

MINISTRY HAILS U.S. DECISION ON IMMIGRANTS

Catholic Providers Hope the Move Will Ease Enrollment Of Hispanic Children in Medicaid and CHIP

Leaders of Catholic healthcare and social service agencies hailed the government's announcement in late May that legal immigrants could apply for federal benefits—including Medicaid and Children's Health Insurance Program (CHIP) coverage for their children—without fear of penalties.

This was especially good news for children's health advocates in states, like California and Texas, whose populations include large numbers of Hispanic immigrants. Legal immigrants in these states often fear that filing applications for Medicaid and CHIP will brand them as "public charges," thereby jeopardizing their chances of becoming U.S. citizens. Because of this, some hospitals and social service agencies have found it difficult to reach Hispanic children.

Children's health advocates hope the government's announcement will ease those concerns. "We are both relieved and excited about the new policy," said Lisa Smith of Catholic Charities USA. "It clarifies a widespread misconception that has deterred immigrant families from enrolling their children in Medicaid and CHIP. We anticipate that our outreach and enrollment effort will be much more successful as a result."

Smith is director of Children's Health Matters, an advocacy and enrollment project that helps eligible families obtain health insurance for their children (see "When Children's Health Matters," *Health Progress*, November-December 1998, p. 20; and "Hospitals Enroll Children in Medicaid," *Health Progress*, January-February 1999, p. 63). The project is sponsored by the Daughters of Charity National Health System, St. Louis; Carondelet Health System, St. Louis; Catholic Charities USA, Alexandria, VA; Bon Secours Health System, Marriottsville, MD; Catholic Health East, Newtown Square, PA; Catholic

Health Initiatives, Denver; Sisters of Mercy Health System—St. Louis; and the Catholic Health Association (CHA), St. Louis. CHA has made expanding healthcare for children—including Medicaid and CHIP enrollment—a priority in its 1999-2000 federal advocacy agenda.

SANTA MARTA HOSPITAL

California's Department of Health Services estimates that the state has 328,000 children (75 percent of whom are Hispanic) eligible for Medicaid, the state's Medicaid program; and 824,000 (60 percent Hispanic) eligible for the Healthy Families program, the state's CHIP (*San Francisco Chronicle*, May 26, 1999). Santa Marta Hospital, Los Angeles, a member of the Carondelet Health System, participates in both programs, according to Debra DuRoff, the hospital's director of business development. Enrollment in both programs has fallen short of expectations, but the response to Healthy Families has been particularly disappointing, DuRoff said.

Launched in June 1998, Healthy Families contracted with a private company to publicize the program statewide through billboards, radio commercials, and advertisements in magazines for Spanish-speaking readers. To take applications, Healthy Families has trained a corps of "assisters." The program pays participating organizations \$50 for each application accepted; Santa Marta gives half to the assister, DuRoff said.

She said Santa Marta has seven assisters, all of whom speak Spanish. They staff a booth at health fairs, insert fliers in charity food baskets, and participate in various other hospital activities. Santa Marta used to assign assisters to its main lobby and pediatric clinics, but no longer does so because those sites produced few applications. The hospital now urges pediatric physicians to

refer eligible families to the hospital's business office, DuRoff said.

Only about a third of eligible California families had applied for benefits as of late May, according to a Healthy Families spokesperson quoted in the *Chronicle*. DuRoff said there were three reasons Hispanic immigrants were reluctant to apply:

- Fear of immigration authorities
- Flaws in the program (The original application form had 27 pages; it now has only four but remains "complicated," DuRoff said.)
- Premiums (Families must pay \$4 to \$9 a month for each child covered, a problem exacerbated by the fact that many immigrants lack credit cards or checking accounts, DuRoff said.)

"It's been difficult," DuRoff said. "We've done a lot to get the word out, but fear and flaws in the program itself have kept it from working as it was designed to do."

SETON HEALTHCARE NETWORK

Children's Health Matters in Texas has been hampered by the state's slowness in creating a CHIP, according to Sr. Helen Brewer, DC, advocacy consultant for Seton Healthcare Network, Austin, a member of the Daughters of Charity National Health System. Governor George W. Bush signed the legislation for CHIP in late May. Sr. Brewer said she hopes enrollment can begin in late spring 2000.

The federal government, which partly funds CHIP, allows each state to decide who qualifies for it. Sr. Brewer said healthcare advocates are pleased that the Texas legislature finally agreed to set eligibility at 200 percent of the federal poverty level. "We can now begin to fully implement the Children's Health Matters initiative as other states have done," she said.

In the meantime, Seton has been busy in its campaign to enroll eligible Austin kids in Medicaid, according to Diana Resnik, the network's vice president for community care. This has been made easier by the fact that Seton has a contract with Austin's public school district to provide the district's health program. Nurses and health assistants are stationed in each of the district's schools; they also staff a mobile health center. Since August 1998, school nurses have been identifying children eligible for Medicaid.

As part of Children's Health Matters, Seton has participated in a pilot program (sponsored by Daughters of Charity National Health System)

that provides an 800 number families can call to apply for benefits. Sr. Brewer publicized the program in meetings with groups of parents, social workers, case managers, parish nurses, and Catholic Charities staff members. She is currently involved in building a coalition—including Seton Healthcare Network, St. David's Healthcare Partnership, area school districts, and the Austin/Travis County Health and Human Services Department—to do outreach for CHIP.

Outreach is needed. Texas has about 1.4 million uninsured children—10 percent of the nation's total—according to Sr. Brewer. This figure includes nearly 500,000 children who are now eligible for CHIP. "Our challenge is to find them and get them enrolled," Sr. Brewer said.

Resnik noted that, as of spring 1999, outreach with the toll-free number had not produced the results Seton hoped for. Austin leads the state in referrals as a result of the phone effort, she said. "The bad news is that too few callers complete the enrollment process." The complexity of Texas's application form is one problem, but, as in California, the biggest barrier is fear.

"There is a lot of confusion out there, and not just among the people applying," Resnik said. "For example, the application form has a space for Social Security numbers—but many Hispanic parents are fearful. They don't know that the Social Security number is required only for those individuals applying for health coverage. A child cannot be denied Medicaid just because his or her parents fail to provide numbers for other family members. Unfortunately, too many of the people taking applications don't make that clear."

GETTING THE WORD OUT

The government's announcement should help clear up the confusion concerning legal immigrants. But, said Patrick Cacchione, vice president, advocacy and communications, Carondelet Health System, which serves many Hispanic immigrants, "We can't just declare victory and let it go at that."

Cacchione is cochair of Children's Health Matters. "Now that the government has finally made its decision, we must see to it that everyone in the immigrant community hears about it," he said. "And we also need to be diligent at the local level to make sure the INS [U.S. Immigration and Naturalization Service] follows the new rules."

—Gordon Burnside