

# HOSPITALS ENROLL CHILDREN IN MEDICAID

*Facilities in Indiana and New York Work Closely with State Social Services*

**S**t. Mary's Medical Center, in Evansville, IN, and St. Joseph's Hospital, in Elmira, NY, are in different parts of the country, yet when it comes to enrolling children in Medicaid, both have found that enabling people to enroll through the hospital or its outpatient services achieves more satisfactory results than sending people to the local social services office. Both are expanding their efforts to enroll eligible children in Medicaid as part of Children's Health Matters, a nationwide initiative to reduce the number of children who qualify for Medicaid but remain unenrolled (see **Box** and "When Children's Health Matters," November-December, p. 20).

## **CASEWORKER CONTACT IS KEY AT ST. MARY'S**

St. Mary's Medical Center, an acute care hospital with 386 beds in operation, belongs to Daughters of Charity National Health System. It serves a tri-state region of Indiana, Kentucky, and Illinois; its general service area encompasses approximately 750,000 individuals, in both urban and rural areas. The Indiana Division of Family and Social Services Administration has designated St. Mary's a Medicaid outstation, enabling it to enroll pregnant women and children, and has trained eight staffers to accept Medicaid applications. The state also assigned a caseworker at the local county social services office to help the St. Mary's staffers with any questions or problems.

When on duty at the hospital, the trained enrollers carry pagers and are on call five days a week to respond to an enrollment inquiry. Many women and children have been enrolled through the hospital's family practice clinic, which provides obstetric and gynecological care and also pediatric care to lower-income families.

When potential enrollees cannot come to St. Mary's, however, St. Mary's goes to them. Its

mobile clinic van travels to 14 locations to provide healthcare to the poor and underserved, and the Medicaid enrollers travel on the van to take applications out in the community. The van goes to two Title I schools, and when these schools held parents' open houses in December, St. Mary's staffers were there to take applications. St. Mary's has also sought potential Medicaid-eligible children through area churches, distributing flyers and making presentations to the principals of the Catholic schools in its diocese. These efforts have resulted in more than 200 applications being taken since July 1998.

"Our challenge is that every case is different," says Susanne Emge, executive director of St. Mary's Foundation and community outreach. "It has been very helpful to have a direct contact" with a caseworker at the department of family services.

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## **CHILDREN'S HEALTH MATTERS**

Nearly 5 million children are eligible for Medicaid but are not enrolled. Children's Health Matters is working to reduce that number. The alliance was begun in 1997 by two St. Louis-based health systems—Carondelet Health System and Daughters of Charity National Health System—and Catholic Charities USA. With the national program in its second year, individual facilities are implementing action plans to reach enrollment goals for their communities. Systemwide, the Daughters' target is 30,000 children by June 30, while Carondelet's goal is 3,000 youngsters.

Children's Health Matters is currently carried out in the District of Columbia and 21 states where the two systems operate health ministries. System leaders are hopeful other not-for-profit systems will become part of their alliance.

 For more information on Children's Health Matters, contact Patrick Cacchione at Carondelet Health System, 314-770-0333, or the Children's Health Matters website, [www.dcnhs-advocacy.org](http://www.dcnhs-advocacy.org).

## MEDICAID COVERAGE FOR CHILDREN

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# Both St. Mary's and St. Joseph's have mobile clinics traveling to rural communities.

When questions of eligibility and coverage arise, the caseworker helps obtain a quick answer. "It provides greater dignity" for people to be able to enroll at St. Mary's rather than having to go to the welfare office, states Emge.

St. Mary's commitment to the poor and underserved has also led it to survey local Medicaid providers, asking what is currently good about the program and how it could be improved. The results of the survey were prepared for distribution to Indiana state legislators and governor's appointees, who this year will be deciding how to permanently fund children's health insurance in the state.

### A MEDICAID WORKER ON STAFF

A thousand miles away, in New York, St. Joseph's Hospital is also working with the county social services department to increase Medicaid enrollment. Part of the Carondelet Health System, St. Joseph's is a community hospital with 255 beds and a primary service area of approximately 90,000.

In 1997 the hospital worked out an arrangement with the county to place a full-time Medicaid worker at St. Joseph's. This worker, Marcia Sassano, comes from the local county office of the social services department, but St. Joseph's pays half her salary and the state pays the other half.

Sassano works both inside and outside the hospital to enroll eligible individuals. At the hospital, she enrolls inpatients and outpatients who use the hospital's many clinics or programs. "Everybody reinforces the program—registration staff, patient representatives, collectors—and there is information

available everywhere," says Hank Heilmann, St. Joseph's credit and collections manager. Everyone who is admitted to the hospital receives a sheet with enrollment information and the business office's hours and telephone number.

St. Joseph's, like St. Mary's, has a mobile clinic that travels to rural communities, and the van's nurse practitioner promotes the enrollment program and takes names to refer to Sassano, who then follows up by telephone or makes home visits to prescreen applicants and determine eligibility.

Between March 1997 and November 1998, St. Joseph's enrolled a total of 284 children and adults in Medicaid. "This has worked out well for us and for the county," reports Heilmann. He echoes Emge's opinion that people prefer to enroll through the medical facility instead of the Medicaid offices. "The offices are so busy, they can't help but treat people like numbers. Here, an applicant can get an interview on the same day; at the social services office, it takes 5 days to get an interview and 45 days to get a determination."

St. Joseph's work to extend medical coverage to children also includes distributing information on New York's Child Health Plus insurance program, which offers low-cost insurance for children of families that may not be eligible for Medicaid but cannot afford regularly priced insurance. —Ann Stockbo

 For more information, contact Susanne Emge, St. Mary's Medical Center, 812-485-4423; or Denis Sweeney, St. Joseph's Hospital, 607-733-6541.

## FORM 990

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best reported on an attachment to Part III of Form 990, "Statement of Program Service Accomplishments." The Coalition is working with its members, major public accounting firms, and other nonprofit advocacy organizations to bring this development—and the need for immediate action—to the attention of all nonprofit healthcare organizations.

Nonprofit chief executive officers, chief financial officers, community benefit coordinators, government relations officials, and communications directors need to work together early in 1999, possibly with assistance from outside accountants or tax advisors, to gather and report the information outlined above on upcoming Forms 990. Returns for most calendar-year organizations are due on May 15. By taking these steps, not-for-profit healthcare organizations can help ensure that, in the future, community benefit and the reasons nonprofit healthcare is unique will be better understood. □

### NOTES

1. When the IRS will issue the final regulations is somewhat uncertain. In 1998 Congress extended the rules to private foundations, and the IRS is deciding whether to amend the current proposed regulations to reflect that change before or after finalizing them.
2. Gene Steuerle, "The Coming Revolution in the Nonprofit Sector," *Exempt Organization Tax Review*, September 1998, p. 313.
3. Pub L. No. 104-168.
4. 62 Fed. Reg. 50533.
5. Tom Gilroy, "Exempt Organizations' Tax Returns Due for Broad Exposure, IRS Official Says," *BNA Daily Tax Report*, November 6, 1998, p. G-1.
6. At least one organization already is building an electronic database of information drawn from charitable organizations' Forms 990. The website address is [www.guidestar.org](http://www.guidestar.org).
7. Steuerle, note 2, p. 314.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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