

January 2010

# Apple Health for Kids

*A prescription for economic stability*



**CHILDREN'S ALLIANCE**

*A Voice for Washington's Children, Youth & Families*



Times are tough for Washington children and families. Apple Health for Kids is doing what it's supposed to do: protecting children in difficult economic times from the loss of health coverage. Now is not the time to turn back years of progress. This is the year to stay the course toward our goal of covering all kids in 2010.

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*A prescription for  
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*A Voice for Washington's Children, Youth & Families*

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# Acknowledgments

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Children's Alliance staff members Annique Lennon, Teresa Mosqueda, Lan Nguyen, Ruth Schubert, Liz Gillespie, Maria Manza, and Jon Gould contributed to this report. Design by Jenna Riggs. Photos by istockphoto.

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# 1

## Executive Summary

When it comes to children's health, Washington is approaching an historic achievement.

After a decade of continual progress toward the state's goal of making sure every child has health coverage in 2010, our state leaders have a choice to make: Will Washington move forward to reach the goal of comprehensive, affordable health coverage for every child in 2010? Or will state leaders let the deep recession of the past year and a half push kids backwards?



That Washington has moved forward on improving children's health during the recession is laudable, and a testament to the resolve of lawmakers who enshrined the promise of coverage for all in the Cover All Kids law in 2007. Apple Health for Kids is helping Washington families weather the recession, and families need the continued stability Apple Health for Kids provides as the economy recovers.

In December 2009, Governor Chris Gregoire proposed drastic cuts to Apple Health for Kids and many other programs families are relying on now more than ever. The governor stated that it was not the budget she wanted the legislature to pass, but rather the budget she was required by law to produce—one based on existing state revenues. A month later, she released a new budget that protected funding for Apple Health for Kids—sparing some 16,000 children from being bumped off coverage. We are heartened by her commitment to fulfilling the promise of covering all kids by 2010, and call on state lawmakers to uphold the same commitment.

This is not the time for policymakers to back away from the policies that have made Washington's coverage rate for children one of the best in the nation. In fact, recent U.S. Census data show that families in Washington have been able to weather the recession in large part thanks to Apple Health for Kids. While many parents and caretakers in families lost health coverage for their children due to job loss, cuts in hours or cuts to health benefits, Apple Health for Kids was able to pick up nearly every child that lost coverage—and allow those children to get the regular doctor visits health insurance covers.

In this report, we outline the importance of maintaining Apple Health for Kids through the recession and beyond with affordable premiums and the preventive services kids need. We also discuss strategies for reaching out to those children who are still eligible but uninsured, and improving administration of the program so that renewals are simple and timely.

This is a critical year. 2010 is the year by which all children in Washington are intended to have health coverage. The goal was set five years ago and progress has been made each year since. However, enrollment efforts need to intensify in order to meet the goal this year. Washington state can and should cement its position as a national leader on children's health by finding and enrolling all remaining eligible children.

The 2010 legislative session will be critical. We ask state lawmakers to hold true to their promise to cover all kids by:

- Maintaining current eligibility and benefit levels for Apple Health for Kids,
- Sustaining the investment in outreach to find and enroll families that need health coverage for their children, and
- Raising a substantial amount of revenue to protect Apple Health for Kids and other vital health and human service programs for families in Washington.

**Times are tough for Washington children and families. Apple Health for Kids is doing what it's supposed to do: protecting children in difficult economic times from the loss of health coverage. Now is not the time to turn back years of progress. This is the year to stay the course toward our goal of covering all kids in 2010.**

## 2

# Washington's progress in covering kids

In recent years, Washington state and its elected leaders have sent a strong message: No child—no matter what their circumstances—should go without health care. Washington has been a national leader in getting children the coverage they need to be healthy, so they can learn, grow and thrive. As we begin 2010, the year lawmakers set for covering all children, we look back at five years of continual progress.

It began in 2005, when state legislators reversed damaging budget cuts and declared their intention to cover all kids in Washington by 2010. Then in 2007, the Cover All Kids law (Senate Bill 5093) affirmed this commitment to offer coverage options and ensure access to care for all children.

