIC Worker-

“We are volunteering to do CHP applications with families to help the FE, but the paper-work requirements are too much, missing documentation is a big hold up. The number of documents required is bringing some applications to a standstill for lots of families. One of our clients said it’s easier for her to get a credit card, then CHP.”

“We are experiencing a dental care crisis.”

6. Health Services/Head Start Worker-

“We are experiencing a dental care crisis. Only one dentist will take CHP in our county and they have a one-year waiting list. What are parents suppose to do?”

7. Tioga County Head Start-

“Parents need a way to re-enroll faster. Non-custodial parents many times won’t cooperate; this puts parents in a difficult position. We need to make provisions for special circumstances.”

8. Head Start-

“Actually getting parents to fill out the application is difficult. The application is just too hard.”

9. Tioga Co DSS-

“I’m feeling defensive about the so-called ‘Medicaid Stigma.’ To me it feels like the case workers at DSS can get parents through the system faster than an FE and we should work to make DSS offices around the state a more welcoming & friendly environment.”

10. Head Start Worker-

“Recertification is a problem. Many parents don’t understand importance of insurance until they need it.”

11. Facilitated Enrollment Lead-

“The Medicaid stigma comes from the way doctors treat patients, based on their status as a Medicaid client. Many problems exist with the plans; parents are not getting their insurance

cards in a timely manner.”

12. Facilitated Enrollment Lead-

“DSS and the plans process things differently. The gap of time is too long. There are different rules for DSS & Plans, we need to make the rules consistent.”

PROVIDER STORIES FROM BATAVIA- 2/23/01

1. Wyoming Co DSS-

“The new Facilitated Enrollers are overwhelmed by the work.”

2. Seneca Nation-

“Its hard to promote CHP on the reservation. Feedback from plans needs to be timelier to better serve families.”

3. FE/former DSS worker-

“Communication with the plans is difficult. There are many problems with Community Blue.”

4. Community Blue Employee-

“The new Application is much longer than the original one was before. It’s more difficult to process for the clients. The documentation requirement has doubled. The workload is large and requires much more staff. We have hired seven more employees to help with CHP paperwork.”

“It’s more difficult to process for the clients. The documentation requirement has doubled.”

5. Livingston/Genesee Co Provider-

“We need faster turn around for payments to providers.”

6. Wyoming, Cattaraugus & Erie County Enroller-

“I cover three counties, all with different rules and separate plans. It’s very hard to keep it all straight. FEs are so swamped with transfers and new enrollment that they have no time to advocate for families who might need it after application is completed.”

7. Erie Co DOH-

“The many layers of confusing communication is too much for anyone to follow. Too much bureaucratic junk. There needs to be better & clearer communication. The many layers of myths which make it confusing & impede families.”

8. Wyoming County Community Hospital-

“Our hospital serves the poor. We deal with uninsured families; these families sometimes do not have a telephone and they often need other services, including food. We must make

applying for health insurance easier.”

9. Genesee Co DSS-

“People here are not afraid to come to us (DSS office). I’m afraid they will run out of people to enroll.”

10. Genesee Co DSS-

“The DSS and plans seemingly all get different information from the state. Everyone is not getting the same information at the same time.”

“One family had to cancel a scheduled surgery for their child because the plan held up application.”

11. Lead Agency-

“The biggest problem is losing transfer kids. This is bad because they have been putting transfers ahead of new enrollment. Documentation is a huge hold up.”

12. Migrant Worker/Subcontractor-

“Time lapse is a big problem. One family had to cancel a scheduled surgery for their child because the plan held up application.”

13. FE-

“We need more training for facilitated enrollers and follow up training.”

14. Migrant Worker/Subcontractor-

“Many farm workers do not apply for unemployment, so they have difficulty getting Medicaid. Unemployment is done over the phone in that county, but farm workers do not have phones and/or do not speak enough English. Children are suffering because of that. FEs, not caseworkers are needed.”

15. Migrant Worker/Education Program-

“I asked the DSS worker for one contact person per case. One who can be their FE person. Monthly meeting with lead agency are helpful.”

