# Medicaid/Children's Health Insurance Program Access Equity (MCAE) Program

Shriya Bagdi, Intern

Delaware Academy of Medicine/Delaware Public Health Association

## Introduction

Access to reliable healthcare is vital to promote disease prevention and treatment in the pediatric population. However, millions of children across the nation have lost coverage amidst post-COVID Medicaid/CHIP disenrollments, even if many are still eligible (Burns, 2024). While it is essential to update program information based on current eligibility, system optimizations are necessary to reduce erroneous disenrollments. Moreover, educational resources are powerful tools to equip families with knowledge about eligibility criteria and registration procedures. An approach combining education, system improvements, and policy is necessary to address this multifaceted issue. For the past 2 years, I have volunteered at Exceptional Care for Children, a pediatric nursing home for medically-fragile children. Through this experience, I have seen the importance of comprehensive healthcare in pediatrics, to support each child's growth. I pursued this internship to identify solutions to address Medicaid/CHIP disenrollments and learn the process of designing a health program.

## Background

Comprehensive insurance coverage and accessibility of quality care is vital for children's health outcomes. Half of the pediatric population under the age of 19 in the United States relies on Medicaid or the Children's Health Insurance Program (CHIP) for coverage (Alker and Brooks, 2022). Access to healthcare in childhood has a multitude of benefits into adulthood: fewer hospitalizations due to metabolic conditions, lower cardiovascular illness risk, better mental health, decreased rates of teenage pregnancy, higher educational achievement, and increased financial stability as an anti-poverty measure (Murphey, 2017). However, recent post-COVID Medicaid disenrollments impede adequate healthcare for children throughout America.

These challenges affect children from minority and disadvantaged communities, increasing their risk of preventable illness and hindering their development (Mann and Daugherty, 2023). Obstacles to timely and effective pediatric healthcare can be addressed with government policy, as well as community initiatives to expand access to vital insurance eligibility knowledge.

Post-COVID Medicaid disenrollments limit preventative care and treatments for millions of children. From March to September 2023, there was a 5.5% decrease in Children's Medicaid/Children's Health Insurance Program (CHIP) enrollment (Kaiser Family Foundation, 2024). As of March 2024, over 3.2 million children have been disenrolled from Medicaid/CHIP (Kaiser Family Foundation, 2024). While some children are no longer eligible for Medicaid coverage, the majority of patients are being disenrolled due to administrative reasons such as incomplete forms, despite their continued eligibility (Federman and Coleman, 2023). Out of the adults and children disenrolled from Medicaid, 70% were disenrolled because of procedural causes, with many still eligible for coverage (Kaiser Family Foundation, 2024).

Caregivers and parents may also be confused regarding state and federal insurance eligibility requirements, as they differ between adults and children. Children are ensured at 266% of the federal poverty line in Medicaid expansion states, while adults are insured at 138%. In non-expansion states, children are insured at 216%, and adults at 37% (Georgetown Center For Children and Families, 2023). Based on the 2024 Poverty Guidelines, and as shown in Table 1, these percentages correspond to these annual income amounts for a household of four, in all states excluding Hawaii and Alaska (U.S. Department of Health and Human Services, 2024).

Table 1. Medicaid/CHIP Income Eligibility for Children and Adults

| | | Percentage of federal poverty line (%) | Corresponding annual income ($) |
|---|---|---|---|
| **States with Medicaid Expansion** | Children | 266 | 78,000 - 85,800 |
| | Adults | 138 | 43,056 |
| **States without Medicaid Expansion** | Children | 216 | 62,400 - 70,200 |
| | Adults | 37 | < 15,600 |

Due to these income eligibility differences, parents may incorrectly believe their child is also no longer eligible if the parent is not, and therefore not apply for renewal. In a study of Colorado's Child Health Insurance Plan, researchers found a principal cause of not enrolling was that families believed their income exceeded the requirement; 58.5% of families who perceived this were actually still eligible (Kempe et al., 2000). Clear and accessible information about the differences in pediatric Medicaid/CHIP eligibility compared to adult Medicaid eligibility can prevent insurance disenrollments for children who qualify (Georgetown Center For Children and Families, 2023).