In 2009, Governor Chris Gregoire and the state legislature renewed their commitment to covering all kids in the face of an unprecedented economic crisis. They kept the promise to offer Apple Health for Kids to children up to 300 percent of the federal poverty level (FPL), taking advantage of new federal funding options to support kids' coverage. They continued the state's investments in outreach, funding contractors in nearly every county to help families connect to and utilize coverage effectively. And they passed the Apple Health for Kids Act (House Bill 2128), requiring year-by-year improvements in outreach, enrollment, and renewal procedures.

Together, the Cover All Kids Law and Apple Health for Kids Act provide a roadmap toward the goal of offering coverage options and access to care to all our state's children. Some of their key provisions include:



- **Unified children's health coverage:** Several federal and state programs have been consolidated into Apple Health for Kids, offering a single streamlined enrollment process and the same comprehensive benefits to all eligible applicants.
- **Insurance options for all kids:** Children up to 300 percent FPL now qualify for free or affordable coverage. Families with higher incomes should be able to purchase unsubsidized coverage in July 2010.



- **An open door for families:** The state is required to improve enrollment and renewal processes to make it easier for eligible children to get and keep coverage.
- **Access to high-quality care:** The state must identify health indicators and quality improvement measures that will improve access to care.

Apple Health for Kids has been a lifeline for many families facing tough times. Our legislators showed leadership by fighting to make sure families would have an insurance option for their children when they really needed it. We as a state should be proud that we're serving such a critical need and helping hard-working families during tough economic times. We can't falter now. Lawmakers must continue to keep the state's commitment to covering kids as the economy begins to recover.

## Taking full advantage of federal opportunities

In February 2009, the second bill signed by President Barack Obama was the Children's Health Insurance Program Reauthorization Act (CHIPRA), extending the Children's Health Insurance Program (CHIP) through 2013 and strengthening this state-federal partnership that underpins Apple Health for Kids. Washington state was ready to seize the opportunities and infusion of federal funds in this long-awaited federal legislation, and quickly acted to:

- Use newly available matching funds to help cover children in families up to 300 percent of the federal poverty level
- Move documented immigrant children into federally matched programs that no longer have a 5-year waiting period

- Support local organizations applying for new federal grants to support innovative outreach in hard-to-reach communities

To remain a leader in children's health, it's critical that we keep up the momentum and take advantage of the opportunities CHIPRA created by:

- Developing "express lanes" that will allow children to enroll in Apple Health for Kids while applying for other state programs
- Making improvements to enrollment and renewal procedures that will help the state qualify for annual performance bonus funds

# 3

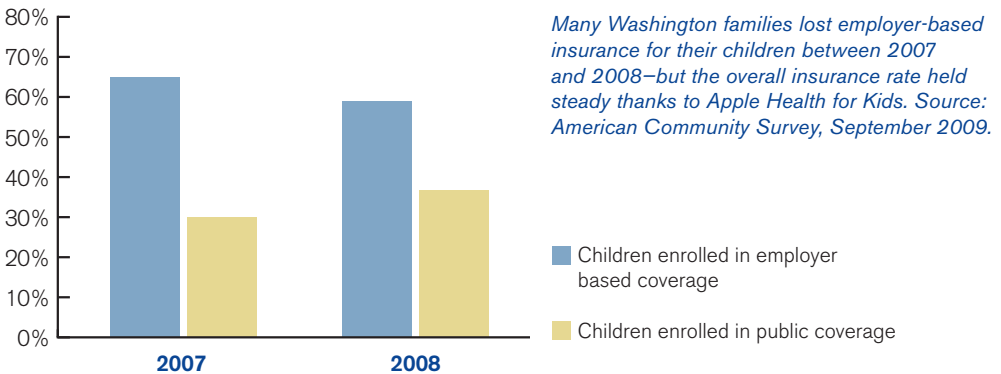
## Apple Health for Kids: A lifeline in tough economic times

