

FROM THE FRONT LINES:

***How can we improve health care
for your children?***

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

*A report to the Children's Defense Fund
From the Southern Tier Health Care System
and
Rural Health Resources*

“

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

”

— a WIC Clinic Worker in Saranac Lake

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Introduction

How can we improve health care for your children?

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

Those are the two questions the Southern Tier Health Care System, Inc., and Rural Health Resources posed to parents, guardians and providers in four selected rural locations during a three-week period in February 2001. A grant from the Children's Defense Fund through the Kellogg Foundation funded the eight sessions, which garnered ideas from more than 120 individuals (30 consumers [parents, guardians] and 93 providers [insurance providers, health care professionals, facilitated enrollers]). The sessions were held in Hudson, Owego, Batavia and Saranac Lake, NY.

Two sessions were held at each site—one for consumers and one for providers. Participants generated more than 400 specific ways to address the questions noted, with consumers offering 207 ideas and providers/enrollers 266 specific suggestions.

Each session consisted of approximately 75 minutes of facilitated brainstorming, followed by a 90-minute session during which participants prioritized and sorted the ideas generated at the sessions. Also, participants were invited to air concerns and ideas during an informal dialogue, which occurred during the break between the brainstorming and prioritizing sessions.

The Concept System, a social research mapping process, was used for all eight brainstorming sessions. The software/system produces a map that graphically displays the group's ideas, how they are interrelated, how the ideas are organized into more general concepts, and the relative importance of the ideas in the eyes of each group. Also produced is a pattern matching chart that compares arrangement of ideas to determine the similarity and difference of opinion between two identified groups. For example, in the case of consumers, a pattern matching chart may reflect the relative importance two different demographic groups—males and females, for instance—place on a particular idea or concept, such as “the need for better transportation.”

These sessions focused primarily on the accessibility and efficacy of the Child Health Plus program as it exists in New York State. Each participant—consumers and providers—had experience with Child Health Plus and their suggestions cluster around specific ways to improve the program. It is important to note that these ideas emanate directly from the participants and were unprejudiced by the facilitators who are specifically trained to be issue-neutral. Additionally, wherever possible, the actual words used by the participants to reflect their ideas are used and not paraphrased; this is done to keep the ideas as pure and true to the sources as possible. Any paraphrasing done was simply to clarify meanings that were clear in the original presentation, but may be occluded without the benefit of actually being in attendance at the sessions.

While each of the 473 specific suggestions are included as an appendix in this report, only those that scored above average in the participants' ranking is described in the narrative.

Structure of this Report:

This report is divided into the following sections:

Introduction: an overview of the process and the participants

Prologue: an overview of the problem of underinsured or uninsured children

Section I: Executive Summary—A concise analysis of the overall conclusions and recommen-

dations reached as a result of the four-site, eight-session project.

Section II: Consumer Results—a site-by-site report of how consumers answered the question, “How can we improve health care for your children?” The results of each site are reported independently.

Section III: Provider Results—a site-by-site report of how providers answered the question, “How can we improve access to health for children in rural areas?” The results of each site are reported independently.

Appendix A: Consumer Concept Maps

Appendix B: Provider Concept Maps

Appendix C: Consumer Matching Patterns

Appendix D: Provider Matching Patterns

Appendix E: Consumer Statements By Site and By Topic (Cluster)

Appendix F: Provider Statements By Site and By Topic (Cluster)

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

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Prologue

How Can We Improve Health Care For Your Children? A Report from the Front Line

A recent study by the Health Policy Center of the Urban Institute, called "Rural/Urban Differences in Healthcare" states the following. ". . . rural areas, may in fact, have greater health care needs and face access barriers that are no less substantial . . ." than urban poor.

In rural areas of New York State the poor, the working poor and the lower middle class are often invisible. They don't sleep in the streets or on the stoop of your building. They live out in the isolated countryside, or the trailer park, just outside of town, or the house down the street that needs painting.

William Kates, of the Associated Press, said in a 2/23/2001 article, that "More than one of every four children in New York State lives in poverty, the highest rate of child poverty in the industrialized world, according to a study compiled by a Syracuse University researcher."

"New York's child poverty rate is 26.3 percent, Dr. Timothy Smeeding, a professor of public policy at Syracuse University, reports in a book called "Child Well-Being, Child Poverty and Child Policy in Modern Nations."

"The United States had a child poverty rate of 20.3 percent, next to last among other industrialized nations, according to the report. Russia had the highest rate of any industrialized country at 23.2 percent, while Italy had the highest rate in Europe at 19.5 percent."

The Syracuse University study concluded 23 percent of New York's poor children lived upstate. "The evidence in this book suggests that there is a large long-term public sector cost for poor kids in terms of health care, schools, crime and other expenditures," he said.

Rural and frontier residents of all ages are more likely to be uninsured, 19.8 percent compared with 16.3 percent for those in urban areas. This is often because private health insurance coverage is less available through rural workers' employers. In addition, farm families are less likely than other working families to have employers who contribute to health insurance premiums. Further, poverty is more widespread in rural and frontier areas, so many residents have difficulty purchasing their own health insurance.

Rural and frontier residents comprise approximately one fifth of the U.S. population. However, they do not have the same level of access to basic health care services that is available to other Americans. Poverty, inadequate transportation, large geographic distances, and an aging population base complicate health care delivery in rural and frontier communities. It is these characteristics, coupled with a fragile or nonexistent health care infrastructure, that make the delivery of rural and frontier health care services a formidable challenge for states.

Rural concerns like older, poorer populations, lower degrees of education, fewer hospitals, fewer doctors, lower incomes, inadequate insurance coverage, undetected health problems and lower rates of service utilization, all point to the need for a health care safety net in rural communities.

Nationally there has been, is now, and will continue to be, an increased pressure to make quality health care more accessible and modern technology more useable. At the same time there has been more and more pressure, constraints and urgency to contain costs and avoid duplication.

Rural and frontier communities are constantly struggling with how to build and support their limited health system capacity and infrastructure. They face difficulties in recruiting and retain-

ing providers, establishing telemedicine systems, and maintaining adequate emergency medical services.

This report addresses factors affecting the special challenges to make the rural health care delivery system viable for children. The real issue this project addressed was children's accessibility to mental, oral and physical health services. The impact and inadequacies of programs and policies providing the framework for children's health care service delivery in New York State are articulated here, by advocates, by health care providers, and by those often unheard experts, *the parents*.

The parents give eloquent testimony to the practical day to day struggles of low income, rural households seeking to obtain coverage and care for their children. Many of these households are headed by single parents, many struggle with inadequate transportation and some do not even have a telephone. Yet they are attempting to negotiate with large health care bureaucracies and fragmented rural providers spread out over huge geographical distances.

Children's Defense Fund-NY through the Kellogg New York Community Capacity Building and Mobilization Project, requested that Southern Tier Health Care System and Rural Health Resources, ask the question, "How can we improve health care for your children?" of parents and caregivers of rural children.

The Bush Administration and Congress will soon be focusing on Medicaid and the State Children's Health Insurance Programs (S-CHIP) and promote bills that will improve the way these programs provide health care coverage to the poor and near-poor. The Administration will work with the states to advance concepts to expand state adaptability to local issues including rural concerns, and ensure that Medicaid and S-CHIP are being effectively used to promote health insurance coverage.

The regional children's health summits enabled rural parents and health and human service providers to give positive, decisive and convincing testimony to the direction needed in rural New York State. Our report follows.

Rural Health Resources
Elizabeth Embser Wattenberg
Executive Director

Southern Tier Health Care System
John E. Bartimole
CEO

Section I

Executive Summary

Clear conclusions can be drawn from this study, with several common themes emanating from both consumers and providers alike. The eight sessions—four involving consumers and four involving providers—yielded a remarkable similarity in identification of problems, needs and suggestions regarding issues surrounding Child Health Plus and Medicaid.

It should be noted that all of the participants at each of the eight sessions were somehow involved in the CHP and/or Medicaid process. Consumer sessions were held in the evening, with dinner provided. This was done in an effort to attract consumers who otherwise work during the day. Provider sessions were held the following morning, with a light breakfast snack and lunch provided. Additionally, consumers were paid \$20 for attending the sessions, while enrollees were reimbursed for travel expenses.

All of the areas in which the sessions were held are extremely rural. A conscious effort was made to geographically cover as much of New York State as possible under time and budget restraints.