Families also face barriers in re-enrolling their children in Medicaid/CHIP, which disproportionately affects minority and low-income families. For example, online enrollment forms are available in limited languages (Kaiser Family Foundation, 2023). People also encounter long phone wait times that discourage them from renewing coverage. In Missouri, 44% of people who called the state's Medicaid program abandoned the call due to wait times (Galewitz et al., 2023). Furthermore, Remote Identity Proofing (RIDP) adds unnecessary complexity in completing online Medicaid applications in 11 states. RIDP is a credit-based authentication method important when confidential information is presented to the applicant, which is not the case in many Medicaid applications (Wagner and Gaudet, 2020). To increase

accessibility, the RIDP requirement can be changed to a simpler identification method, be moved to the end of the application process, or states can offer additional methods of identity verification (Wagner and Gaudet, 2020). There are also states that do not have phone or online renewal options altogether (Wagner, 2024). Code for America has established the Integrated Benefits initiative to clarify website design of social safety net services, to increase application accessibility in several states (Code for America Labs, n.d.). Community programs have been developed to increase enrollment, such as where parent mentors (individuals who care for children insured by Medicare/CHIP) were trained to reach out to and guide families of uninsured children (Flores et al., 2015). States are also reaching out to eligible individuals and families through text message (Wagner, 2024).

Continuous enrollment methods, already implemented in several states, can limit disruptions in pediatric insurance coverage. These policies can improve patient outcomes by limiting healthcare "churn" (Brantley and Ku, 2021). "Churn" occurs when individuals disenrolled from Medicaid reapply for coverage within a short timespan, often indicating these people lost coverage due to procedural causes rather than an eligibility change. These frequent coverage changes risk an individual's access to necessary medications and appointments, and may compel them to change their healthcare provider (Rosenbaum, 2015). The standard continuous enrollment time for children enrolled in Medicaid and CHIP was changed to 12 months by the federal government in January 2024. Several states have also adopted multi-year continuous enrollment laws until the age of six, to provide uninterrupted care in early age (Mann and Daugherty, 2023). Continuous enrollment policies to decrease healthcare churn can improve health outcomes, lower unnecessary administrative strain in application processing, and decrease patient volume in emergency care facilities (Rosenbaum, 2015). Other strategies used by states

to reduce churn involve quantifying procedural disenrollments and implementing surveys to determine the cause of Medicare/CHIP reapplications (Rosenbaum, 2015).

Moreover, ex parte renewals can be used to decrease healthcare churn. Ex parte renewals automatically renew individuals for Medicaid/CHIP based on existing eligibility criteria, without requiring them to submit this information separately (Corallo and Tolbert, 2023). Ex parte renewals can be developed to include express lane eligibility factors such as Supplemental Nutrition Assistance Program (SNAP), National School Lunch Program (NSLP), Women, Infants, and Children (WIC), and state income tax information (Medicaid.gov., 2021). In the general population, ex parte renewals have been responsible for 59% of Medicaid renewals (Kaiser Family Foundation, 2024). However, the Centers for Medicare & Medicaid Services (CMS) found the renewal method was completed ineffectively in several states, because entire households would be disenrolled from a plan if one member did not submit paperwork. This system issue led many eligible children to be disenrolled; 74% of disenrolled pediatric patients meet coverage requirements (Brooks, 2023). In August 2023, the CMS enforced that disenrollments must cease where this "glitch" was not resolved (U.S. Department of Health and Human Services, 2023). Utilizing a renewal strategy that uses individualized eligibility criteria can prevent unjustified disenrollments, a policy currently being enforced by the CMS (Brooks, 2023).

Preventing insurance disenrollment is essential to sustain a child's health care coverage, as the duration without insurance could lengthen. Research has shown that 65% of patients under the age of 65 who were disenrolled from Medicaid/CHIP did not have any health insurance for a period of time, with some people staying without coverage for 1+ years (Kaiser Family Foundation, 2023). Certain states have significantly greater children's healthcare disenrollments:

Arkansas, Florida, Georgia, Idaho, Montana, New Hampshire, Ohio, South Dakota, and Texas (Center on Budget and Policy Priorities, 2024). Community and policy change initiatives can be focused towards these states to improve outcomes for more children.

## PRECEDE-PROCEED Theory

The PRECEDE aspect of the PRECEDE-PROCEED Model was created by Lawrence Green in 1974 (Green, 1974). The PROCEED section was added in 1991 by Lawrence Green and Marshall Kreuter (Porter, 2016). The PRECEDE – Predisposing, Reinforcing, and Enabling Constructs in Educational Diagnosis and Evaluation component includes preliminary steps to organize a public health program. Population epidemiology and social issues are identified to define potential conditions to be addressed in public health programs. This includes a social assessment, an epidemiological assessment, and educational and ecological assessment, and then defines the health program and policy development. Once a health program is outlined, PROCEED – Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development allows for program implementation and oversight. The program implementation efficacy is monitored in the short-term, intermediate term, and long-term to study how smaller changes in attitudes and knowledge compound to larger-scale health changes. The PRECEDE-PROCEED Model has most recently been updated in 2022, in which program development and implementation analysis are refined (Lgreen, n.d.).