Apple Health for Kids has been a lifeline for families feeling the squeeze of rising unemployment and decreasing availability and affordability of employee health benefits. Data released by the U.S. Census Bureau in September 2009 show that 93.2 percent of children in Washington state had health coverage in 2008, the same prevalence as in 2007.<sup>1</sup> These data also show that public coverage played a vital role in replacing lost employer-based coverage. As parents lost health coverage due to job and benefit loss, Apple Health for Kids was able to pick up the newly uninsured children. The number of children covered under employer-based plans dropped to just below 60 percent in 2008, compared with 65 percent the prior year. At the same time the percentage of children on public insurance jumped to 36.7 percent, from 30 percent in 2007 (see figure 1).

Enrollment in Apple Health for Kids has been growing faster during the recession than in prior months. The most recent state data show that as of August 2009, 665,000 children in Washington were enrolled in public children's health coverage programs, up from 612,085 children enrolled in June 2008 and 572,898 in June 2007, just before the Cover All Kids law took effect.<sup>2</sup>

Apple Health for Kids appears to have picked up nearly all of the kids who lost employer-based coverage between 2007 and 2008. Still, too many children in Washington are falling through the cracks—according to the U.S. Census data, 107,000 children, or 6.8 percent, went without coverage in 2008, Washington State Population Survey put our state's uninsurance rate for children at 4.6 percent. However, that figure doesn't reflect the worst of the economic downturn as the data was collected in the spring of 2008. Since then even more families have lost employment—and health insurance at the same time. It's critical to keep working to reach struggling families in 2010, letting them know that the security that comes with insurance for their children is available to them now. Washington families need to know they can count on coverage for their children as the state begins its economic recovery.

**Figure 1: Source of children's health insurance coverage in Washington**



In January 2010, Governor Chris Gregoire proposed fully funding Apple Health for Kids. The month prior, Washington state won a \$7.5 million federal “performance bonus” from the Obama administration for increasing the number of children enrolled. The governor’s revised budget appropriates these new federal funds plus about \$4 million in state funds to maintain coverage for families earning up to 300 percent of the federal poverty level. We applaud her commitment to children’s health. With so many moms and dads struggling to make ends meet during this recession, Apple Health for Kids gives them the invaluable peace of mind that their children won’t lose health coverage if they lose their jobs or suffer a cut in their employment benefits. We call on state lawmakers to find significant new sources of revenue so Apple Health for Kids and other vital services for families can be sustained for years to come.

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### **Recommendation:**

- **Take a balanced approach to the economic problems our state faces by raising substantial revenue to protect vital services for children and families, including Apple Health for Kids.**

## **Washington wins \$7.5 million federal performance bonus**

In December 2009, soon after Governor Chris Gregoire reluctantly proposed cuts that would kick an estimated 16,000 children off Apple Health for Kids, Washington state won a timely windfall from the Obama administration: a \$7.5 million “performance bonus” for meeting enrollment targets and making it easier for families to apply and renew their kids’ coverage.

Washington was one of just nine states that got the extra money, and state lawmakers hailed it as a well-earned vote of confidence in a program that’s helping families weather the worst economic downturn in decades. “It is an honor to be named by President Obama and his administration as an example among states on children’s health,” said Speaker of the House Frank Chopp.

“All children deserve care when they’re sick or injured—that’s a central value of our state,” Senate Majority Leader Lisa Brown said. “Helping kids whose families can’t afford health insurance get the health care they need has long been a top priority of the Senate, and will remain a top priority.”

In January, the governor proposed fully funding Apple Health for Kids, in large part thanks to the performance bonus. States will be able to compete for the annual performance bonuses in future years, and will have to show they’ve continued to make progress in covering uninsured children and streamlining administration of their health insurance programs.

# 4

## Making coverage simple for families

Washington law now clearly states that enrolling and maintaining coverage in Apple Health for Kids should be straightforward and efficient. Washington was awarded a \$7.5 million performance bonus in 2009 for enrolling children and streamlining enrollment and renewal processes for families. As rising costs and loss of private insurance force more families to scramble for alternative coverage, reducing the administrative barriers to enrollment and renewal is vital.