Findings

The Concept System Mapping System analyzed each of the 473 suggestions by site and by session yielded the following:

- 1) common themes at each session
- 2) priority given to the suggestions made by participants
- 3) a visual “map” which illustrates the ideas and themes and their interrelationships
- 4) pattern matches to illustrate differences/similarities between various demographic groups within each session

Five clear themes evolve from this analysis. They are:

- 1) the need to simplify the application and recertification processes for CHP and Medicaid
- 2) the need to expand the number of doctors accepting CHP and Medicaid, particularly dentists and other specialists
- 3) the need to expand CHP to allow coverage of children over the age of 18 when they are in college
- 4) the need to outreach more to consumers in new and innovative ways
- 5) the need to reduce the stigmas associated with CHP and Medicaid

Each is further analyzed below:

1) the need to simplify the application and recertification processes for CHP and Medicaid

Consumers and providers alike indicated that the application and recertification processes for these programs are vexing, inconsistent and/or confusing in their documentation requirements, and often do not address the needs of the children. Problems with elongated waiting periods, delays in getting applications approved, multiple rejections for incomplete data (often because of misinformation) all contribute to the problems associated with this theme.

Solutions offered by consumers and providers:

- a) shorten the application to one page

- b) have a consistent and well-defined documentation requirement that all facilitated enrollers are trained for and familiar with
- c) shorten the application process during emergency situations
- d) simplify the recertification process

NB: By far, the need to simplify the application process was the single most common theme echoed by consumers and providers.

2) *the need to expand the number of doctors accepting CHP and Medicaid, particularly dentists and other specialists*

Consumers vented often about their inability to provide dental care for their children under the current programs, mostly because of a lack of dentists who accept patients with such coverage. This—and the need for more mental health professionals who accept the coverage—are clear needs to improve accessibility to health for children in rural areas. Providers were equally as frustrated in their remarks about the lack of adequate dental coverage for children. This is clearly a problem area within the system.

3) *the need to expand CHP to allow coverage of children over the age of 18 when they are in college*

The suggestion here—echoed often—is simple: allow children who are in school to be covered until they are out of college (as most insurance plans do). Parents of older children were very concerned that their children would lack adequate coverage once they passed the age of 18.

4) *the need to outreach more to consumers in new and innovative ways*

Too often, consumers say, it is left up to their own wiles to find out about—and to implement—CHP. For working parents, the traditional office-hour approach to CHP enrollment simply doesn't allow them the opportunity to enroll their children, without taking several hours—perhaps several times—off from work. Many suggestions emanated from providers and consumers in this area:

- a) facilitated enrollers should work more non-traditional (evenings, weekends) hours
- b) facilitated enrollers should be where the parents are, such as in schools
- c) school systems need to become more involved in trumpeting the availability of CHP to parents
- d) health care facilities, including hospitals and doctors' offices, should be proactive in promoting CHP;

5) *the need to reduce the stigmas associated with CHP and Medicaid*

This ties directly into the need for expanded numbers of health care professionals who accept CHP and Medicaid consumers. Many consumers said their children were treated differently—in a negative fashion—because they were CHP or Medicaid clients.

Conclusions

One frustrated parent at the Hudson session succinctly summed up her frustration with the system with this thought: You go in and fill out the application for insurance for your child, and then two New York State bureaucracies, Child Health Plus and Medicaid, fight over you...and the loser gets to pay for your insurance.

In a nutshell, that embodies the problems encountered with the Child Health Plus and Medicaid programs by consumers and providers alike as reflected by the eight sessions held across rural New York State. The system, as it is currently implemented, fails to put the children or family first: it's a vendor-driven system, with the vendor being New York State and its Child Health Plus or Medicaid programs. The vendor drives the program, with the consumers along as passengers—passengers with little control

Based on the findings of this study, there needs to be a fundamental change in philosophy and approach to providing insurance to children in New York State. It needs to evolve from one that is vendor-focused to one that is consumer-focused. That means doing simple things, such as making facilitated enrollers available during non-traditional times, but it also means implementing more difficult-to-accomplish concepts, such as recruiting more dentists and mental health providers who accept such insurances.

A shorter application process, a simpler application process, better-trained facilitated enrollers and a smoother recertification process are all valid and necessary changes to the system. But until the system focuses on one goal as its philosophical Gibraltar—to provide children with comprehensive health insurance as quickly and easily as possible—participants on all sides of the programs will remain frustrated, and too many children will remain uninsured or underinsured.

Section II
Consumer Results

Site: Hudson, NY

of Consumers in Attendance: 15

Date of Session: February 13, 2001

The Ten Highest-Rated Suggestions from Consumers at This Site

- 1) speed the application process for emergencies
- 2) eliminate the waiting period for children applying for Medicaid
- 3) expand the network of medical specialists
- 4) make it easier and smoother for adults and children to recertify
- 5) Medicaid should allow people transitioning from it to Child Health Plus an easier turnover
- 6) limit that grace period for the application
- 7) provide an interpreter when needed
- 8) make available transportation that can be provided on short notice
- 9) simplify the process for CHP and Medicaid
- 10) enroll more dentists who take children with Medicaid

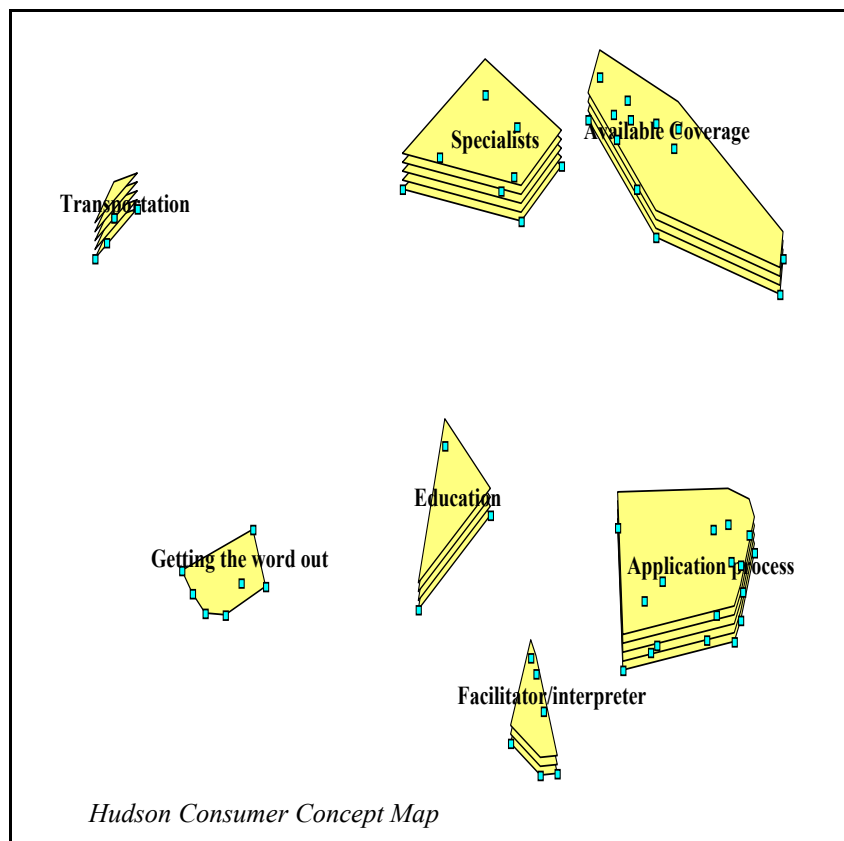
Cluster/Mapping Results

(Clusters show the proximity and relevance of ideas to each other. All consumer cluster maps are presented in Appendix A).

Consumers in Hudson sorted their ideas into the following seven clusters, which are presented in priority order:

- 1) Application Process
- 2) Specialists
- 3) Transportation
- 4) Education
- 5) Available Coverage
- 6) Facilitator/Interpreter
- 7) Getting The Word Out

Below, each cluster is explained, with the highest-ranking ideas in the cluster listed in order as determined by the consumers:



- 1) Application Process

In this cluster, consumers focused on the difficulties and foibles they found in the process of applying for Child Health Plus. Their key recommendations:

- a) speed the application process for emergencies
- b) eliminate the waiting period for children applying for Medicaid
- c) in Columbia County, make it easier and smoother for adults and children to recertify
- d) allow those transitioning from Medicaid to child health plus an easier turnover
- e) limit the grace period for the application
- f) simplify the process for both child health plus and Medicaid

2) *Specialists*

Consumers expressed frustration regarding the availability—or lack thereof—of specialists, as evidenced by the repetitive nature of the top-ranked ideas generated in this cluster.