The PRECEDE-PROCEED Model will be the basis for Medicaid/CHIP Access Equity (MCAE), a national initiative to maintain Medicaid/Children's Health Insurance Program (CHIP) access for eligible children post-COVID, and mitigate unjustified disenrollments impacting millions of children. In the PRECEDE portion of program assessment, MCAE will

perform a social assessment by monitoring data regarding the number of children disenrolled from Medicaid/CHIP programs who are still eligible. An epidemiological assessment will be completed by analyzing how long children remain uninsured post-disenrollment, investigating the cause of disenrollments, and reviewing demographic information to identify the most affected communities and states. Furthermore, parent/guardian surveys to gauge knowledge and beliefs about Medicaid/CHIP eligibility will be the basis of the educational and ecological assessment. Once these assessments are complete, a public health program will be designed to address identified needs, with the following priorities: enhancing communication and knowledge distribution about Medicaid/CHIP eligibility, developing robust administrative processes and online registration systems, and modifying federal policies. Once MCAE has begun operations, a process evaluation will be completed after two months by analyzing the number of children inaccurately disenrolled from Medicaid/CHIP programs; this assessment will be repeated every month thereafter. Two months into the program, parent/guardian surveys about Medicaid/CHIP eligibility will be used as short/intermediate term evaluations to assess changes in perspective, later completed every three months. A long term evaluation will be undertaken after four months, by examining the social and epidemiological data initially considered in the program design. Afterwards, the long term evaluation will be repeated every six months, to aid in program development.

## Medicaid/CHIP Access Equity Program

The purpose of Medicaid/CHIP Access Equity (MCAE) is to develop solutions to reduce erroneous post-COVID pediatric Medicaid/CHIP disenrollments, address barriers to expand healthcare access for all eligible children, and raise awareness about insurance registration (see Appendix). The program will consistently review disenrollment metrics to evaluate program efficacy and allocate resources toward the most affected communities. MCAE will streamline administrative systems, increase communication about Medicaid/CHIP eligibility, add federal program continuity and renewal policies, improve registration accessibility, and ensure oversight of the renewal process. This program will provide millions of children across the United States with stable access to healthcare and give families the resources and knowledge necessary to advocate for this right.

**Aim 1: Education**

The first programmatic goal of MCAE is to provide educational resources about Medicaid/CHIP eligibility requirements and registration procedures. Studies have found that incomplete parent/guardian knowledge about Medicaid/CHIP eligibility criteria contributes to lower enrollment for eligible children (Kempe et al., 2000). Therefore, various outreach methods will be used to combat misconceptions regarding eligibility and increase awareness about resources to support families in registering for coverage. Outreach will include social media posts on state and national platforms, as well as informational posters in schools and doctor's offices (see Appendix). The defined initiative will use pre- and post parent surveys to analyze whether lack of knowledge about registration procedures and eligibility requirements correlates with decreased enrollment, and how education efforts improve awareness and ultimately increase Medicaid/CHIP enrollment (see Appendix). Moreover, to address language barriers faced by

many families, registration informational guides will be translated into different languages, to be posted on program websites (Kaiser Family Foundation, 2023). This step will increase access to vital registration information across communities. Moreover, an automated voicemail system will be established to convey insurance guidelines for people who are unable to reach a Medicaid/CHIP office, to guide them to resources for healthcare enrollment or reenrollment. Automated voicemails are allowed for government healthcare program information, as ruled by the Federal Communications Commission (Federal Communications Commission, 2023). This initiative can combat incomplete education due to long Medicaid/CHIP office phone wait times (Galewitz et al., 2023).

**Aim 2: Program Management**

Furthermore, the program management goal will allow for the streamlining and accuracy of administrative processes, increased registration access, and data-based program revision. After bulk erroneous disenrollments across multiple states in 2023, a reliable check system is necessary to review accounts flagged for disenrollment (Brooks, 2023). To accomplish this, MCAE will first analyze prior automated and manual disenrollments, and the percent of invalid disenrollments. This data will be used to evaluate factors within state and national systems contributing to erroneous disenrollments. Using this information, enrollment systems will be revised to minimize procedural and system-caused disenrollments for eligible children. Revised systems can prevent automatic/manual insurance loss caused by administrative or technical errors, and reduce disenrollments caused by incomplete renewal paperwork. By giving people more opportunities to return necessary information, eligibility can be confirmed and unnecessary disenrollments prevented. Additional renewal methods and notifications will be provided to

families, to increase accessibility and health insurance continuity. Expanded renewal methods will include: mail, email, text, as well as in-person appointments at community health centers. Mail, email, and text mediums will also be used to increase renewal notifications, reducing disenrollments solely due to incomplete paperwork. The process of reaching out to families via notifications can also identify recently disenrolled children who are no longer eligible for Medicaid/CHIP. From there, they can be directed to low cost health insurance options, reducing uninsurance and churn.