### Cutting the red tape

The Apple Health for Kids law directs the state to take active steps to make it easier for families to get and keep coverage for their kids, with the goal of improving overall enrollment and renewal rates by streamlining administrative processes. The state already holds income data from applications for programs such as Basic Food (food stamps) and Women, Infants, Children (WIC) that can and should be used to sign up for and renew enrollment in Apple Health for Kids. By utilizing the data on hand, rather than going through the entire income reporting and verification procedure from scratch, the state creates an “express lane” that will streamline the renewal process. Along with other process improvements, implementing express lanes will qualify Washington to receive additional federal funding.

Everyone benefits when unnecessary red tape is reduced. We save state dollars by eliminating repetitious steps and utilizing existing resources in new and creative ways. Families also benefit as the steps that they must complete are simplified, freeing up resources for outreach workers to provide families with guidance in enrollment and use of coverage.

### Reaching out to families

Outreach plays a key role in making sure families that need coverage for their kids get coverage. Community organizations and local health jurisdictions identify children eligible for Apple Health for Kids and help families through the enrollment process, and help them keep their coverage when the time comes to renew. Some organizations even follow up with families to make sure they get in to see a doctor or other provider. The Apple Health for Kids Act recognizes the importance of outreach and directs the state to: disseminate information regarding the availability of coverage, aid with the application process, use



existing systems and programs to identify eligible but unenrolled children, provide health education, and develop an online application system.

Washington's 2009-2011 biennial budget allocated funds that allow outreach organizations in nearly every county to continue their work, though with significantly less funding than in the year before. Organizations are now paid a reduced rate for each completed application and no longer receive grant funding that allowed them to hire staff, conduct activities out in the community, and produce informative materials. As a result, many organizations have had to lay off outreach workers and cut back on their activities.

### Creating express lanes

Express lane eligibility is a strategy that holds much promise for streamlining administrative processes. Using this strategy, the state relies upon data submitted through other programs to identify children potentially eligible for Apple Health for Kids. Express lane eligibility is recognized as effective in both federal and state law. The federal Children's Health Insurance Program Reauthorization



Act, signed into law in February 2009, identifies express lane eligibility as a process that can qualify states for additional federal funding. At the state level, the Apple Health for Kids law directs the state to engage in activities that make Washington eligible for these types of federal funds.

Express lane eligibility can serve to link a wide variety of programs to Apple Health for Kids. Children enrolled in such programs as Basic Food, Working Connections Child Care, and WIC have proven that their incomes fall below the limit for Apple Health for Kids eligibility—thus, if these children don't have health coverage they should be automatically enrolled in Apple Health for Kids as they clearly qualify for it. Nationwide studies have found that 71 percent of low-income, uninsured children live in families that participate in one or more nutrition assistance program: the National School Lunch Program (NSLP), Food Stamps, and/or WIC.<sup>3</sup> Efforts to create express lanes for Washington families enrolling in Basic Food, Working Connections Child Care, and WIC are in development with the hopes of implementing express lane eligibility in 2010.

## Going where the kids are

Schools are one of the best places to find eligible but unenrolled children. An Urban Institute report found that 59 percent of uninsured children with incomes below 200 percent of the federal poverty level participate in the free and reduced-price meal program.<sup>4</sup> Efforts to create express lanes to enrollment for children on free and reduced-price meal programs in Washington have met challenges, but are worth pursuing because of their tremendous potential to reach children. The state must encourage and support partnerships between school districts and outreach organizations to help kids get the health coverage they need to be healthy, successful students.



## Making renewal easy

Streamlining the renewal process is also an important step that introduces efficiencies into administrative processes. Washington families receive 12 months of continuous coverage upon enrollment in Apple Health for Kids, but many children lose coverage at the time of renewal despite no change to their eligibility status. The Department of Social and Health Services has implemented efforts to reduce the disruptive churn created as children lose, then regain, coverage by simplifying renewal forms, which can be completed on paper or by phone. Health plans have also started calling families to remind them when their forms are due, and offering assistance completing the renewal process by phone. These are steps in the right direction toward making it easier for families to get and keep the coverage their children need.