16. Orleans Co DSS-

“The Medicaid unit is concerned about the Facilitated Enrollment process. They feel families could be served better, faster, quicker if helped through DSS.”

17. Oswego Co-

“A Full time FE with the lead agency would be good. They have good relationships with almost all plans. Parents not getting cards fast enough.”

18. Oswego CO-

“We have done lots of outreach & referrals for CHP.”

19. Lead Agency-

“Its good to have a fulltime FEs. Home visits would be better in rural areas. There is a need to use technology to help us bridge the distance in rural areas. We need more money for computers, cell phones, portable copiers to make enrollers’ job easier. Its seems like the fact that families live in rural areas has put them behind city folks in this process. Biggest barrier- determining/documenting income for self employed. Very gratifying to see families finally enrolled.”

20. Wyoming Co DOH-

“Monthly meeting necessary to keep everyone in that regional area in the loop. Need to include DSS in these meetings.”

21. Wyoming Co DSS-

“It helps a lot to have one contact with other agencies.”

PROVIDER STORIES FROM SARANAC LAKE 2/27/01

1. Health Care Professional-

“I was hired by a primary care clinic just to handle HMOs; we are a primary care provider. HMO Blue is most difficult to deal with; there are many problems. I worked with a 6-year old- child who was abusive and self-mutilating. We could not

“The connection to Medicaid makes CHP look negative to families.”

find doctor in the area. When we found one an hour away there was a 6 to 8 month waiting list to get an appointment. The closest place to get a faster appointment was Herkimer, NY (2 hours

away) but the child needed to be seen three times a week. Takes months to get HMO to react ‘Humanly’. Administrative clerks at the plans make all the decisions. They won’t let you talk to a supervisor.”

2. MOMs Program Worker-

“The connection to Medicaid makes CHP look negative to families.”

3. Health Care Professional & Grandparent with grandchildren on CHP-

“Parents need many reminders if they are going to be terminated. We need more dentists- people are driving 2+ hours to have their kids get their teeth pulled. We need more help with mental health for kids here and in other rural areas.”

4. Essex County Head Start Worker-

“We’re seeing families with uninsured kids; custodial v. non-custodial parent, each saying it’s the other’s responsibility to insure the kids. The enroller or Head Start worker cannot speak to the father because workers hesitant to get involved in the family’s disputes, but meanwhile the child suffers.”

“We need More dentists. They are absolutely necessary! Bottle rot is on the increase. Dentists don’t want to deal with CHP Billing/reimbursement.”

6. Lead Agency-

“Most of our time is spent dealing with the health plans. HMO Blue is the only plan available in many areas. Children become uninsured due to plan mix-ups. Families are losing faith in the program, and word of mouth is spreading about what a hassle it is to get enrolled. Lapses in coverage are common.”

7. Human Service Provider-

“We had Community College students participating in a CHP project which was a great way to do outreach. Many are parents themselves, most are older and have strong connections in the community.”

8. Human Service Provider-

“Parents are traveling long distances to receive mental health care for their children. They should be able to access care where they live.”

9. Human Service Provider with child on CHP-

“As a parent, my child was dropped from the program and I didn’t even know it.”

10. Facilitated Enroller-

“We work closely with the plans and DSS; monthly meetings help.”

11. Mental Health Service Provider-

“We have a Father & Mother on disability; children are losing Medicaid, trying to help family hook up with CHP.”

12. Provider-

“We need more help for kids with issues with alcohol & substance abuse.”

13. Facilitated Enrollment Lead Agency/ St Regis Mohawk Tribe-

“Federal funding for the clinic is less. Getting kids enrolled into CHP brings more money to the clinic. There are Application problems. Native Americans are exempt from the premium and the insurance companies are not always sensitive to this. They have to show proof of status as a Native American, which can add to the paperwork.”

14. FE Lead Agency/St. Regis Tribe-

“Lots of administrative work. Communication with plans needs to improve. Split families make enrollment difficult.”

15. WIC Clinic Worker-

“Kids are not getting the services they need. The programs are not reaching everyone, especially folks in rural areas.”