Another factor that discourages families from applying for Medicaid/CHIP or completing insurance registration are overly complex security and identity verification methods, such as the Remote Identity Proofing (RIDP) process (Wagner and Gaudet, 2020). Therefore, MCAE will edit security procedures to be more straightforward, to reduce barriers to registration while ensuring program integrity. For example, applicants will have the option to indicate if they are unable to access requested documentation, such as a credit history. This selection will prompt them to an alternative security measure; the complexity of this measure will be based on the confidentiality of information disclosed. The accepted documentation for the RIDP process will also be expanded.

Furthermore, community centers with Medicaid/CHIP offices will increase registration and renewal access. It will not be mandatory for applicants to visit an office, as interview requirements will be removed through MCAE. Families can consult these centers to fill out an online or paper application, ask questions about eligibility or enrollment status, and acquire information about their health plan. These centers will address confusion regarding insurance registration and serve individuals who do not have internet access. This programmatic goal also includes a system improvement of reducing phone wait times, which currently impede access to

crucial health program resources (Galewitz et al., 2023). Expanding the number of community centers will also reduce phone call load at each office, aiding in wait time reduction.

To determine program efficacy and the direction of further efforts, data analysis at various intervals will be completed on factors contributing to the increased pediatric Medicaid/CHIP disenrollments post-COVID. Social, epidemiological, educational, and ecological factors will be investigated, integrating the PRECEDE-PROCEED framework (Lgreen, n.d.). These assessments will identify the number of children affected by unjustified disenrollments, which is essential to monitor intervention efficacy. Program-mediated changes in long-term public health outcomes will be measured by evaluating the number of children who remain without health insurance and the duration of insurance loss. In the demographic evaluation, information about the age, health, and disabilities of children who are unjustly disenrolled from Medicaid/CHIP will be recorded. This quantification evaluation method will allow for resources to be allocated to communities with high erroneous disenrollment rates, to further revise those state's registration and renewal systems. Specific facets of MCAE can also be strengthened to improve insurance access based on the findings.

**Aim 3: Website Update**

Program registration and information websites will be made more user-friendly and accessible to encourage program renewal for eligible children. State Medicaid/CHIP websites will be updated to be more navigable so that people have access to clear information about the registration and renewal process, to aid in increasing enrollment. Revised websites will include informational videos to assist individuals with completing applications. Collaborations will be established with the Integrated Benefits Initiative to revise website design, and establish

registration for various benefits in a central platform: Housing Support, Supplemental Nutrition Assistance Program (SNAP), Cash Assistance, Emergency Assistance, Child Care Assistance, and Health Coverage (MNbenefits, n.d.).

**Aim 4: Federal Policy Change**

MCAE will incorporate federal policy changes to add continuous enrollment policies and increase ex parte/express lane eligibility renewal systems. A continuous enrollment policy for eligible children from birth to 6 years old will prevent insurance churn for children during a vulnerable age, and has already been implemented in several states (Brantley and Ku, 2021). This policy will reduce procedural disenrollments for children in this age group, ensuring a stable access to healthcare. Furthermore, ex parte/express lane eligibility will be expanded to decrease the burden of renewal forms for parents and guardians. This policy will allow for a collaboration between different social programs: National School Lunch Program (NSLP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF), School Lunch, Head Start. The eligibility information from other programs will be integrated with the Medicaid/CHIP registration process, to streamline and automate renewals. Implementing this measure will reduce strain on state programs in processing Medicaid/CHIP registration and renewal applications. Transferable eligibility also allows parents and guardians to more easily identify if their child is eligible for Medicaid/CHIP; these benchmarks will be expressed in communication materials. Federal policies will also establish monthly meetings between the Centers for Medicare & Medicaid Services (CMS) and state Medicaid/CHIP departments, to enact initiatives and revise the program as needed.

## Discussion

The Medicaid/CHIP Access Equity (MCAE) program encompasses multiple components of public health: health promotion, health in all policies, population health, social determinants of health, and health inequity/equity. The proposed initiative will bolster awareness and knowledge of healthcare plans, streamline the registration/renewal framework, and enact policies to reduce barriers in care access.