Measures that simplify the renewal process can reduce associated administrative costs, save resources, and eliminate gaps in coverage. Processes that have been successful in other states include auto-renewal, in which a child's coverage is renewed for another 12-month term unless the family opts out or has a change in income that makes the child no longer eligible for coverage. Some states allow rolling or off-cycle renewals, in which a family is able to renew at any time and begin a new enrollment cycle, not just at the time that renewal is due. Using these and other strategies, Louisiana, which leads the country in enrollment renewal efficiency, saw less than one percent of children lose coverage due to administrative reasons. By implementing proven strategies, Washington would likely experience similar improvements and resource savings.

## Making all kids eligible

Current law requires the state to offer an Apple Health for Kids buy-in option in 2010, so that families earning over 300 percent of the federal poverty level can purchase unsubsidized coverage for their children. This portion of the program was originally set to start in January 2009 but was delayed. Families have been waiting for the chance to purchase comprehensive Apple Health for Kids coverage at no cost to the state. The buy-in option is now set to begin in July 2010.

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### Recommendations:

- **Maintain full Apple Health for Kids coverage up to 300 percent of the federal poverty level.**
- **Streamline enrollment and renewal processes, reducing the churn rate and removing administrative barriers to coverage.**
- **Maintain investments in outreach activities that link families to coverage and health care.**
- **Create express lanes to identify potentially eligible children, utilize existing resources more efficiently, and take advantage of additional federal funding opportunities.**
- **Develop a comprehensive benefit package that is affordable for families earning over 300 percent of the federal poverty level and make it available in 2010.**



# 5

## Beyond coverage

Health insurance is only one of the pieces needed to ensure that children are healthy. Our state leaders have long recognized that improving children’s health takes more than just an insurance card—it means ensuring that children can access the care they need to stay healthy, right when they need it. That’s why the Cover All Kids law and the Apple Health for Kids Act specify that improving children’s overall health is the ultimate goal of state policy. To meet the commitments set forth in these laws, we must improve access to healthcare and medical homes, and measure health outcomes to ensure that policies are making children healthier.

### Improving access

Keeping our commitment to children’s health means ensuring that children on Apple Health for Kids can find providers and access care that meets their needs, whether they live in rural or urban areas. For example, access to dental care is still low, although progress has been made in recent years. Today, just under half of Apple Health for Kids children receive dental services.



In 2009, Washington took a step backwards by cutting the rates paid to doctors and other providers for pediatric services, one year after increasing them to levels that would encourage more doctors to accept Apple Health for Kids patients.

We must also move forward on plans to create medical homes for all children, so that care is comprehensive, coordinated, and meets each child’s needs. Medical homes serve to synchronize all aspects of care, including medical, dental, vision and mental health, to ensure that children receive care that is most appropriate for them. Connecting a family to a medical home can also ensure that children receive appropriate preventative care.

### Measuring health, paying for performance

To work toward our goal of improved health, the Cover All Kids law directs the state to assess the health status of enrolled children. The law calls for collaboration between state and local agencies, health providers, and parents, to create a set of criteria that indicate whether enrolled children receive care through an established medical home and that measures improvements in their health status. These groups worked



together to develop a report to the legislature recommending new measures—to be linked to pay for performance—including visual, dental and mental health, in addition to previously identified measures such as immunization rates, care management of chronic illnesses, and emergency room utilization.<sup>5</sup> Developmental screens, consistent with recommendations of the American Academy of Pediatrics, are also included in these measures as funding allows. Administration of these screens at the appropriate age can detect developmental delays that can then be identified and treated.