- a) expand network of medical specialists
- b) increase the number of specialists in the local area who accept coverage
- c) eliminate the need to call before taking a child to the emergency room

3) *Transportation*

Transportation to medical care and its related services remains a problem for many rural consumers. Among their highest-ranked suggestions:

- a) transportation should be available that can be provided on a short notice
- b) when provided transportation to take a child to the doctor, that service should also include picking up a prescription

4) *Education*

Consumers indicated that often, not enough information was provided them about Child Health Plus and its limitations/services. Their top suggestion:

- a) when applying for insurance, provide information about HMOs and the location of their doctors and dentists

5) *Available Coverage*

This cluster specifically addresses the coverage issues that consumers indicate need adjustment.

- a) more dentists who take children with Medicaid are needed
- b) increased coverage for prescription medicines
- c) more dentists who take children
- d) more doctors who accept Medicaid or Wellcare (CHP and managed care)
- e) more doctors to take coverage (especially eye doctors and dentists)
- f) expand coverage to cover everyone
- g) SSI children should not be excluded from managed care plans
- h) allow eye exams for children more often than once every two years

6) *Facilitator/Interpreter*

Consumers were often challenged by a thorough understanding of the language or of the process.

- a) provide an interpreter when needed

b) provide community advocates to help people apply for their children's insurance

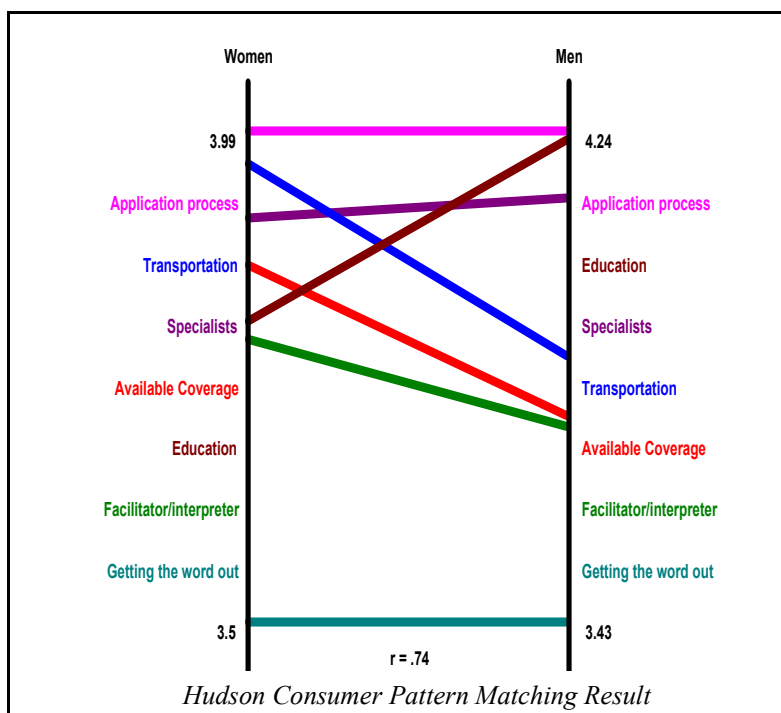
7) Getting the Word Out

Consumers suggested several ways for increased marketing and promotion of CHP.

- a) better outreach for CHP (advertising)
- b) develop a local referral source for medical services
- c) use the elementary schools to send information on children's health insurance home with report cards
- d) let doctors tell their patients about Child Health Plus

Pattern Matching Result Highlights

(Pattern matching provides a pictorial analysis of how various demographic segments rated the clusters in importance. While all consumer pattern-matching results are presented in Appendix C, some highly illustrative results are included in this narrative)



Men and women rated the application process as their top priority, but transportation was much more highly rated as a problem by women than by men. This may be because women are often left home alone, without transportation, while the men use the available vehicle to go to work. Additionally, transportation was much more of an issue for consumers who do not work than those who do, and transportation was more of a concern for consumers with children between the ages of 0-4 than those whose children were above those ages.

Problems with the application process were more likely to be cited by those working full-time than those who do not have a full time job; this may be because facilitated enrollers are not readily available outside of regular business hours. Finally, getting the word out was ranked as more of a priority by non-working mothers than by working mothers. This may be because of the fact that non-working mothers are the primary caregivers of their children and are often stay-at-home moms who do not have the opportunity or the accessibility to interface with the community.

Site: Owego, NY

of Consumers in Attendance: 5

Date of Session: February 20, 2001

The Ten Highest-Rated Suggestions from Consumers at This Site

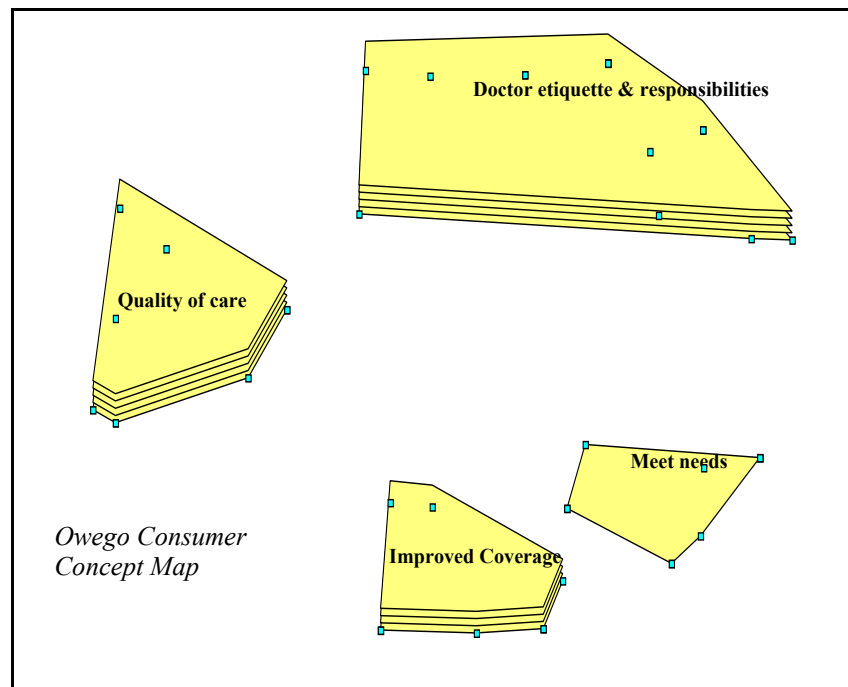
- 1) treat people fairly regardless of insurance
- 2) CHP should insure adults, too
- 3) provide better coverage of medication
- 4) more doctors should accept the insurance
- 5) more understanding (by doctors) of children who have learning disabilities
- 6) extend CHP to children over 19 who are in college
- 7) eliminate the need to renew referrals every six months
- 8) improve treatment for learning disabilities
- 9) get prescriptions filled locally during evening hours
- 10) enhance communication among physicians involved in referrals

Cluster/Mapping Results

(Clusters show the proximity and relevance of ideas to each other. All consumer cluster maps are presented in Appendix A).

Consumers in Owego sorted their ideas into the following four clusters, which are presented in priority order:

- 1) Doctor Etiquette And Responsibilities
- 2) Quality Of Care
- 3) Improved Coverage
- 4) Meet The Needs Of Children



Below, each cluster is explained, with the highest-ranking ideas in the cluster listed in order as determined by the consumers:

1) Doctor Etiquette and Responsibilities

Consumers in Owego were particularly sensitive to how they—and their children—were treated by health care professionals. Their top suggestions:

- a) treat people fairly regardless of insurance
- b) have more understanding for parents who have a child with learning disabilities
- c) have the availability of getting prescriptions filled locally during evening hours
- d) better communication among physicians involved in referrals
- e) doctors should listen to patient

- f) doctors should have a broader definition of what an emergency is
- g) doctors should have expanded hours
- h) doctors should tell parents why medications are necessary for children and explain side effects, allergic reactions, etc.

2) *Quality Of Care*

Attendees focused on several aspects of the care their children receive that they feel need improvement.

- a) better coverage of prescriptions
- b) eliminate the need to renew referrals every six months
- c) health care professionals should attach less of a stigma to the type of insurance one has
- d) provide better benefit for eye care needs (better variety and quality of glasses)
- e) improved testing for hearing at a young age
- f) allow changes in plan and physician to accommodate Medicaid

3) *Improved Coverage*

Suggestions in this section addressed the need to expand existing coverage.