### Health Promotion

Through MCAE's education goal, the program will address the lack of insurance knowledge faced by many families, which contributes to fewer eligible children being enrolled in Medicaid/CHIP. Health promotion increases individual agency over health information and outcomes (World Health Organization, n.d.). MCAE will empower people with insurance literacy, so they can access eligibility, registration, renewal, and alternative health plan resources. As erroneous pediatric Medicaid/CHIP disenrollments are a widespread issue, education is a powerful tool to combat misconceptions that limit care access. While the program uses a straightforward approach by reaching out to families to increase valid enrollments, it also integrates system and policy improvements, to distribute load across multiple groups. This multifaceted program establishes long-term systems and resources to support communities.

### Health in All Policies

The proposed initiative looks to improve Medicaid/CHIP registration and renewal access alongside social benefits programs, showing a health in all policies approach. Through the programmatic goal of website redesign with the Integrated Benefits Initiative, the plan seeks to

establish a central system incorporating housing, nutrition, child care, financial resource, and health benefits. Registration integration will also enable increased ex-parte renewals via new policies. These methods will increase access to all social benefits programs within the community and improve administrative efficiency through cross-program eligibility verification. Moreover, this initiative will indirectly expand Medicaid/CHIP enrollment by addressing socioeconomic challenges that impede health access (World Health Organization, n.d.).

**Social Determinants of Health, Population Health, and Health Inequity/Equity**

The proposal includes a focus on addressing social determinants of health, as it undertakes multiple social barriers that restrict Medicaid/CHIP registration: economic resources, education, neighborhoods, and social communities (U.S. Department of Health and Human Services, n.d.). Accessible social benefits and education outreach equips families with key resources, empowering them to register for coverage. These efforts aid in expanding Medicaid/CHIP enrollment and health equity for individuals with a low socioeconomic status, who rely on the programs. Furthermore, by addressing language barriers in Medicaid/CHIP registration, the initiative bolsters insurance access across ethnic groups. Community offices establish neighborhood infrastructure to extend registration assistance to individuals who are confused about requirements or do not have internet access. The plan will also prioritize communities and states with high erroneous disenrollment rates, where healthcare is most at risk. Work to extend Medicaid/CHIP registration to all eligible children serves racial groups who depend on the social program, and who are disproportionately likely to lose benefits. 61.2% of federal program eligible individuals under 65 years old who are not enrolled are non-white; 36% of this group is Hispanic, and 13.9% Black (Pillai et al., 2024). Implementing methods that reach

diverse communities will improve pediatric population health outcomes, reducing the impact of health inequities.

## Conclusion

This internship experience with the Delaware Academy of Medicine/ Delaware Public Health Association has given me the opportunity to conduct in-depth research about post-COVID Medicaid/CHIP erroneous disenrollments and create an initiative with solutions targeting multiple aspects of the issue. I learned about the potential of outreach to address misconceptions in Medicaid/CHIP eligibility, and investing in health literacy resources for community empowerment. Moreover, I became familiar with the role of health administrative processes, which are essential to revise for long-term system improvements. It was challenging to narrow my topic within the field of pediatric care access, but Dr. Kate Smith helped me to identify the research questions I was most interested in studying. I would like to thank Dr. Smith for her guidance throughout all stages of the internship, which has allowed me to grow my skills in policy analysis, program design, and writing. This experience introduced me to the unity of public health goals, even within a specific public health issue. I am excited about the far-reaching impact of public health policy to equip individuals with resources to advocate for their health, and the development of systems that support communities of all backgrounds.

## References

Alker, J., & Brooks, T. (2022, February 17). *Millions of children may lose Medicaid: What can be done to help prevent them from becoming uninsured?* Center For Children and

Families. https://ccf.georgetown.edu/2022/02/17/millions-of-children-may-lose-medicaid-what-can-be-done-to-help-prevent-them-from-becoming-uninsured/

Brantley, E., & Ku, L. (2021). Continuous eligibility for Medicaid associated with improved child health outcomes. *Medical Care Research and Review, 79*(3), 404-413.

Brooks, T. (2023, August 30). *Breaking news: CMS reveals states are incorrectly processing ex parte renewals; Kids are most at risk.* Center For Children and Families. https://ccf.georgetown.edu/2023/08/30/breaking-news-cms-reveals-states-are-incorrectly-processing-ex-parte-renewals-kids-are-most-at-risk/

Burns, J. (2024, June 4). *Millions of children lose Medicaid coverage as state enrollment problems persist*. Association of Health Care Journalists. https://healthjournalism.org/blog/2024/06/millions-of-children-lose-medicaid-coverage-as-state-enrollment-problems-persist/

Center on Budget and Policy Priorities. (2024, March 28). *Unwinding Watch: Tracking Medicaid Coverage as Pandemic Protections End*. https://www.cbpp.org/research/health/unwinding-watch-tracking-medicaid-coverage-as-pandemic-protections-end?item=28723