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### Recommendations:

- **Improve access to care by creating more medical homes for children, including providing an adequate provider network through fair reimbursement rates.**
- **Enact incentive payments for providers as outlined in the 2007 medical home report so that all children get the care they need.<sup>6</sup>**
- **Enact a system of reporting children’s health status as called for in the Apple Health for Kids Act.**

## Measuring children’s health

Washington law identifies a series of possible measures of children’s health that can help us understand whether coverage is leading to better health outcomes for Washington’s children. Identified measures may include:

- Immunization rates
- Well child doctor visits, behavioral and oral health screenings
- Chronic illness management
- Emergency room utilization
- Visual acuity and eye health
- Preventive dental service utilization
- Mental health status

Tracking these measures will help us understand how healthy Washington’s kids are, and whether coverage is making kids healthier.



## Coverage for all children by 2010: What's left to do?

In 2005, Washington state declared a goal that all children should have health coverage by 2010. In the years since making this commitment:

- Over 140,000 more children have health coverage through Apple Health for Kids.<sup>7</sup>
- Innovative efforts to streamline and simplify administrative processes won Washington federal recognition, including a \$7.5 million federal performance bonus. Washington was one of only nine states that won the additional federal funds.
- Washington kids have remained insured through the recession, as families losing employer-based coverage in the economic downturn have been able to turn to Apple Health for Kids.

Washington state is a national leader in children's health coverage thanks to the collective efforts of our state leaders, health care providers, community organizations, and public support.

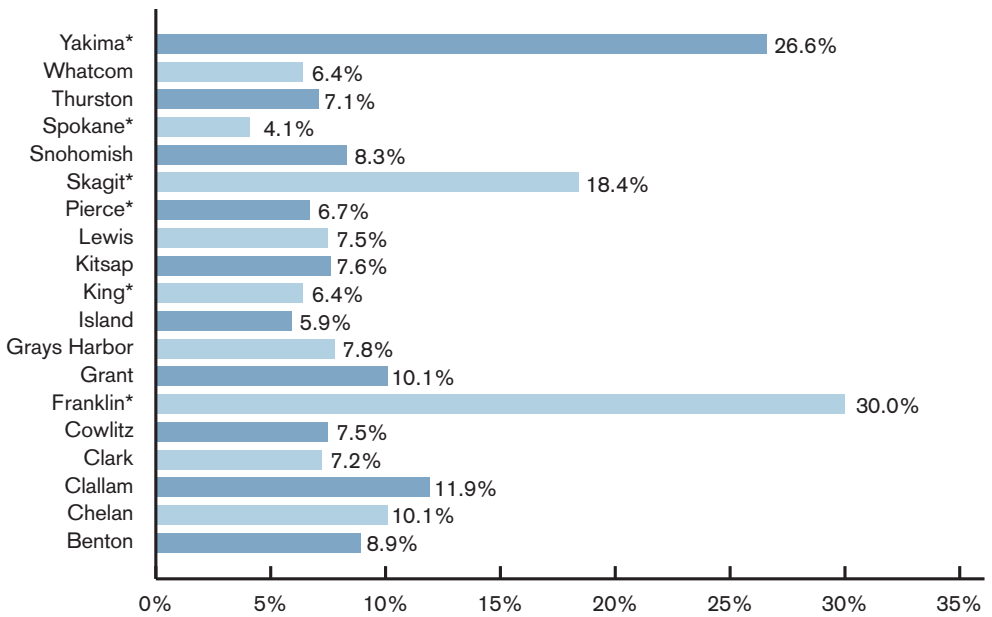
However, tough budget times are challenging the state's commitment to cover all kids by 2010. The actions of lawmakers in the 2010 Legislative Session will make the difference in whether Washington meets that goal, or whether tough economic times will turn back the clock on children's health coverage just when families need it most.

While we don't yet know exactly how federal health care reform will affect children's coverage here in Washington state, we do know that the Children's Health Insurance Program (CHIP), a cornerstone of Apple Health for Kids, will remain intact until at least 2013. In the coming years, we need to hold true to our commitment to kids' health by working to implement provisions identified in CHIPRA, including streamlining administrative processes for enrollment and renewal, enacting innovative policies like express lane eligibility, and keeping up outreach activities in all corners of the state.

Apple Health for Kids, like many programs that serve as part of the crucial safety net for Washington families, has experienced growth in demand during these challenging economic times. This counter-cyclical pattern, in which demand increases while the funds that support the program decline, demonstrates the need for dedicated funds to ensure that these programs are available when families need them the most. As our state economy recovers, families will still need the affordable, comprehensive health coverage provided by Apple Health for Kids. We need to look for funding solutions now to ensure Apple Health for Kids will be there in the future.

Making sure that all children have affordable, comprehensive health coverage and appropriate health care means recognizing that not all kids are starting out with the same level of access to health care, and that deliberate action is required to remediate health disparities. In Washington, children growing up in rural areas are disproportionately much more likely to be

**Figure 2: Percent of children lacking health insurance in Washington's largest counties, 2008**



Source: Washington KIDS COUNT analysis of American Communities Survey 2008 1-Year Estimates  
 Note: Counties with rates statistically significant from the state average (6.8 percent) are denoted with "\*".

uninsured than children in urban areas. More than one in four children in Franklin (30 percent) and Yakima (26.6 percent) counties lacked health insurance in 2008. These are startling figures compared with urban counties like Spokane (4.1 percent) and King (6.4 percent).<sup>8</sup>

Children of color are also disproportionately likely to be uninsured: A recent study found that nationally, 34 percent of American Indian children and 15 percent of black children have no health insurance, compared with 11 percent of white children.<sup>9</sup> Addressing these disparities requires an active commitment from the state to get these eligible but neglected populations enrolled in Apple Health for Kids. It also requires a deeper understanding of how current barriers result in eligible but unenrolled children going uninsured in Washington. Data from communities in our state would help us determine how to eliminate disparities in coverage that help perpetuate disparities in health status. Development of data systems that capture information about ethnic and racial disparities would go far to answering these questions, and allow us to hold true to our promise of covering all children.

By working to ensure stable funding for children's health coverage and addressing health disparities, we can make sure every child in Washington can get good health coverage now, while setting the stage for health reform that works for kids.

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## Recommendations:

- **Protect Apple Health for Kids in its entirety.**
- **Pass revenue-raising legislation that will serve as a stable funding source for programs on which families rely.**
- **Continue investing in children’s health by incorporating elements of CHIPRA that strengthen Apple Health for Kids; federal health care reform may not be implemented for years and this is the bridge that families rely upon until that time.**
- **Collect data to help understand ethnic and racial health disparities.**
- **Implement targeted enrollment strategies to cover uninsured but eligible children, especially from communities of color, to help address disparities in coverage in Washington state’s children.**

## Health Reform

The Children’s Alliance is advocating for federal health reform that will support our state’s goal of covering all children. Children’s health coverage in federal reform should build on what works, and create health coverage that is affordable and comprehensive. Children’s health coverage should come out of health reform better off—not worse—as a result. Once a federal reform bill becomes law, we’ll be working with our state’s leaders to make sure it’s implemented here in ways that keep kids healthy and maintain stability for families. Our efforts are guided by the following principles:

- Ensure that children receive comprehensive care through benefits that support their healthy development, including the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) standards recommended by the American Academy of Pediatrics.
- Guarantee a seamless transition from CHIP to the appropriate program— with assurances that benefits are equal to or exceed those under CHIP—to prevent gaps in coverage.
- Ensure affordability of health coverage through appropriate cost-sharing protections and premium subsidies.
- Make coverage available to all, without barriers to enrollment or access to subsidies based on immigration status.
- Create a “no wrong door” policy for enrollment, allowing for use of a simple application for access to any public program.

# Recommendations

## Protect kids in the state budget

- Take a balanced approach to the economic problems our state faces by raising substantial revenue to protect vital services for children and families, including Apple Health for Kids.

## Keep the door open for Washington families

- Maintain current eligibility levels for Apple Health for Kids.
- Streamline enrollment and renewal processes, reducing the churn rate and removing administrative barriers to coverage.
- Maintain investments in outreach activities that link families to coverage and health care.
- Create express lanes to identify potentially eligible children, utilize existing resources more efficiently, and take advantage of additional federal funding opportunities.
- Ensure a comprehensive benefit package that is affordable for families earning over 300 percent of the federal poverty level and make it available in 2010, as called for by statute.

## Think beyond coverage

- Improve access to care by creating more medical homes for children, including providing an adequate provider network through fair reimbursement rates.
- Enact incentive payments for providers as outlined in the 2007 medical home report so that all children get the care they need.
- Enact a system of reporting children's health status as called for in the Apple Health for Kids Act.

## Prepare for the future

- Protect Apple Health for Kids in its entirety.
- Pass revenue-raising legislation that will serve as a stable funding source for programs on which families rely.
- Continue strengthening Apple Health for Kids; federal health care reform may not be implemented for years and this is the bridge that families rely upon until that time.
- Collect data to help understand ethnic and racial health disparities.
- Implement targeted enrollment strategies to cover uninsured but eligible children, especially from communities of color, to help address disparities in coverage in Washington state's children.

# Checklist

## Completed in 2009

- Protect Apple Health for Kids for families struggling in economic downturn.
- Enact visionary legislation to strengthen program.
- Continue outreach to eligible but uninsured children.
- Make it easier for families to get and keep coverage with simplified income verification and innovative renewal strategies.

## Urgent for 2010 Legislative Session

- Maintain full Apple Health for Kids coverage up to 300 percent of the federal poverty level.
- Sustain the investment in outreach to find and enroll families that need health coverage for their children.
- Follow through on the promise to allow moderate-income families to purchase unsubsidized Apple Health for Kids coverage for a reasonable monthly premium in 2010.
- Create express lanes to coverage for children already enrolled in other government programs.

## 2010 and Beyond

- Ensure there are enough providers to serve all families in Apple Health for Kids by offering adequate reimbursement rates for medical and dental services.
- Ensure that children's medical coverage is providing a meaningful medical home.
- Reduce health disparities in coverage and access.
- No child in Washington lacks health coverage.**

# Endnotes

- <sup>1</sup> Census data—American Community Survey, 2008.
- <sup>2</sup> Children's enrollment in DSHS medical programs, accessed online 12/02/2009. <http://hrsa.dshs.wa.gov/News/EnrollmentFigures.htm>.
- <sup>3</sup> Stan Dorn and Genevieve Kenney, Urban Institute. Automatically Enrolling Eligible Children and Families into Medicaid and SCHIP: Opportunities, Obstacles, and Options for Federal Policymaker. The Commonwealth Fund, June 2006. <http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2006/Jun/Automatically-Enrolling-Eligible-Children-and-Families-Into-Medicaid-and-SCHIP--Opportunities--Obsta.aspx>.
- <sup>4</sup> Ibid.
- <sup>5</sup> Department of Social and Health Services. Report to the Legislature: SSB 5093 Children's Healthcare Improvement System. November 30, 2007.
- <sup>6</sup> Ibid.
- <sup>7</sup> Caseload Forecast Council data, January 2005 to August 2009.
- <sup>8</sup> Washington Kids Count Analysis of American Community Survey data.
- <sup>9</sup> The Children's Health Insurance Program Reauthorization Act (CHIPRA): Addressing Racial and Ethnic Health Disparities. Families USA, June 2009. <http://www.familiesusa.org/assets/pdfs/chipra/racial-and-ethnic-disparities.pdf>.



## CHILDREN'S ALLIANCE

*A Voice for Washington's Children, Youth & Families*

### Children's Alliance

A Voice for Washington's Children, Youth, & Families

The Children's Alliance is a statewide, nonprofit,  
nonpartisan child-advocacy organization.

We **protect** kids by changing laws.

We **serve** kids by making sure programs and policies work.

We **put kids first** by securing resources.

We **advocate** for kids by holding lawmakers accountable.

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