- a) Child Health Plus should insure adults, too
- b) increase the number of doctors accepting the insurance programs
- c) extend CHP to children over 19 who are in college
- d) different children should be able to see different doctors (especially older children)

4) *Meet The Needs Of Children*

Consumers then identified existing gaps in the coverage available to them

- a) improve treatment for learning disabilities
- b) increase access to dentists
- c) increase access to eye doctors
- d) better define the way to help a physician or health care giver diagnose a problem with a child
- e) increase the time between recertification
- f) explain the differences between the available insurance plans

Pattern Matching Result Highlights

Males tended to be much more sensitive to doctor etiquette and responsibilities than did females, as did parents who had children between the ages of birth through four. Quality of care was also more of a concern for parents of younger children, as was the ability of the programs to meet the needs of their children.

Site: Batavia, NY

of Consumers in Attendance: 5

Date of Session: February 22, 2001

The Ten Highest-Rated Suggestions from Consumers at This Site

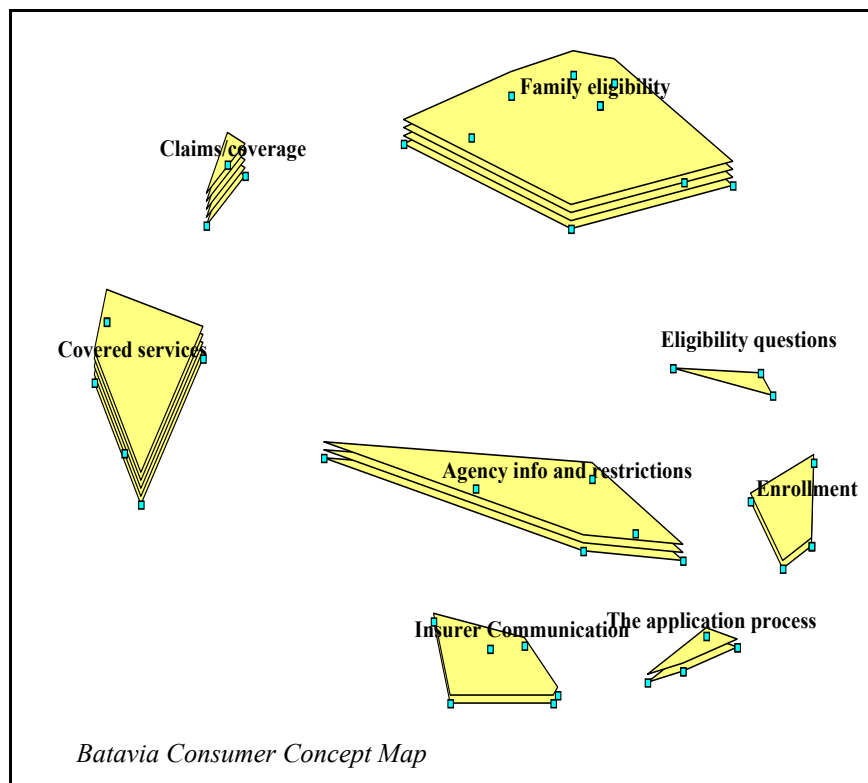
- 1) cover a family with one policy
- 2) offer a CHP dental plan for all counties
- 3) lift geographic restrictions on where you have to enroll and what plans you have to choose from
- 4) CHP should be honored regardless of HMO carriers
- 5) keep existing providers regardless of geographic location or insurance carrier
- 6) preclude lack of coverage when re-enrolling
- 7) prevent children from same family from being on different policies
- 8) cover emergency room visits under CHP anywhere
- 9) CHP should cover new medications based upon patient and doctor recommendation
- 10) CHP should set up its own agency rather than going through HMOs

Cluster/Mapping Results

(Clusters show the proximity and relevance of ideas to each other. All consumer cluster maps are presented in Appendix A).

Consumers in Batavia sorted their ideas into the following eight clusters, which are presented in priority order:

- 1) Claims And Coverage
- 2) Covered Services
- 3) Family Eligibility
- 4) Agency Information And Restrictions
- 5) Insurer Communication
- 6) Enrollment Issues
- 7) Application Process



Below, each cluster is explained, with the highest-ranking ideas in the cluster listed in order as determined by the consumers:

1) *Claims and Coverage*

In this cluster, respondents focused on weaknesses they noted in the current system

- a) cover emergency rooms services under CHP anywhere
- b) no discrimination against consumers because of insurance plan or carrier

2) *Covered Services*

Consumers then focused on some geographic-specific issues that they felt hindered availability of health care for their children.

- a) offer a CHP dental plan for all counties, not just some
- b) keep existing providers regardless of geographic location or insurance carrier
- c) CHP should cover new medications (based upon doctor and patient recommendation)
- d) doctors should be required to handle state insurance programs

3) *Family Eligibility*

In this cluster, consumers focused on frustrations they experienced in getting health care coverage for the entire family.

- a) cover a family with one policy
- b) prevent lapse in coverage when re-enrolling
- c) children from the same family shouldn't be on different policies
- d) eligibility should be based on net income, not gross income
- e) children should be covered from date of birth

4) *Agency Information And Restrictions*

Ideas from consumers centered on foibles within the system that sometimes had families traveling long distances to enroll their children or to obtain health care.

- a) lift geographical restrictions on where you have to enroll and what plans you have to choose from
- b) CHP should be honored regardless of HMO carriers
- c) CHP should explain to enrollers geographical restrictions and HMO choices

5) *Insurer Communication*

Consumers' suggestions in this cluster addressed the communication issues they experienced when dealing with the providers.

- a) CHP should set up its own agency instead of going through HMOs
- b) there should be a quicker response time for claims

6) *Enrollment Issues*

Consumers identified specific problems with enrollment in this cluster.

- a) educate facilitated enrollers on correct process to fill out forms
- b) enrollment help should be available locally
- c) provide correct information about where to call or enroll (often the number and/or address weren't correct).

7) *Application process*

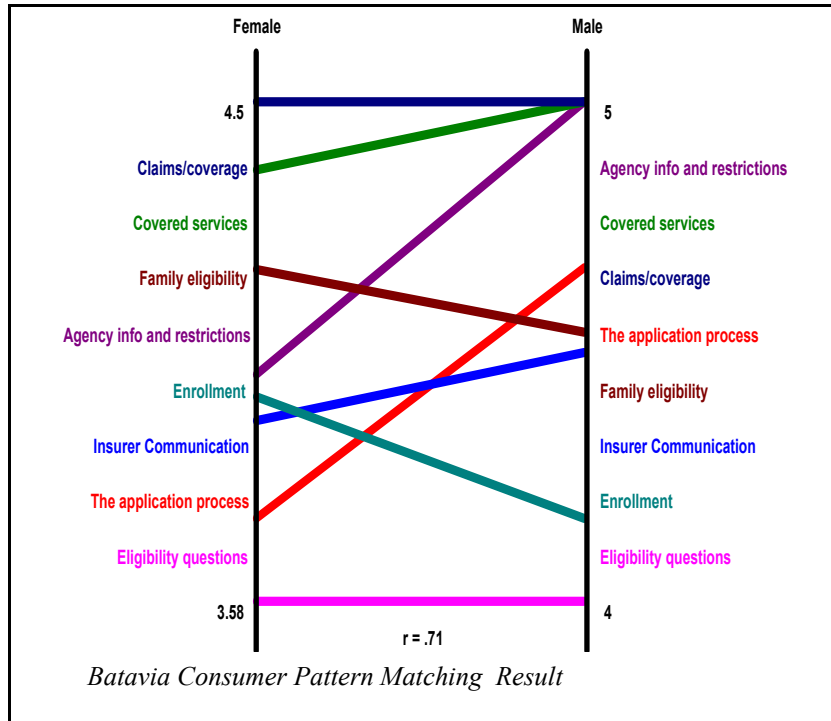
This cluster is a catchall collection of other frustrations experienced by consumers during the enrollment process.

- a) a person—not an answering service—should answer the CHP phone line

- b) the application process should be easier
- c) a representative should be available to help with the process

Pattern Matching Result Highlights

Both males and females considered claims and coverage to be of paramount importance, while females placed a greater emphasis on family eligibility and enrollment issues than did males. However, males were more likely to be concerned about agency information and restrictions and the application process than were females, perhaps because the females took more of a lead role in those areas and males were less familiar with the process. Caregivers of children from birth through four were more concerned



about claims and coverage than those with older children, but caregivers of older children had more concern about covered services than did those with younger (birth through age four) children. Those parents of older children were also more cognizant of problems with agency information and restrictions than parents of younger children.