Code for America Labs. (n.d.). *Integrated benefits applications - Making it easier for people and families to access all their benefits in one place*. https://codeforamerica.org/programs/social-safety-net/integrated-benefits/

Corallo, B., & Tolbert, J. (2023, October 2). *Understanding Medicaid ex parte renewals during the unwinding*. Kaiser Family Foundation. https://www.kff.org/policy-watch/understanding-medicaid-ex-parte-renewals-during-the-unwinding/

Federal Communications Commission. (2023, January 23). *FCC provides guidance to enable critical health care coverage calls*. https://www.fcc.gov/document/fcc-provides-guidance-enable-critical-health-care-coverage-calls

Federman, S., & Coleman, A. (2023, July 17). *Protecting kids from coverage losses during Medicaid redeterminations and beyond: Five strategies for states*. Commonwealth Fund. https://www.commonwealthfund.org/blog/2023/protecting-kids-coverage-losses-during-medicaid-redeterminations-and-beyond-five

Flores, G., Walker, C., Lin, H., Lee, M., Fierro, M., Henry, M., ... & Portillo, A. (2015). A successful program for training parent mentors to provide assistance with obtaining health insurance for uninsured children. *Academic pediatrics*, 15(3), 275-281.

Galewitz, P., Houghton, K., Kelman, B., & Liss, S. (2023, November 2). *'Worse than people can imagine': Medicaid 'Unwinding' breeds chaos in states*. KFF Health News. https://kffhealthnews.org/news/article/medicaid-unwinding-disenrollment-redetermination-state-delays/

Georgetown Center For Children and Families. (2023, May 31). *Preventing the "Unwelcome mat" effect: Ensuring eligible kids remain covered*. https://ccf.georgetown.edu/2023/05/31/preventing-the-unwelcome-mat-effect-ensuring-eligible-kids-remain-covered/

Green, L. W. (1974). Toward cost-benefit evaluations of health education: some concepts, methods, and examples. *Health Education Monographs*, *2*(1_suppl), 34-64.

Kaiser Family Foundation. (2023, August 23). *10 things to know about the unwinding of the Medicaid continuous enrollment provision*. https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/

Kaiser Family Foundation. (2024, March 26). *Medicaid enrollment and unwinding tracker*. https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/#children-disenrollments

Kempe, A., Renfrew, B. L., Barrow, J., Cherry, D., Jones, J. S., & Steiner, J. F. (2000). Barriers to enrollment in a state child health insurance program. Ambulatory Pediatrics, 1(3), 169-177.

Lgreen. (n.d.). *The PRECEDE-PROCEED Model 2022 Edition*. https://www.lgreen.net/precede-proceed-2022-edition

Mann, C., & Daugherty, E. (2023, December 20). *States are adopting new policies to help children stay enrolled in Medicaid and CHIP*. Commonwealth Fund. https://www.commonwealthfund.org/blog/2023/states-are-adopting-new-policies-help-children-stay-enrolled-medicaid-and-chip

Medicaid.gov. (2021, August 6). *Express lane eligibility for Medicaid and CHIP coverage*. https://www.medicaid.gov/medicaid/enrollment-strategies/express-lane-eligibility-medicaid-and-chip-coverage/index.html

MNbenefits. (n.d.). *Apply for benefits easily online*. https://demo.mnbenefits.org

Murphey, D. (2017, May). Child Trends – ChildTrends. https://cms.childtrends.org/wp-content/uploads/2017/05/2017-22HealthInsurance_finalupdate.pdf

Pillai, A., Hinton, E., Rudowitz, R., & Artiga, S. (2024, July 1). *Medicaid efforts to address racial health disparities*. Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/medicaid-efforts-to-address-racial-health-disparities/

Porter, C. M. (2016). Revisiting Precede–Proceed: A leading model for ecological and ethical health promotion. *Health Education Journal*, *75*(6), 753-764.

Rosenbaum, D. (2015, March 20). *Lessons Churned: Measuring the Impact of Churn in Health and Human Services Programs on Participants and State and Local Agencies*. Center on Budget and Policy Priorities. https://www.cbpp.org/research/lessons-churned-measuring-the-impact-of-churn-in-health-and-human-services-programs-on

U.S. Department of Health and Human Services. (2024). *2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)*. Office of the Assistant Secretary for Planning and Evaluation. https://aspe.hhs.gov/sites/default/files/documents/7240229f28375f54435c5b83a3764cd1/detailed-guidelines-2024.pdf

U.S. Department of Health and Human Services. (2023, September 21). *Coverage for half a million children and families will be reinstated thanks to HHS' swift action*. https://www.hhs.gov/about/news/2023/09/21/coverage-half-million-children-families-reinstated-thanks-hhs-swift-action.html

