

2-2009

Nevada Medicaid and Check Up Programs: Barriers to Enrollment and Utilization

The Nevada Institute for Children's Research and Policy

Denise Tanata Ashby

Nevada Institute for Children's Research and Policy

Jennifer Waddoups

Nevada Institute for Children's Research and Policy

Tara Phebus

Nevada Institute for Children's Research and Policy, Tara.phebus@unlv.edu

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Repository Citation

The Nevada Institute for Children's Research and Policy, Ashby, D. T., Waddoups, J., Phebus, T. (2009). Nevada Medicaid and Check Up Programs: Barriers to Enrollment and Utilization. 1-4.

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STUDY BRIEF

FEBRUARY 2009

NEVADA MEDICAID AND CHECK UP PROGRAMS: Barriers to Enrollment and Utilization

Nevada Medicaid and Nevada Check Up programs are vital to ensuring Nevada's children have access to essential health care services. These programs provide health insurance coverage to many of Nevada's lower income children and families. However, many children remain uninsured. In 2008, Nevada was ranked fifth in the country for the percentage of children in the state without health insurance coverage (Families USA 2008, 3). Recently, widespread cuts to both programs as a result of a tight budget and declining state revenues, coupled with state administrative decisions that complicate enrollment and access to health services, have barred many of Nevada's eligible children and families from receiving the care they need. Children's access to health care is compromised in two ways. Eligible children are either denied public insurance coverage altogether or those children enrolled have limited access to health care providers and services. For example, strict eligibility requirements to gain and retain coverage have left many lower income children in Nevada uninsured. The health and financial consequences uninsured children and families face are extraordinary. Children with health insurance are more likely to receive preventive care and early treatment, saving both time and money as measured in school attendance, work attendance by parents, and late or emergency treatment. Overall, children with health insurance are more likely to be healthy.

In an effort to understand the particular barriers to health care access and utilization Nevada's children and families face with these programs, the Nevada Institute for Children's Research and Policy (NICRP) conducted a qualitative study examining these barriers. In the fall of 2008, NICRP staff conducted twenty-six telephone interviews with agency representatives, parents and families, program administrators, and service providers. This report presents a brief overview of the findings of the study and includes four case studies to understand precisely the financial and health problems Nevada's lower income families' experience. Due to the self-selection of participants and the small sample sizes inherent in qualitative data analysis, only limited generalizations could be established in this study.

THE BARRIERS

The study found **four common barriers** Nevada's children and families face at both the enrollment and utilization levels:

Limited public knowledge

Many parents of eligible children (particularly Spanish-speaking parents) are unaware of one or both of Nevada's public health insurance programs, particularly Nevada Check Up. Parents who are aware of the programs are often unfamiliar with the services covered as well as where and how to apply for coverage. Agency representatives who participated in the study stated that information gaps and knowledge barriers were a common complaint among the parents they represent. Specifically, these parents tend to receive inadequate or conflicting information about eligibility requirements and the types of services covered under Nevada's public health insurance programs. To minimize these and

other knowledge barriers, states across the country have devoted resources to improving community awareness through targeted outreach programs geared towards minority communities and lower income populations. Research confirms that targeted outreach in areas such as employment centers, schools, and other public settings increase children's enrollment in public health insurance programs (Kaiser Family Foundation 2008: 12). In Nevada, however, state outreach efforts have been minimal. In fact, the program administrators we interviewed revealed there are currently *no state resources* devoted to outreach activities.

The complexity and duration of the enrollment and renewal processes

Participants indicated that Medicaid and Nevada Check-Up's complex enrollment and renewal processes create barriers to health care access and utilization for parents and families. The parents and agency representatives stated that both Medicaid and Nevada Check Up have unnecessarily long applications and many parents revealed having trouble getting through the entire application. This was particularly true for immigrant parents. The study also found that the enrollment process is unreasonably long, particularly for Nevada Check-Up enrollees. One agency representative indicated that it can take up to 100 days to process applications. One reason given for the delay is program rules that require applicants to send original documentation by mail. Another reason is staff shortages due to the State economic crisis, at a time when the economy is also contributing to a steady increase in the number of new children and families that qualify for coverage. As a result, over 4,000 Nevada Check-up eligible children whose families have applied for coverage are on a waiting list to get into the program (Coolican, 2009).

Nevada Medicaid's renewal policies create a source of instability and disruption in care management for enrolled children. Currently, Nevada requires Medicaid beneficiaries to re-enroll in the program *every six months*. Some parents we interviewed encountered problems

when it was time to resubmit income documentation information. For example, one family's two children were abruptly terminated from the program as a result of a slight increase in family income. Another mother we talked to was placed on long-term disability and her children were kicked off Medicaid because her income was not considered to be earned. Abrupt termination of public health coverage can be devastating for children and families. Many children must forgo necessary care, which may impair their daily functioning. Studies found that children with gaps in coverage often go without preventive check-ups and miss out on preventive treatments, such as prescription medication (Olson et al. 2005).

Elimination of necessary services covered under the programs

Nevada's current economic crisis has decreased the number of funds available for public programs. State budget shortfalls have led to cuts in health care services that are vital to the health and well-being of Nevada's children. For example, state officials have cut orthodontia services and non-emergency ocular services for children enrolled in Nevada Check Up. Also, Nevada Check Up has limited dental coverage to \$600 per year. The elimination and/or cutbacks on these essential services have devastating effects. For example, denying ocular service coverage to enrolled children will cause many to go without glasses altogether and will force some to use an outdated prescription glasses. Without the proper eyewear, these children's school performance will be hampered. Cuts to dental coverage will lead to a decrease in preventive dental care visits. Research confirms children's oral health is vital to their overall health and that a lack of regular dental care can severely impact daily functioning. It is estimated that children with oral diseases miss more than 51 million hours of school each year in the United States (Kaiser Family Foundation 2008).

Parents fear these cuts will leave their children without the care they need. It is essential that these programs offer coverage for the most basic

services, such as coverage for dental care and eyeglasses.

Lack of available service providers, particularly specialist providers

Participating service providers expressed general concern with lower reimbursement rates received from Medicaid and Nevada Check Up for treating enrollees. In recent years, service providers across Nevada have had to deny publicly insured patients due to lower reimbursement for services rendered. In particular, many specialists are no longer accepting Medicaid or Nevada Check Up patients because reimbursement rates do not cover expenses. Nevada's pediatric orthopedists have decided to not accept Medicaid patients due to a major decline in reimbursement for services (Allen 2008). This limits the availability of providers for publicly-insured children. For certain specialist services, Nevada's children may have to forgo care or may be forced to travel across state lines to get the care they need.

FAMILY CASE STUDIES

The Smith family* lives in the Las Vegas valley. Ms. Smith has three children aged 12, 8, and 3. Her three children are currently enrolled in Medicaid. Last year, her two daughters' Medicaid coverage was abruptly terminated because Ms. Smith was finally receiving child support payments. Ms. Smith was told to apply for Nevada Check Up. She said the application process was complicated. Once she applied and heard back from the agency, she was informed that her children must be uninsured for six months prior to being eligible. She could not afford private coverage due to high premiums. As a result, the girls were uninsured for a long time putting a strain on the family. Ms. Smith worried they would need care and she simply couldn't pay the out-of-pocket expenses. During this time, her daughter needed a vaccination but could not get it due to the high costs. When her children were covered under Medicaid, she ran into difficulties re-enrolling. She revealed that she was forced to wait until the month that she was the poorest to

apply for Medicaid for her children in order to qualify. When her children were covered under Medicaid, they had trouble accessing the most basic care. Her oldest girl needed braces, as she had severe problems with her teeth but Medicaid would not cover them.

The Lopez family* has a seven year-old daughter enrolled in Nevada Check Up and two sons under five that are uninsured. Mrs. Lopez's younger sons were enrolled in Nevada Check Up for only a short three-month period and then terminated. She has tried to re-enroll her younger sons in the program multiple times and each time has failed. She states that she has given up on the process. As Ms. Lopez explains, "the enrollment process is hard...When enrolling, I get asked for way too much information that I do not have available". When Ms. Lopez's sons were covered for that brief time, it was challenging to get the care that they needed. "When my 3 year old son had a fever, I took him to a clinic. Nobody spoke Spanish, but they asked for my ID and his NV Check Up insurance card. I gave it to them and they said they would not help me". When accessing services with Nevada Check Up coverage, she feels like her children are treated differently from other children. Nevada Check Up is currently threatening to revoke the oldest daughter's coverage *for two years*, as they claim that Mrs. Lopez is behind in her co-payments. She states, "I just do not have the money to pay right now but I will try my best."

The Jones family* lives in northern Nevada. When Mr. Jones' baby was born three months premature, they were income eligible but could not get the baby onto Medicaid. The stress of having a premature baby and the prospect of not having insurance coverage for her were almost more than Mr. Jones could bear. As Mr. Jones states, "I had to go through social security...I had to jump through a lot of hoops to get them to pay the hospital bill. Because she didn't live with me she couldn't be put on my Medicaid". Both of his sons are enrolled in a Medicaid managed-care

plans and have had problems accessing the services they need. “The dentist we went to said [his] gum was too big in one spot and [he] was going to have [to get] it fixed. When we went back to the office, the dental office no longer accepted Medicaid. This left few options for his son. Another time, his son had to have surgery for a urological condition in Las Vegas because there were no urological surgeons that could do it in Reno. Mr. Jones’ states, “It is really difficult to do because I was in school and I couldn’t afford to pay for all the transportation...[Medicaid] makes it really difficult on the parents. You are already going to a difficult period because your children are sick. I was in school and didn’t have the time or money”.

CONCLUSION

This study offers only a brief look at some of the barriers Nevada children and families face with Medicaid and Nevada Check Up. Strengthening the Medicaid and Nevada Check Up programs is vital to improving children’s health care access and utilization in Nevada. By developing and implementing legislation to improve public health insurance coverage, access, and utilization in Nevada, policymakers can ensure a brighter, happier, and healthier future for Nevada’s children and families.

Some recommendations for improvement include:

- More resources to public outreach to ensure equitable knowledge of and access to care for Nevada children and families.
- The enrollment process needs to be streamlined by adopting a web-based application with electronic signatures. Learn from other states that have implemented or are in the process of implementing web based applications to increase enrollment of eligible children For example, Utah is introducing an online system that will automatically determine eligibility for multiple state welfare programs. (Morrow, 2008). Moreover, a presumptive eligibility option would allow

children on the waiting list for Nevada Check Up to be temporarily covered under the program so they could receive health services while their applications are being processed.

- Implement a twelve-month continuous eligibility option. Under this option, parents and families would only have to provide income documentation once a year and enrolled children could be guaranteed stable coverage for at least a year.
- Ensure coverage of both preventive and emergency medical, dental, ocular and mental health services for children enrolled in Nevada Check-Up.
- To ensure publicly insured children have access to service providers, it is imperative for the state to increase reimbursement rates to providers. This will provide service providers with a greater incentive to treat Medicaid and Nevada Check Up children and will increase these children’s access to the health care services they need.

This report was prepared by The Nevada Institute for Children’s Research and Policy in the School of Community Health Sciences at the University of Nevada, Las Vegas.

Denise Tanata Ashby, J.D.
Executive Director

Jennifer Waddoups
Graduate Assistant

Tara Phebus, M.A.
Research Analyst

NV Institute for Children’s Research & Policy
4505 S. Maryland Parkway, UNLV 453030
Las Vegas, NV 89154-3030
(702) 895-1040
www.nic.unlv.edu

**To protect the confidentiality of participants, actual names were not used in this report.*

Citations are available upon request.