Site: Saranac Lake, NY
 # of Consumers in Attendance: 5
 Date of Session: February 26, 2001

The Ten Highest-Rated Suggestions from Consumers at This Site

- 1) more dentists in all counties
- 2) more providers who accept CHP, especially dentists
- 3) the ability to use major hospitals, even if out of state
- 4) grandfather active treatment if plans change
- 5) reimbursement should be mandatory if there are not local providers available
- 6) consumers should be notified immediately if coverage is terminated
- 7) acceptance into the program (cards) should be sent in a timely manner
- 8) rectification should be retroactive to cover gap in coverage (all fees and charges)
- 9) anything ordered by primary care physician should be covered, no questions asked
- 10) put money into health care, not advertising

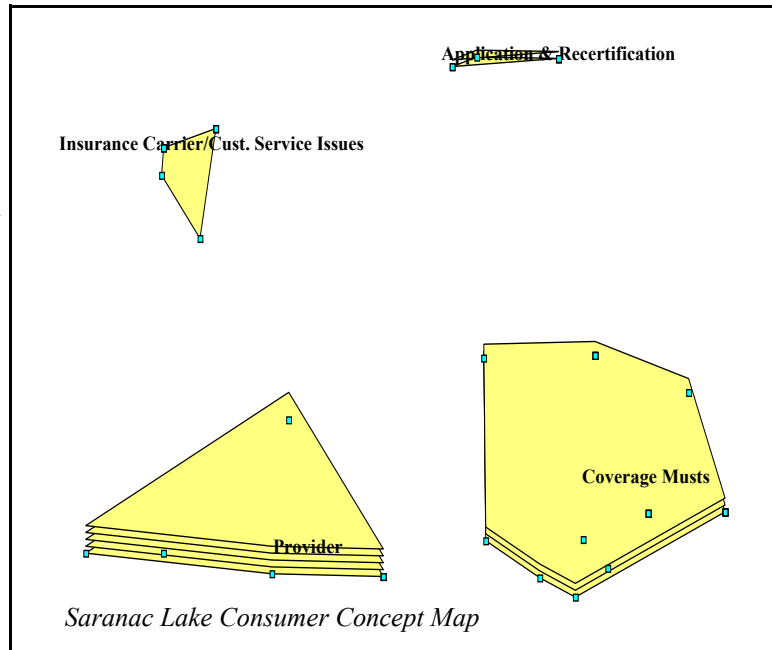
Cluster/Mapping Results

(Clusters show the proximity and relevance of ideas to each other. All consumer cluster maps are presented in Appendix A).

Consumers in Saranac Lake sorted their ideas into the following four clusters, which are presented in priority order:

- 1) Provider Issues
- 2) Coverage Musts
- 3) Application And Recertification
- 4) Insurance Carrier/Customer Service Issues

Below, each cluster is explained, with the highest-ranking ideas in the cluster listed in order as determined by the consumers:



1) *Provider Issues*

In this cluster, consumer suggestions honed in on the need to expand the coverage provided by the plans.

- a) more providers (especially dentists) should accept Child Health Plus
- b) consumers should be allowed to use major hospitals, even if those hospitals are located out of state
- c) when moving into a new area, consumers should have a grace period to try out different doctors before deciding on one
- d) bills for clinics and doctors should be consolidated

2) *Coverage Musts*

Consumers also identified gaps in coverage that affected their ability to get adequate health care for their children.

- a) more dentists in all counties
- b) active treatment should be grandfathered if plans change
- c) reimbursement should be made mandatory if there are no providers available in the area
- d) all treatment ordered by a primary care physician should be covered
- e) insurance needs to cover all medications
- f) all pharmacies should accept all plans
- g) children should be accepted regardless of health
- h) one referral to a specialist should be sufficient
- i) out of network care should be approved on an as-needed basis
- j) choice of pharmacy should not be mandated by insurance plans
- k) one should be able to take a child to the ER without calling the primary physician

3) Application And Recertification

Consumers had concerns about these processes, particularly as they pertained to lapses in coverage.

- a) notify people immediately if coverage is terminated
- b) insurance cards should be sent in a timely manner
- c) recertification should be retroactive to cover gap in coverage
- d) recertification should be automatic for consumers paying full CHP premium
- e) coverage should be maintained during the recertification process (even if application is not submitted by deadline)
- f) application information should be specific to the geographic area.

4) Insurance Carrier/Customer Service Issues

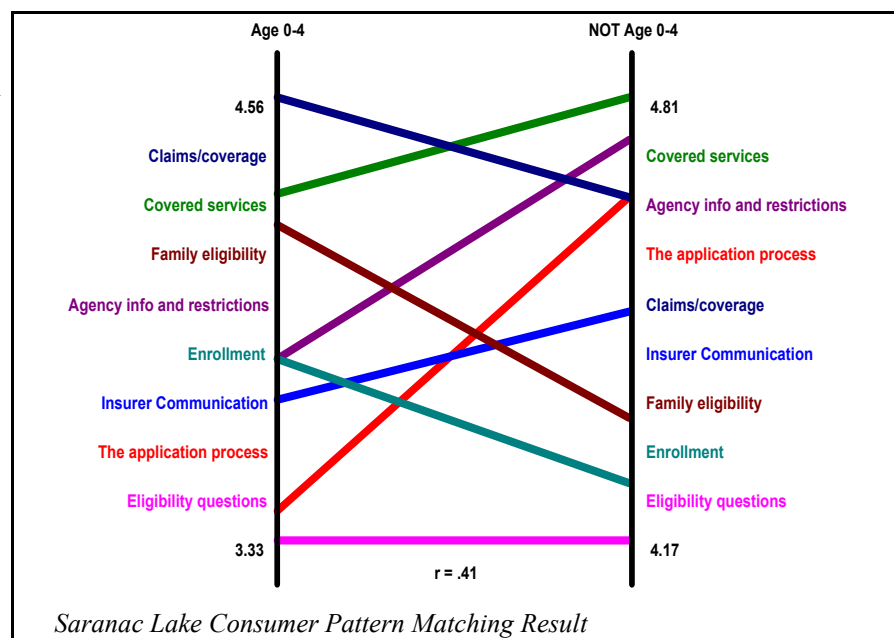
This cluster contains a variety of catchall suggestions regarding how CHP and the carriers interface with consumers

- a) put money into health care, not advertising (eliminate Frisbees, rulers, stickers)
- b) people who work for insurance companies must understand the rural nature of our areas
- c) one person (one name) should handle upstate region and upstate clients
- d) customer service should always be available between 9 a.m. and 5 p.m.
- e) policies should not change from one administrator of CHP to another
- f) there needs to be a plan and chain of command for consumers to get problems solved

Pattern Matching Result Highlights

Consumers who were employed full-time were much more concerned about the application and recertification process than those who were not; however, those consumers who were not employed full time were markedly more concerned about coverage issues than those employed full time.

The prominent concern of those consumers with children from ages birth through four was provider issues, but those with older children held the application and recertification process as their most important issue.



Section III Provider Results

Site: Hudson, NY

of providers in Attendance: 33

Date of Session: February 14, 2001

The Ten Highest-Rated Suggestions from Providers at This Site

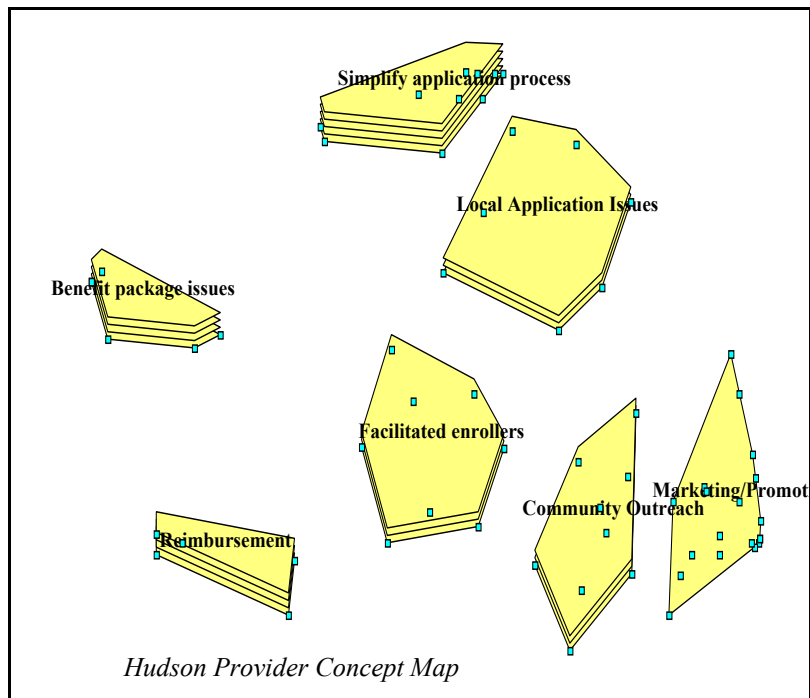
- 1) simplify into one program to cover all children of all ages
- 2) provide adequate reimbursement for providers
- 3) shorten the application process
- 4) simplify the enrollment and the recertification process
- 5) keep children insured while agencies decide who funds the insurance
- 6) simplify, simplify, simplify
- 7) simplify the paperwork so that everyone uses the same forms
- 8) speed up the application process
- 9) all people coming into contact with children and families should have necessary tools to share information about CHP
- 10) 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

Cluster/Mapping Results

(Clusters show the proximity and relevance of ideas to each other. All provider cluster maps are presented in Appendix B).

Providers in Hudson sorted their ideas into the following seven clusters, which are presented in priority order:

- 1) Simplify Application Process
- 2) Reimbursement Issues
- 3) Benefit Package Issues
- 4) Local Application Issues
- 5) Facilitated Enroller Issues
- 6) Community Outreach
- 7) Marketing/Promotion



Below, each cluster is explained, with the highest-ranking ideas in the cluster listed in order as determined by the providers:

1) *Simplify Application Process*

Providers had many specific suggestions as to how the application process should/could be simplified.

- a) combine the programs into one program to cover children of all ages
- b) shorten the application process
- c) simplify the enrollment and recertification process
- d) keep children insured while agencies decide who funds the insurance
- e) simplify, simplify, simplify
- f) simplify the paperwork so everyone uses the same forms
- g) speed up the application process

2) *Reimbursement Issues*

The issue of proper reimbursement to providers was important to the group.

- a) adequate reimbursement for providers
- b) 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

3) *Benefit Package Issues*

Providers also identified these benefit needs for consumers.

- a) make emergency transportation available
- b) guarantee transportation for clients to get to provider appointment
- c) develop a local transportation system

4) *Local Application Issues*

Specific needs regarding the application process were identified as follows.

- a) have applications in different languages
- b) need more cooperation and assistance from consumers
- c) need more sharing and cooperation among agencies
- d) make certain applications have a proper return address
- e) use existing documentation from DSS and insurers instead of duplicating it

5) *Facilitated Enroller Issues*

Providers identified these needs to bolster the efforts of facilitated enrollers.

- a) more facilitated enrollers available
- b) facilitated enrollers should be prompt and respectful of client's time
- c) the facilitated enrollers should go to the people

6) *Community Outreach*

Providers offered these specific suggestions as to how to increase familiarity with CHP.

- a) all people coming in contact with children and families should have necessary tools to share information about CHP
- b) educate community agencies as to what insurance plans are available and how to contact them
- c) CHP should provide more information to care providers
- d) coordinate with existing migrant programs to reach migrant families
- e) use existing community agencies that work with various cultures and languages

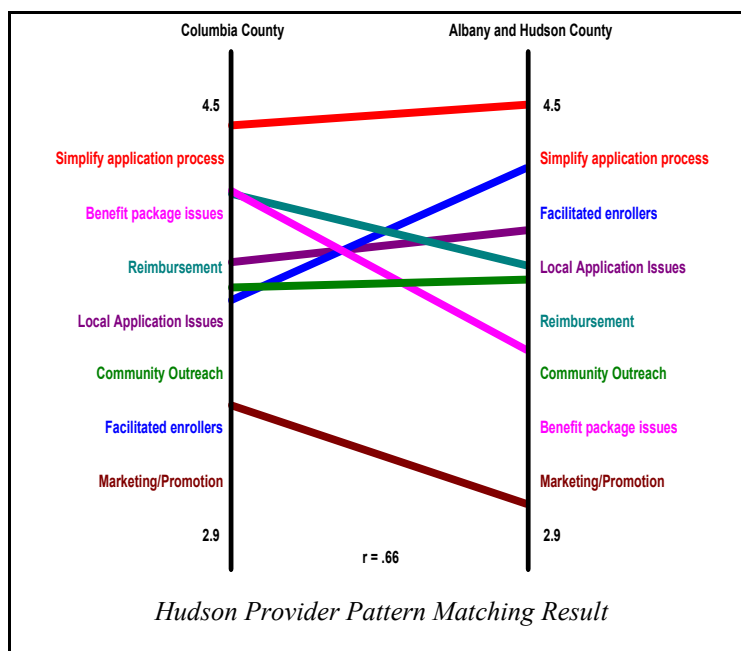
7) *Marketing/Promotion*

Marketing suggestions from providers included the following.

- a) provide multi-lingual advertising
- b) all employers (especially those not providing health insurance) should make CHP information available
- c) advertise through employers who offer health insurance
- d) advertise CHP more consistently and universally
- e) advertise in a county-wide publication telling people where to go for facilitated enrollers
- f) advertise locally in businesses and workplaces
- g) simplify the flyers—make them less wordy
- h) provide information and materials to school nurses
- i) use churches and other community organizations in outreach
- j) advertise basic health insurance and its importance
- k) use pediatricians and family doctors to advertise the program (through billing

Pattern Matching Result Highlights

Providers from Columbia, Hudson and Albany Counties listed the need to simplify the application process as their top priority. However, benefit package issues were much more prevalent in Columbia County than in Albany and Hudson counties, while providers from the latter two counties had more concerns about facilitated enroller issues than did those in Columbia County.



Site: Owego, NY

of providers in Attendance: 16

Date of Session: February 21, 2001

The Ten Highest-Rated Suggestions from Providers at This Site

- 1) improved limited dental services by encouraging dentists to take CHP
- 2) increase providers involved in dental care
- 3) create a more seamless system for families not qualified for Medicaid
- 4) simplify the application process
- 5) take applications during off hours (evenings, weekends)
- 6) educate parents as to why children need CHP
- 7) benchmark what other areas are doing to enhance dental provider participation in CHP
- 8) CHP needs to be one program with common eligibility requirements
- 9) extend coverage to dependent children through age 21
- 10) increase time period between recertifications

Cluster/Mapping Results

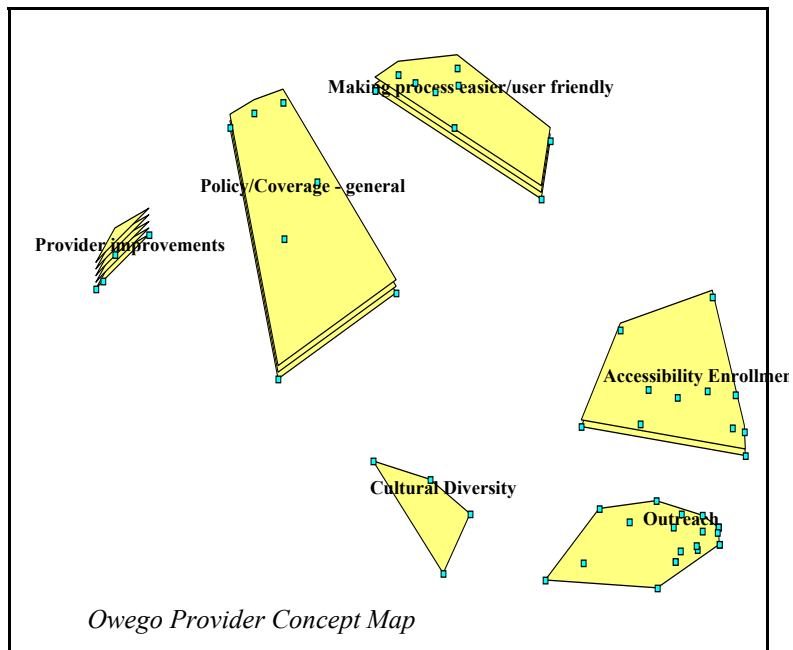
(Clusters show the proximity and relevance of ideas to each other.

All provider cluster maps are presented in Appendix B).

Providers in Owego sorted their ideas into the following six clusters, which are presented in priority order:

- 1) Provider Improvements
- 2) Making Process Easier And More User Friendly
- 3) Policy/Coverage Issues
- 4) Enrollment Accessibility
- 5) Outreach
- 6) Cultural Diversity

Below, each cluster is explained, with the highest-ranking ideas in the cluster listed in order as determined by the providers:



1) Provide Improvements

Virtually all of the suggestions in this cluster revolved around the need for improved access to dental care.

- a) improve dental services by encouraging dentists to accept CHP
- b) increase providers involved in dental care

2) Making Process Easier And More User Friendly

Providers often mentioned the recertification process and the need to simplify the application process as necessary to improve the system.

- a) create a more seamless system for families not qualified for Medicaid
- b) simplify the application process (make it a positive experience)
- c) increase the time period between recertifications
- d) put an expiration (recertification) date on the benefit card as a reminder
- e) expand the number of facilitated enrollers

3) Policy/Coverage Issues

The need to address specific tenets of the general coverage provided by CHP were paramount in the minds of the providers

- a) CHP needs to be one program with common eligibility requirements
- b) extend the coverage to dependent children through age 21
- c) CHP should cover children in college as do other insurance plans
- d) remove the Medicaid stigma from CHP enrollment and plan

4) *Enrollment Accessibility*

Providers had a host of specific suggestions that would facilitate the enrollment process.

- a) applications should be taken during off hours (evenings and weekends)
- b) provide facilitated enrollment at clinics and emergency rooms
- c) provide more accessibility to the rural areas (put a facilitated enroller on site at community centers, local facilities, etc.)
- d) increase community agency collaboration for CHP enrollment
- e) actively seek enrollment at birth (through OB departments)
- f) arrange for a confidentiality release for school records to tie in with CHP enrollment

5) *Outreach*

The need to be more proactive in outreach efforts is reflected by these suggestions from providers.

- a) provide information at walk-in clinics and emergency rooms on CHP enrollment
- b) include family practice offices in outreach
- c) include pediatric offices in outreach
- d) use the school system more effectively to outreach
- e) recruit more active involvement by pediatric offices (particularly billing and accounting)
- f) target employers who do not provide health insurance for outreach (such as temp agencies)
- g) outreach at food pantries
- h) provide literature and contacts through unemployment offices
- i) include CHP information in paycheck envelopes

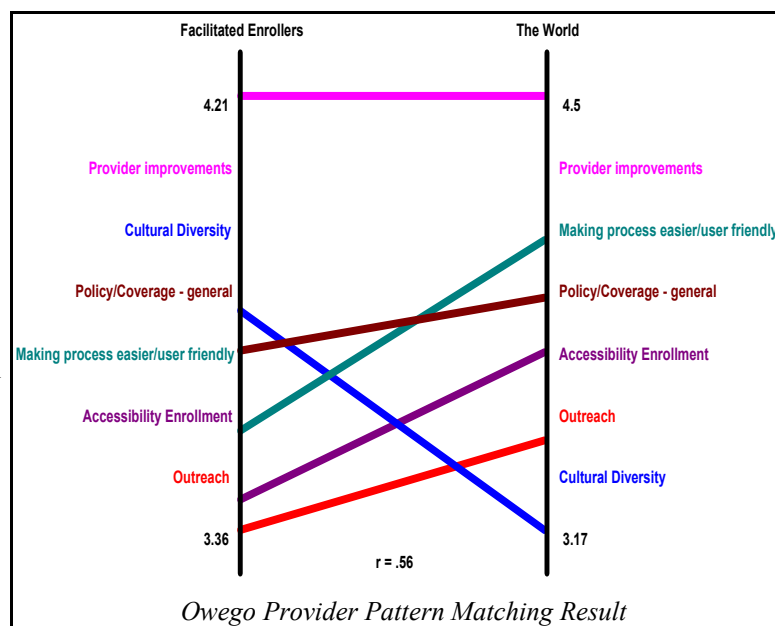
6) *Cultural Diversity*

Respondents indicated a need for a more broadly based education effort regarding CHP.

- a) educate parents as to why children need CHP
- b) utilize multi-lingual radio announcements and programming

Pattern Matching Result Highlights

Respondents from all counties represented—Broome, Chenango, Tioga and Tomkins—unanimously rated provider improvements as their most pressing suggestions for enhancing the program. That was true, also, of facilitated enrollers, those who worked for county-wide and regional agencies and for health care providers, clearly indicating that the need to improve the system—particularly by adding a dental component—is paramount to its future success.



Site: Batavia, NY

of providers in Attendance: 26

Date of Session: February 23, 2001

The Ten Highest-Rated Suggestions from Providers at This Site

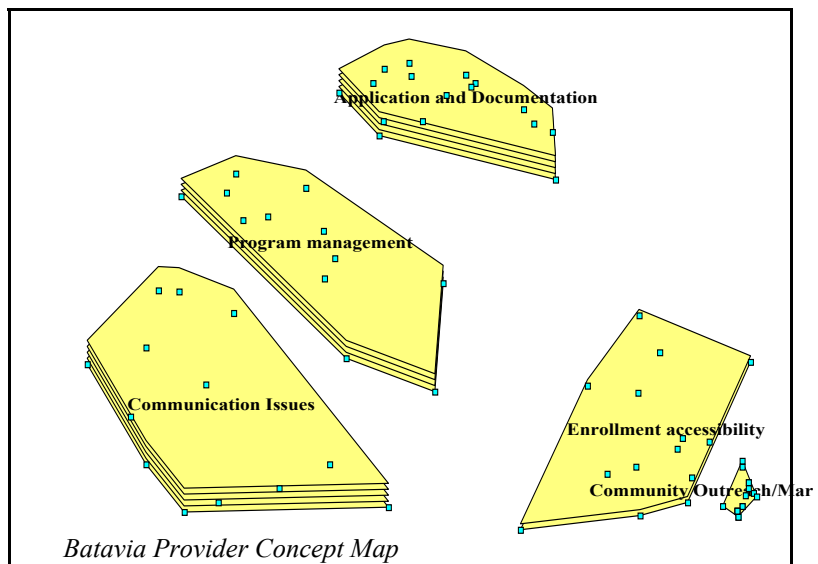
- 1) improved application process from the state
- 2) speak to someone in person instead of a computer or an answering machine
- 3) streamline the system with enrollment and the application process
- 4) stimulate better communication with plans
- 5) create cohesion (consistency) in required documentation
- 6) create consistent documentation requirements
- 7) provide better information to facilitated enrollers
- 8) have the same documentation and process for both Medicaid and CHP
- 9) provide more CHP training for facilitated enrollers
- 10) increase participating medical and dental providers

Cluster/Mapping Results

(Clusters show the proximity and relevance of ideas to each other. All provider cluster maps are presented in Appendix B).

Providers in Batavia sorted their ideas into the following five clusters, which are presented in priority order:

- 1) Application And Documentation
- 2) Communication Issues
- 3) Program Management
- 4) Enrollment Accessibility
- 5) Community Outreach/Marketing Awareness



Below, each cluster is explained, with the highest-ranking ideas in the cluster listed in order as determined by the providers:

1) Application And Documentation

Suggestions to address the foibles in the application and documentation process were paramount on the minds of providers:

- a) improved application process from state
- b) streamline the enrollment and application process
- c) consistent documentation requirements
- d) consistent documentation and process for Medicaid and CHP
- e) Same date for enrollment for CHP and Medicaid
- f) develop a one-page application
- g) Allow underinsured children to upgrade to CHP

2) *Communication Issues*

The need for clear, concise, consistent communication generated many ideas for improvement from providers.

- a) people, not a computer or an answering machine, should answer the phone
- b) improve communication with the insurance plans
- c) increase the number of medical and dental providers
- d) improve communication among participants
- e) have a statewide meeting of all participants (enrollers, insurance providers, DSS, etc.) to share best practices, problems and solutions
- f) communication about CHP should be statewide, simultaneous and consistent
- g) increase access to the plan for consumers

3) *Program Management*

Responses in the cluster focused on the tools needed to enhance the internal mechanisms of the programs

- a) better information to facilitated enrollers
- b) more CHP training for facilitated enrollers
- c) increase money available to facilitated enrollers
- d) improve turnaround time for issuing cards
- e) be honest about the Medicaid aspect of the program
- f) hire people specifically to do facilitated enrollment

4) *Enrollment Accessibility*

Providers generated a host of ideas to improve ways to reach consumers who are not being contacted presently.

- a) increase outreach funding
- b) visit and sign up children in their homes
- c) educate parents to the importance of well child care
- d) educate school system administrators as to ways to work with facilitated enrollers
- e) educate providers to do community awareness and publicity
- f) match outreach to resource
- g) enlist CHP parents to encourage others to enroll

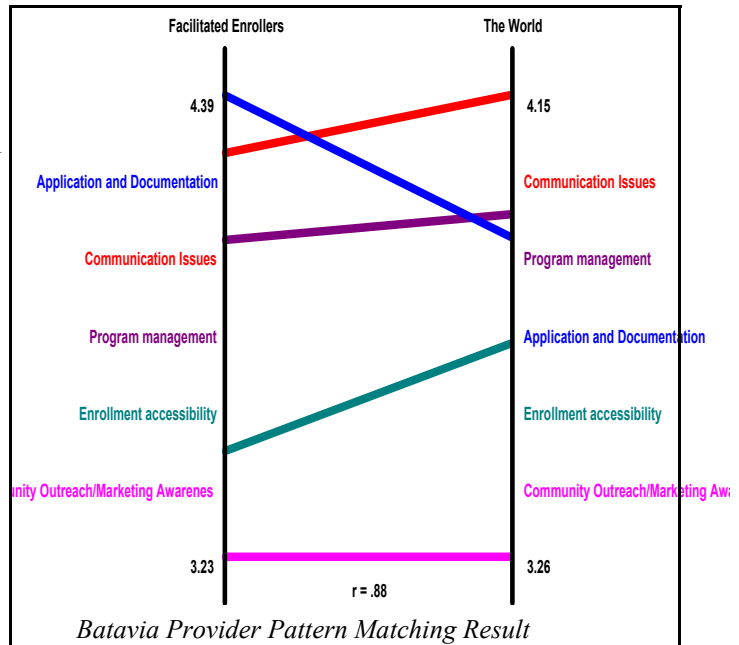
5) *Community Outreach/Marketing Awareness*

Some of the ideas from this cluster overlap with those from other clusters, accenting the need to better and more efficiently promote CHP.

- a) provide school systems with necessary information to give to the parent
- b) increased outreach to youth and to teen parents
- c) target Head Start and nursery schools
- d) outreach through civic groups
- e) outreach to people working with children on a day to day basis (school bus drivers, etc.)
- f) insert flyers in penny savers
- g) do insurance needs surveys in the schools
- h) appear regularly at youth activities

Pattern Matching Result Highlights

Facilitated enrollers were clearly the group most frustrated by the application and documentation process, while all other groups combined to rate communication issues as their most vexing problem. Interestingly, County DSS officials ranked application and documentation next-to-last in importance, clearly in contrast with the rest of the attendees.



Site: Saranac Lake, NY

of providers in Attendance: 18

Date of Session: February 26, 2001

The Ten Highest-Rated Suggestions from Providers at This Site

- 1) wider network of physicians that accept CHP
- 2) more dental providers for CHP
- 3) ease the process for providers to participate in CHP
- 4) provide more money for the system
- 5) advertise locally at the lowest (consumer) level
- 6) notify clients of eligibility in a timely manner (within 30 days)
- 7) streamline the application process
- 8) improve mental health services for children
- 9) widen the service area within the CHP network (access to specialists, especially psychiatrists)
- 10) make the recertification process simpler

Cluster/Mapping Results

(Clusters show the proximity and relevance of ideas to each other. All provider cluster maps are presented in Appendix B).

Providers in Saranac Lake sorted their ideas into the following seven clusters, which are presented in priority order:

- 1) Specialized Services/Referrals
- 2) Program Improvements
- 3) Application Streamlining
- 4) Process Improvements
- 5) Administrative Issues

- 6) Outreach to Families
- 7) Advertising/
Marketing

Below, each cluster is explained, with the highest-ranking ideas in the cluster listed in order as determined by the providers:

1) *Specialized Services/Referrals*

Suggestions in this cluster addressed particular shortfalls within the system

- a) wider network of physicians that accept CHP
- b) more dental providers for CHP
- c) improved mental health services for children
- d) wide service area within the CHP network (enhanced access to specialists, especially psychiatrists)
- e) easier access to non-participating providers when medically necessary

1) *Program Improvements*

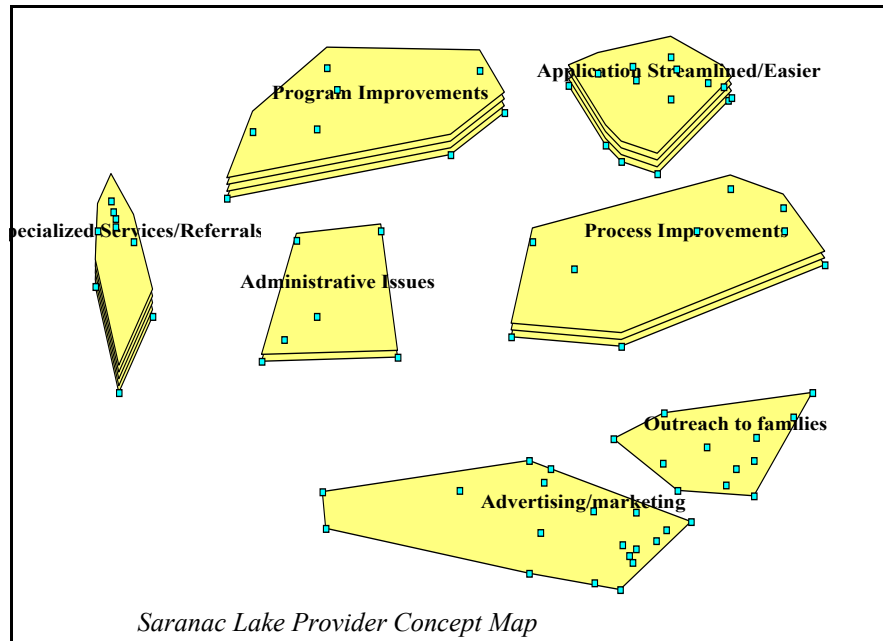
Providers had a host of specific suggestions to improve the overall efficacy and ease of entry into the system.

- a) ease the process for providers to participate in CHP
- b) provide effective dates on CHP cards
- c) all children should be automatically insured
- d) simplify the authorization process for providers
- e) improve billing and reimbursement process for dental providers
- f) expand benefits to covers students age 19 and above
- g) expand insurance to the whole family at the same levels and income brackets

1) *Application Streamlining*

Providers focused on specific steps to enhance the application process for consumers.

- a) notify clients of eligibility in a timely manner (within 30 days)
- b) streamline the application process
- c) make the recertification process simpler
- d) notify families ahead of time that recertification is necessary
- e) use a swipe card like Medicaid
- f) have Medicaid follow CHP rules and procedures
- g) the application process needs to be uniform
- h) simply and make consistent ways to calculate the eligibility of self-employed



families

- i) applications should be simpler

1) Process Improvements

These suggestions refer particularly to the process of how CHP and Medicaid are managed and implemented.

- a) facilitated enrollers should be cross-trained in Medicaid and DSS procedures
- b) plans should make trained people available to talk with families on toll-free hot lines (they should be more than just message-takers)
- c) people losing Medicaid benefits should be informed about CHP
- d) insurers and facilitated enrollers should be consistent in message
- e) regular meetings among insurers, providers and facilitated enrollers should be held

1) Administrative Issues

Within this cluster, providers noted specific ways internal actions could enhance the CHP/Medicaid process

- a) increased overall funding
- b) increased funding for administrative support
- c) provide periodic updates of provider participation

1) Outreach to Families

Ideas in this cluster specifically targeted the need to be more effective in contacting families through enhanced accessibility to the enrollers.

- a) easier methods for consumers to get information of CHP/Medicaid locally
- b) more enrollers in rural areas
- c) single point of contact for referrals to all children's programs in New York State
- d) have facilitated enrollers housed where the target population is
- e) periodically hold community information sessions offered to consumers
- f) provide regular contact opportunity in each small town by facilitated enroller or volunteer
- g) give out phone numbers for local facilitated enrollers
- h) have workers trained in CHP stationed at Medicaid office to minimize stigma

1) Advertising/Marketing

Providers were concerned that not enough was being done to promote the programs available to consumers.

- a) advertise locally at the lowest (consumer) level
- b) increase advertising
- c) more consistent information provided at points of consumer contact
- d) more education to enlist doctors' office in generating referrals to CHP
- e) frequent in-service education for primary care providers keeping them up to date on CHP system and changes
- f) recruit key people within the community to promote CHP
- g) use simple educational materials
- h) use school programs (PTAs, etc.) to promote CHP
- i) positive radio spots (PSAs) that would educate people about CHP

Pattern Matching Result Highlights

Virtually every represented demographic segment agreed that specialized services/referrals was the chief area that needed improvements within the CHP system. Interestingly, improvements in the process were much less of a concern to health care providers than to all other demographic segments, while improvements in process were very important to facilitated enrollers.