U.S. Department of Health and Human Services. (n.d.). *Social determinants of health*. Home of the Office of Disease Prevention and Health Promotion. https://health.gov/healthypeople/priority-areas/social-determinants-health

Wagner, J., & Gaudet, G. (2020, April 22). *Removing Barriers to Access From Remote Identity Proofing*. Center on Budget and Policy Priorities. https://www.cbpp.org/research/removing-barriers-to-access-from-remote-identity-proofing#integrated-benefits-initiative-creating-a-cbpp-anchor

Wagner, J. (2024, January 29). *Lessons Learned From Unwinding Can Improve Medicaid*. Center on Budget and Policy Priorities. https://www.cbpp.org/blog/lessons-learned-from-unwinding-can-improve-medicaid

World Health Organization. (n.d.). *Health promotion*. https://www.who.int/health-topics/health-promotion#tab=tab_1

World Health Organization. (n.d.). *Promoting health in all policies and intersectoral action capacities*. https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities

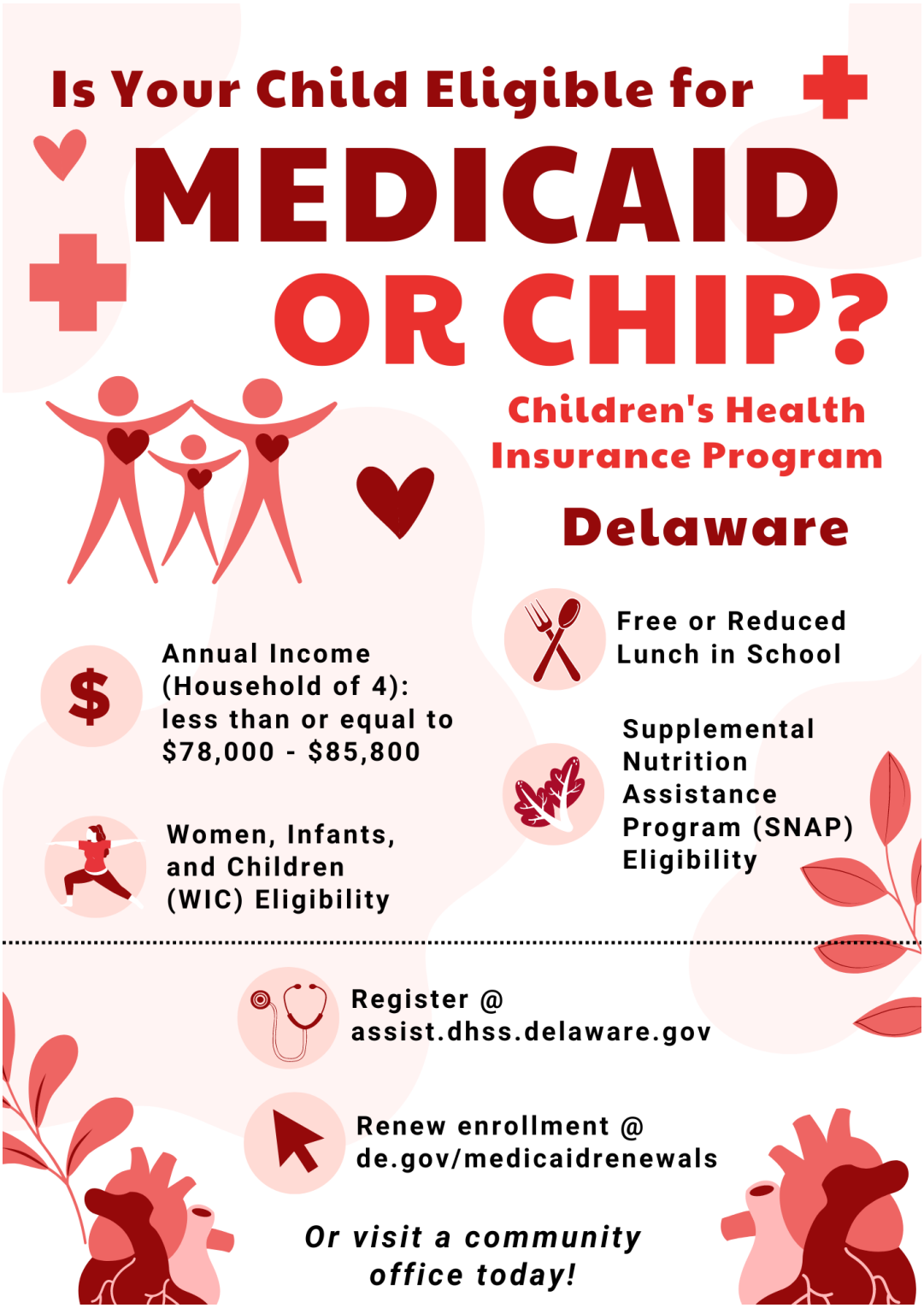
# Appendix

## Logic Model

| Goal | | Implementation Activities/Objectives | Short Term Deliverables | Mid Term Outputs | Long Term Outcomes |
|---|---|---|---|---|---|
| Education | 1 | Create monthly social media posts on state and national Medicaid/CHIP accounts | Month before - Get approval for next month's posts | Publish posts each month | Increased engagement with health education advocates |
| | 2 | Create informational posters about eligibilty | 8/24 - Get design approval from state office | 9/24 - Print posters | 10/24 - Distribute posters to physician offices and schools in DE |
| | 3 | Create pre- and post- educational parent/guardian surveys | 8/24 - Pre- and Post-Surveys created | 10/24 - Pre-Surveys distributed to 100 parents in DE | 1/25 - Post-Surveys distributed to initial cohort |
| | 4 | Create Medicaid/CHIP informational guides in different languages | 9/24 - Create guides in English | 10/24 - Complete guide translations | 11/24 - Post guides on state websites |
| | 5 | Implement automated informational voicemails | 8/24 - Write/record voicemail | 9/24 - Implement automated voicemail | |
| Program Management | 1 | Review automated and manual disenrollments | 8/24 - Analyze disenrollments in DE | 9/24 - Expand to other states | 9/25 - All states in USA analyzed |
| | 2 | Design systems to minimize erroneous disenrollments | 9/24 - Systems designed | 10/24 - Systems implemented | |
| | 3 | Expand modes of renewal notifications | 9/24 - Develop various notification options | 10/24 - Send renewal information requests through various modes | |
| | 4 | Update security and verification requirements | 9/24 - Design security protocols | 10/24 - Protocols are approved | 12/24 - Edit registration systems |
| | 5 | Outreach to community centers for eligibility and registration assistance | 9/24 - Review proposed community centers at monthly meeting | 10/24 - Establish 50 community centers throughout DE | 1/25 - Community centers established in other states |
| | 6 | Reduce phone wait times | 9/24 - Gather phone wait time data | 10/24 - Create systems to decrease wait times | 11/24 - Implement systemwide changes |
| | 7 | Continous program efficacy data analysis | 10/24 - First comprehensive analysis | 12/24 - Follow-up analysis | 2/25 - Six month evaluation |

| Goal | | Implementation Activities/Objectives | Short Term Deliverables | Mid Term Outputs | Long Term Outcomes |
|---|---|---|---|---|---|
| Website Update | 1 | Revise state website design | 9/24 - Reach out to collaborators to develop website revision | 12/24 - Preliminary design created | 1/25 - New website design approved |
| Federal Policy Change | 1 | Create a policy to extend Medicaid/CHIP program duration for children under the age of 6 | 8/24 - Policy proposal created for federal review | 9/24 - Policy is reviewed | 12/24 - Policy written into law |
| | 2 | Create a policy to establish ex parte/express lane eligibility renewal | 9/24 - Draft policy proposal and potential collaborations | 10/24 - Policy is reviewed | 1/25 - Policy written into law |
| | 3 | Meetings between CMS and state Medicaid/CHIP offices to review program progress and goals | 8/24 - Initial meeting held | 9/24 - Meetings held monthly | |

**Poster Design**



**Parent Pre- and Post Survey**

# MEDICAID/CHIP

## PARENT/GUARDIAN SURVEY

What is your household size? Count any pregnant individuals as 2 people.

What is your household's annual adjusted gross income (AGI)?

| **My household is enrolled/eligible for:** | Enrolled | Unenrolled but Eligible | Ineligible | Not Sure |
|---|---|---|---|---|
| Supplemental Nutrition Assistance Program (SNAP) | | | | |
| Free/Reduced School Lunch | | | | |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | | | | |
| Adult Medicaid Programs | | | | |
| Children's Medicaid/Children's Health Insurance Program (CHIP) | | | | |

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| I am aware of the Pediatric Medicaid/CHIP eligibility requirements. | | | | | |
| I am confident in my ability to complete the Medicaid/CHIP renewal process. | | | | | |
| If I am ineligible for Medicaid, my child is also ineligible for Medicaid/CHIP. | | | | | |

| | Yes, myself | Yes, my child | Both | Neither |
|---|---|---|---|---|
| I have received Medicaid/CHIP renewal forms in the mail for myself or my child. | | | | |

Your personal information will not be connected to your responses above.

Your Name: Date: Phone number/Email address: