InsureKidsNow.gov

Connecting Kids to Coverage

National Campaign

Continuing Medicaid & CHIP Outreach During COVID-19 to Keep Kids Covered and Getting the Health Care Services they Need

WEBINAR TRANSCRIPT | OCTOBER 29, 2020

Darshana Panchal: All right everyone. I think we are good to start the webinar. So, thank you so much for joining today's webinar. I am Darshana Panchal and I work with Porter Novelli public services as a contractor to support the connecting kids to coverage national campaign. And I'll be your moderator or emcee for today's webinar. And we really appreciate you joining today specifically for the continuing Medicaid and CHIP outreach during COVID-19 to keep kids covered and getting the healthcare services that they need. Before we dive into the great presentations that we have lined up for today's discussion, I wanted to pass it over to Amy Lutzky with the centers for Medicare and Medicaid services to set the stage. So, Amy.

Amy Lutzky: Thank you so much, Darshana. And again, thank you everyone for joining today's connecting kids to coverage national campaign webinar. We are really excited about the topic that we are talking about today. It's a really important one. As Darshana mentioned, we're going to be discussing the critical topic of continuing Medicaid and CHIP outreach during the public health emergency and efforts to ensure that children are getting the healthcare services that they need. We are going to start off with a presentation today by Kim Procter. She is in our data systems group, and she is going to be presenting a preliminary analysis that CMS recently posted on forgone pediatric care.

Amy Lutzky: This analysis includes key information from a dataset called the transformed Medicaid statistical information system. That is a mouthful. We refer to it as TMSIS and this data set that through this analysis shows that due to COVID-19, vaccination rates and primary preventative and mental health services among children in Medicaid and CHIP have declined dramatically. We know that there is a dangerous situation for our children since missed vaccines can contribute to outbreaks of long suppressed diseases and gaps in preventative care can lead to a serious condition or conditions going undetected.

Amy Lutzky: So, we would like to raise awareness on the call today about these unmet needs that we are seeing in this analysis. And in addition, we have also included two of our connecting kids to coverage partners on the call today, Laurie Combe, who's president of the national association of school nurses and Andrea Shore who's vice president of programs at school-based health Alliance to talk about strategies that their members are employing to ensure kids are getting the services that they need. And in addition, we will also be having one of our connecting kids to coverage outreach and enrollment grandkids, Njeri McGee-Tyner. She's the chief eligibility and enrollment officer of the Alameda health consortium. Join us as well. So, with that, I'm going to now pass off to Kim.

Kim Procter: Hey, thanks so much for the introduction, Amy. So, hi everyone. I'm Kim Procter and I'm a technical director in the division of business and data analytics and the data and systems group in CMCS at CMS. And today we're going to discuss the slides that CMS recently released regarding service use among Medicaid and CHIP beneficiaries, age 18 and under to highlight some of the patterns that are beginning to emerge regarding essential forgone services. And as the administrator has repeatedly emphasized as part of

this release, CMS really used this analysis as a call to action to do everything we can to make sure that children are connected back to the services that they need. And I also want to add that we do have a number of state specific results in these slides, and we didn't include those to focus on any particular states as a higher low performer.

Kim Procter: It was more just to highlight that there is substantial variation across states, and that it's really important to look further into the issue in your state or local environment. So, we're going to highlight those broad national trends, but there are a lot of differences across different environments. That's really important to focus on those contexts in terms of understanding what's happening. And always please feel free to follow up after the call if you have additional questions about anything that you've seen today. We're spending a lot of time analyzing these results, and we'd love to hear your questions and your input. Next slide please. So, this is just the table of contents. If you go online and look at these slides, it's a really long presentation, so this will help orient you if you want to follow up with this analysis after we're done today.

Kim Procter: Next slide. This first slide just provides an overview of the content, including a summary of Medicaid and CHIP, the methods that we use for calculating the COVID-19 treatment rates and some disclaimers about claims lag and the state specific data quality issues you might see. So, from a population perspective, we included anyone enrolled for at least one day in Medicaid and or CHIP who was age 18 or under. So, for this presentation, the results are based on July 10th submissions. That just means what states sent us in July, but we focused the analysis on the results for the end of May to account for that clean flag issue. We're going to talk more about that in a second, but it's basically that we wanted to be as accurate as we could be. So, we focus only through May for this presentation.

Kim Procter: From a treatment rate perspective, I want to highlight that CMS does not get lab results. We only get claims where a beneficiary received treatment for COVID-19. So, we don't know how many people enrolled in Medicaid or CHIP are positive or have been positive. We only know when they've actually received care for that positive diagnosis. And then I'm sure as everyone on the call is well aware, and we highlight on basically every slide in the presentation, we know that it takes a while for states to send claims to CMS for a variety of reasons. And we just want people to use caution when they look at this analysis. But with that said, we felt that the results were so significant that the trend would hold even as more claims were submitted. So, even given those disclaimers, what we see in the data we find very concerning. And so, we still wanted to put that out there to encourage this call to action. Next slide please.

Kim Procter: So, this just highlights the basics of Medicaid and CHIP and why the results are so important. There are nearly 40 million children covered by Medicaid and CHIP. This includes roughly 75% of all children living in poverty and many children with special healthcare needs. So, given that context, making sure these children receive the care they need is especially important. Next slide.

Kim Procter: So, before we dive into the results, I did want to take another moment to highlight that claims like issue that I just mentioned. So, as you're aware, CMS collects this information only for programmatic purposes, not for public health reasons. And that means that there will always be a lag between when a service occurs and when CMS actually has a record of that service in our system. So, the length of that delay can depend on a number of factors. It could be the state, it could be the claim type. It could be whether it's managed care fee for service. And then there might also be a longer claims lag due to the pandemic itself. So historically 90% of fee for service claims across all different claim types are submitted within seven months. And then 90% of encounters are submitted within 12 months. So, fee for service is faster than managed care normally.

Kim Procter: And then there's also significant variation across states. So, some states submit nearly 90% of their claims within only a few months while others stay closer to a year. So, on average states need about nine months to submit 95% of their claims. So, when this analysis was done for some of these months of data, there were only a couple of months of submissions. So, with that in mind, please keep in mind that the results will change over time as more claims are submitted. And that's some of the variation you'll see in the state results

could be associated with how fast they're submitting their claims to CMS. So, that's just a general disclaimer that's important to remember. We're looking at preliminary data about things that for us, we're trying to monitor in almost as real-time as possible. Okay. Next slide please.

Kim Procter: So, this slide highlights the key takeaway message. And if you didn't listen to anything else for the rest of the data presentation, this would be the key thing to remember, which is that we have seen a significant decline in primary preventative and mental services for children. We have seen a drastic increase in the utilization of telehealth, but that increase has not been nearly enough to offset the decline for in person services. And this decline has occurred even though the COVID-19 treatment rate for children appears to be low relative to other groups. When we completed this analysis, our data showed that fewer than 0.1% had received treatment for COVID-19 under Medicaid or CHIP. And we had fewer than a thousand hospitalizations at the time of this analysis. So, the treatment rate is relatively low for children, especially compared to other groups, but we are still seeing services declined drastically based on these initial results. Next slide, please.

Kim Procter: Okay. So now we'll move into the results. So, I want to start by saying, I know that there is a lot of information on these slides and it can be a lot to take in. And that we design them this way because we publicly released this presentation and we wanted each of these slides to stand on their own. So, if you read this at home, you would be able to follow it and understand exactly what it's saying. I promise I won't read every word that's on this slide to you. And then from a what is on the slides perspective? So, the headline tells you the main takeaway message from the data, with some additional information about the rates, so pegged to 1000 beneficiaries below. And then the charts will show a few years of data, the 2020 will always be the solid line, and then 2017 through 2019 will be those dash or dotted lines to help you have a reference benchmark.

Kim Procter: When you look at the bottom that shows you the number of loss services and the percentage change, that's always pegged to 2019. So, that will just help explain kind of like how to follow the slides if you go back and look at these on your own. And we focus on some of the key services that children receive, so we'll talk about it, a few of those content areas today, but I'm sure you could easily imagine lots of other services that children might be missing and things that are equally as important as what's in this analysis. And we would encourage you to examine them and to raise them to us as well. We know this was just a first path in terms of what's happening.

Kim Procter: So, the first two slides focus on vaccinations for children under two years of age, and they show that the vaccination rates have dropped drastically across the United States with 22% fewer during this time period, which translates to approximately 1.7 million missing vaccines. So, and as we've continued this analysis, and as we'll see in this chart, we're starting to see the levels start to level off or rise in May so that the decline generally speaking across all of these areas, the decline was very sharp in March and April. And the decline either starts to level off in May or even begins to pick back up, but it is not quite back at normal rates. So, this indicates that we need to not only return to prior year levels, but we also need to make up for all that care that we missed in the months in between. Next slide, please.

Kim Procter: And what this slide shows that there is substantial variation across states regarding vaccination rates. So once again, it's not really to compare states as much as it is to highlight that all states are different, and you might see a really different trend if you go look at a specific state or your local environment. So, I think the key takeaway message here, and this will be fairly consistent throughout the presentation, is that some states have already begun to return to pre pandemic levels, but other states are not starting that return and they're still missing thousands or even tens of thousands of vaccines for small children. So, there is a lot of variation across states in terms of what's happening. Next slide please.

Kim Procter: And here, you're going to see a very similar story as the vaccination slide, which is namely that preliminary data show that the number of child screening services declined through April. Although it did start to rise again in May, it is still substantially lower than prior years. And I do want to mention here that you'll see this very large seasonal increase at the end of summer, July, August, September, which normally coincides

with the school year starting. And we know that in many places, schools did not reopen for in-person learning. And so, this is one that we are absolutely continuing to monitor because we are concerned that kids might not be going back to those seasonal visits given that. So, we can't account for that here because we don't have enough time for the 2020 data, but that's absolutely something that we're focusing on.

Kim Procter: And so, for this slide, this translates to over 3.2 million fewer child screening services, and that March to May period, which is a drop-off of 44% compared to the same time period in the prior year. And as I mentioned, that's especially concerning given that we would normally see that large seasonal increase. So, for this, when you look at the screening rates, you'll see that they basically fell in half during these months as a pandemic. Next slide.

Kim Procter: And this deep variation slide is telling a similar story, primarily that there's significant variation across states. Some states are starting to rise already, which is great, but May levels are still below pre pandemic levels and nearly all states. Next slide. So, the next set of slides highlights dental services, which we have seen an enormous drop off in services. It translates to 69% fewer services, and that's nearly 7.6 million missing dental services during this time period. And as you can see from this slide, the treatment rate basically fell over 90% in April alone. So, it's an incredibly large drop and we really haven't seen this one start to recover. It's picking up in May, but it's still so far away from pre pandemic levels that it is particularly concerning. Next slide.

Kim Procter: And this is showing kind of the same trend here, but what you're seeing I think particularly on this one is that there was a drastic drop in nearly all states. So dental services basically fell everywhere, particularly in April. But there was significant variation across states in May in terms of that uptake and services again, and so we are continuing to monitor that as well to see if that uptick continues. Next slide please.

Kim Procter: Okay. So, the next three slides focus on mental health services for children. So, the first slide shows the decline in outpatient mental health services through May. The pink is the outpatient mental health services, and the green is telehealth. So, we kind of wanted to capture both things on this slide. So, what you're seeing, which I think is great, which is that the telehealth utilization for mental health services absolutely did increase drastically compared to prior year levels. But that increase was not nearly enough to offset the decline in just outpatient services. We measure a lot of different types of services that you can still see. Just outpatient services had an enormous decline. So even when we're accounting for the increase in telehealth, we still lost almost seven million mental health services.

Kim Procter: In telehealth, we still lost almost 7 million mental health services, which is especially concerning as preliminary evidence suggests that there's a growing mental health crisis due to the pandemic itself. So, this is absolutely something that we're very concerned about. Next slide.

Kim Procter: And this slide is showing that that preliminary state variation, and it's just reiterating that general trend that service use declined in nearly all states, but the rate of decline really varied across states. Next slide. Okay. And so finally, this slide shows that mental services delivered through telehealth among children spiked in April for some states, but it only increased slightly in others. And so, this is kind of getting at that, that very common theme we've been mentioning that there was a lot of variation in the use of telehealth. So, in some states they really could offset the loss of in-person services via telehealth, but in other states that did not utilize telehealth as much, you don't see that same offset. And so that's why understanding that variation across environment is so important. Next slide.

Kim Procter: And this slide is showing a map of the delivery of any service via telehealth. So those past few slides were just on mental health services, this is any service. So, this map shows the delivery of any service via telehealth to children in April. And we focused on April because that was the month where we felt the sharpest increase in telehealth utilization. So, if you go back and look at the slides, April's the month that you kind of see the biggest drop in in-person services, and there was a corresponding kind of increase in the

utilization of telehealth. So, we wanted to capture April specifically because there was just so much utilization of telehealth during this time period. And as you can see from this map, and it's much easier to visualize on a map than in the charts, but there's an enormous amount of variation across telehealth utilization and states. Next slide. The last one we were on was the telehealth map.

Kim Procter: I think we might've skipped a slide. Okay. So that's okay I can actually start from here for the, I can just go to the COVID because it tells the same. I think we might've skipped a slide, but it just tells the same story, which is there's a lot of variation across states. And we did also want to include, so those, all of the slides, we just talked about talk about service utilization and what's happening to children, but the final few slides focused on COVID-19 treatment rates specifically to help contextualize that foregone care. So, this slide is showing that many Medicaid and CHIP children have taken COVID-19 tests and that these programs have covered more than 250,000 tests for children 18 and under. Next slide.

Kim Procter: And this slide shows that about 32,000 Medicaid and CHIP beneficiaries under age 19 or less than 0.1% have received treatment for COVID-19 in 2020. And you'll see from this slide that there's obviously substantial variation in terms of the treatment rates across states, but generally speaking, it is a relatively low number of children that have been treated for COVID-19 and paid for via Medicaid and CHIP. Next slide.

Kim Procter: And then this is showing hospitalizations for COVID-19. And so, we're currently seeing that fewer than a thousand of our 40 million Medicaid and CHIP beneficiaries under age 19 have been hospitalized for COVID-19. So that's encouraging from a direct impact standpoint, but obviously, you know, the gist of the presentation is that those secondary effects of all the other services that children are missing are particularly concerning. And so, you can go to the next slide.

Kim Procter: This slide and the slide after this, I don't want to spend too much time on. This is really just showing the earlier in the presentation, when we talked about claims lag, it's focused on just broad, high level claims lag across all states for different claim types. And this is just showing inpatient claims and outpatient claims on the next slide. And it shows the variation across states. And the goal of these slides are that if you go look at the presentation and you want to dive into this more, you can see that there's a lot of variation across states. So, it just shows some states are really fast and some states are much slower and that absolutely does impact the results. And we would encourage you to keep that in mind as you review them. So, with that, that concludes our presentation of the forgone care.

Kim Procter: I welcome your feedback and questions, and I really appreciate your time.

Darshana Panchal: Thanks so much, Kim, for the presentation. We did have some questions come through earlier when you were presenting so I'll just pose some of those. Now we had a question come in. Are there resources that you could point programs to look out for state specific data?

Kim Procter: So, we are working on trying to gather the gathered state specific results. We have presented to states a number of times, and we have had states reach out to us about getting their specific state data. So, we absolutely can share state specific results with state this if they ask for those. And I think the other main thing that we're trying to do is we're trying to publish this information publicly as much as possible. So especially when there are maps, states can see what we are seeing in their data and the results that we're posting for them. So, we've had a number of meetings with states. We are working to share the results with states. So, we are absolutely thinking of that.

Darshana Panchal: Great. Thank you. And I think you may have touched on this a little bit in the slides before, but if you can elaborate a little bit more, there was another question that came in from Jacqueline. She's a pediatrician and is wondering, will you be discussing more about how states did best to achieve these results?

Kim Procter: So, I do think throughout the presentation, we'll be talking about the path forward from a policy standpoint. Amy, I don't know if you also want to weigh in there.

Amy Lutzky: Sure. So, I mean, I think our upcoming presentations from our partners and our Connecting Kids to Coverage outreach grantee, will be talking about some of the strategies that they've been employing.

Darshana Panchal: Okay. And I think the only other question that's come in is just if this presentation is going to be made available. I can answer that question. Yes. It will be. This presentation will be available on the insurekidsnow.gov website. And I do know that data is also available on the CMS website as well. And we will follow up with those links. Checking to see if there are more questions. One second.

Darshana Panchal: So, we have a question, schools are providing and refer and refer for mental health services. Do any of the data depend on school format, whether that's a hybrid or in-person?

Kim Procter: So this is a great question. And I think it's a really important one. And most of the services that are provided in school do not flow through to CMS. And so, I think that the presentation that you saw today probably really under counts, the number of services that are missing, because those services that are provided in schools are essential for so many children. And CMS as an agency, doesn't get them under normal conditions. So, we cannot even begin to quantify how many of those services have been lost. So, I think this is probably a conservative estimate of how much care has been poured on, particularly when we factor in how many services are often provided in the school setting.

Darshana Panchal: Great. Thank you. We do have another question, this may be good for Amy to speak to as well, but the question is families are being sent applications for renewal, but when they go online, it's showing that they aren't due for a renewal. Amy, is there anything that you could speak to about that?

Amy Lutzky: So that sounds like a very state specific question. So that would be really helpful actually to take that offline and be able to follow up with the individual to get some more information.

Darshana Panchal: Sure. Absolutely. We'll save all these questions, and I would include they're coming from and get that info to you.

Amy Lutzky: Great. Thank you.

Darshana Panchal: Trying to see if there are any others? So, I think some questions that I believe we're going to follow up on in the next portion of the presentation. So, I think we will push on forward and then hopefully the question is answered. We will have more time to ask questions later in the presentation as well so we will go ahead and move on.

Darshana Panchal: So, from this portion of the presentation, like Amy mentioned where we're going to be hearing from a few partners and grantees on strategies to promote enrollment and really to address children's unmet healthcare needs. So first up we'd love to invite Laurie Combe from the National Association of School Nurses. Laurie is the president of the Association, which aims to support school nurses working in communities where children and their family live, learn, work, play, and where they are. So, I will pass it to Laurie. Laurie, if you're talking, you might still be on mute. Well, we will try to figure out Laurie's audio. We can go ahead and have the next partner speak. So, we will have, Andrea Shore she is from the School-Based Health Alliance. Andrea is, she is the Vice President of Programs at the Alliance and oversees several organizations initiatives, including the Youth Safety Net Project, Hallways to Health, and the Partnership for Adolescent Sexual Health. So, Andrea, we'll have you go, and I'll help Laurie figure out the audio.

Andrea Shore: Okay, great. Thank you. Hi, I'm Andrea Shore. As Darshana mentioned, I'm with the School-Based Health Alliance and if you're not familiar with us, we work to improve the health of children and youth by

advancing and advocating for school-based healthcare. And one of the largest models within school-based health care that we help to represent are school based health centers. And just to let you know, if you're not familiar with that model, a school-based health center is a partnership between a school and a community health organization to deliver comprehensive health care, and that care can be delivered in person, at the school or near a school and, or the care can be delivered via telehealth, which is some of the most relevant care that's happening based on the sides Kim shared before. We know that there are a little over, well in our last count a few years ago, there were a little over 2,500 school-based health centers across the country, and those centers serve students in those schools and in neighboring schools and sometimes they are also open to others in the community like other family members of the students or the broader community.

Andrea Shore: So, when the pandemic hit, we've seen very much the same stories coming from the school-based health care field, as reflected in the slides that Kim shared. Some of the immediate changes were that because of course, many school buildings were closed, we found that many school-based health centers themselves needed to close, at least for their physical in-person care. So, in the spring, most school-based health centers closed at least temporarily. And we did find that at that time, over half of them or a little over half of them were offering services via telehealth. And that shift was really huge, just like for the larger healthcare system. Many school-based health centers were using telehealth to some extent before, so this allowed for an expansion, but for some, this was brand new to add telehealth and needed to quickly put that in place.

Andrea Shore: There were a small portion of school-based health centers that were able to stay open when the pandemic started. There were some special arrangements made with their host schools, such as some limited hours or through a separate entrance where some school-based health centers might have an entrance into the school at the side or back of the school building that could be used during the time that the rest of the school building was closed. And so, I wanted to share a little bit about what we've been hearing to give you some ideas of how school-based healthcare and school-based health centers are helping to reach students during these times, in case any of those are useful strategies for you and your community.

Andrea Shore: So of course, first and foremost, school-based health centers are using telehealth. And we've found that most our reporting with the launch of the school year, that they are continuing to operate with telehealth and, or in a hybrid format with some physical health and some telehealth care. Many school-based health centers are delivering telehealth to students in their homes, which I would imagine many of your programs are delivering care to children in their homes as well. And we've heard that school-based health centers who are serving students in the home are finding lots of new ways to deliver healthcare, lots of new and creative ways. For example, some are having parents or guardians in those appointments, serve as tele-presenters, especially for the younger students. We're hearing really creative ways that they are providing-

Andrea Shore: We're hearing really creative ways that they are providing services to adolescents at home and creative ways to keep confidentiality during visits with adolescents via telehealth in the home. Such as a student or an adolescent, taking a walk in their neighborhood or sitting outside the yard to have the confidentiality of space, or showing their room on the camera to show the provider that they're able to have a confidential visit without anyone else in the room.

Andrea Shore: We're hearing really creative ways that they are providing services to adolescents at home and creative ways to keep confidentiality during visits with adolescents via telehealth in the home. Such as a student or an adolescent, taking a walk in their neighborhood or sitting outside the yard to have the confidentiality of space, or showing their room on the camera to show the provider that they're able to have a confidential visit without anyone else in the room.

Andrea Shore: We've also heard about school-based health centers using this opportunity for virtual platforms to be delivering other types of care. So one, for example, talk to us about creating a virtual wellness center, where they've developed a website for students and families to access crisis information, health education, and mental health counselors. And we hear that some school-based health center staff are also able to use these

platforms in collaboration with school to come into some of the Zoom or other school-based platforms for education, in order to come in and do some outreach or health education services in partnership with school staff. Just to be able to show that they're still there, they're still able to offer some support and use it as an outreach strategy for the telehealth care that they're providing.

Andrea Shore: In regards to screening and prevention, some school-based health centers are still delivering this in-person care. We have many of them who are offering in-person care for more comprehensive screening and prevention visits, like well-child visits. And maybe sectioning off a portion of the day for those types of visits and then another portion of the day either for telehealth care for the acute and urgent care visits, or just to keep the patients separate and having more of the urgent and acute in-person visits happen in the afternoon.

Andrea Shore: We also hear from school-based health centers, what many of you may be hearing it in rural areas, which is using the parking lots to conduct care. Some of that is vaccinations happening through parking lots outside of school-based health centers or in school parking lots, and other types of care happening through car visits. And we're also hearing about school-based health centers partnering with schools to use the schools as a hotspot for students and families to come and sit in the parking lot and get access to internet care for a telehealth visit. So, a telehealth visit can be actually happening with the student or family in the car.

Andrea Shore: And then lastly, I'll just share that they are using some creative ways to outreach to students. As I mentioned, some are using partnerships with the schools that they work with to be able to meet with students in a group format via Zoom or other platforms. They're using social media a lot, creating videos and flyers to let students and families know they are still available, whether it's for both in-person and or telehealth care. And some are using some really targeted outreach to specific populations that they might know are even more vulnerable. Particularly, some that can put up here on the slides, really needing vaccinations or asthmatics and behavioral health care patients, specific outreach to them in order to schedule telehealth or those limited office hours of in-person care appointments.

Andrea Shore: So, I think that's what I'll share for now. And then if questions come up, I can share some other examples happening from the field. Thank you.

Darshana Panchal: Thank you so much, Andrea. And we'll leave some questions time for questions once all the partners and grantees are able to present. I do just want to check really quick. Laurie, are you able to hear me? Hopefully we can hear you.

Laurie Combe: Yes, [crosstalk] I can hear you.

Darshana Panchal: Yay. All right. Well, like I mentioned, we'll take questions after all the presenters have presented their topics, but we will go back to Laurie. Laurie, do you want to take it away?

Laurie Combe: Can you hear me?

Darshana Panchal: Yes, we can hear you.

Laurie Combe: Excellent.

Darshana Panchal: Perfect.

Laurie Combe: I seem to have an echo. Okay, here we go.

Darshana Panchal: All right.

Laurie Combe: I want to thank you for this opportunity to speak with you today about the ways in which school nurses connect students to care. NASN's vision is that all students are healthy, safe and ready to learn. And we know that schools serve as a safety net for children, providing a multitude of wraparound services that support both health and learning. And certainly, healthcare happens at schools.

Laurie Combe: So, to put things in context, we're talking about 55 million public school children. 25% of those public schools have no school nurse. 35% have a part-time school nurse, and 39% have a full-time school nurse. So, because school nurses improve attendance, improve immunization uptake and improve chronic disease outcomes, NASN believes this is a student health equity issue.

Laurie Combe: The school nurses have a crucial role in connecting kids to care. We provide some of those services directly to students through screening, vision, hearing, dental. We're assessing physical and mental health needs, providing interventions, referral, care coordination. We conduct surveillance for immunization uptake and drive compliance with state mandates and recommended vaccines. And then we're tracking trends in symptom presentation.

Laurie Combe: We often rely on partnerships with public health to deliver vision and dental services, and those services have been disrupted. And the data that Kim showed, show that dental care access is down. And we know that dental [inaudible 00:39:08] is the most common chronic illness in children. So, school nurses will be working within their communities to develop other partnerships that can help meet the needs of those underserved children.

Laurie Combe: School nurses spend a lot of time connecting families to insurance. For a child who has insurance, it's as simple as helping them find a provider in their network. Whereas schools have a partnership with a school based health center, school nurses refer students to those centers for assessment follow-up and ongoing care. And we consider that complimentary relationship with school-based health centers to really provide great holistic care to students when those partnerships occur.

Laurie Combe: School nurse facilitation of telehealth services assists families, whose jobs provide little or no family leaves. So, parents can remain at work and join a telehealth visit virtually and student health care needs can be met in that way.

Laurie Combe: And then school nurses often encounter children who are uninsured and so we work with parents and public health and our community partners, to find the appropriate health care resource, based on that family income and immigration status. We spend quite a bit of time helping identify students who are eligible for Medicaid and CHIP, assisting parents with that enrollment, and helping them and make sure that they're selecting plans that meet the needs of their child. For example, if a child wears glasses, then the school nurse can help that parent select the plan that meets their child's vision needs.

Laurie Combe: I want to say that Medicaid it is the only nationwide health insurance provider that allows for the reimbursement of medically necessary student health supports while at school. So, schools are providing Medicaid services. So, Medicaid really is a model that demonstrates that school health and related services are valid and reimbursable provider interventions, serving to improve health outcomes for students. And those reimbursable interventions may include vision, hearing, dental screenings, medication administration and management, care coordination for students with chronic health conditions, such as asthma or diabetes.

Laurie Combe: And also, the mental health care that we've talked about, prior to the pandemic of the 16% of children in the nation receiving mental health and behavioral services, 70% of those received those services at school. So, there's a huge portion of the population that needs that mental health support at school. And we know schools are witnessing the increase in the mental health needs of students as they return back to school during this pandemic. And so those numbers needing care will increase even more.

Laurie Combe: But what we have to remember is that 37 states and the District of Columbia have adopted the Medicaid Free Care Rule, which allows service reimbursement for all students, all Medicaid eligible students. There are 13 states where reimbursement is still limited to students identified for special ed, which means there's a large portion of the population who may be receiving Medicaid services at school, but it's not reflected in the numbers, in the data.

Laurie Combe: So, school nurses are addressing these healthcare related gaps, working to break down barriers to care, directly in their school communities. And Alamogordo, Public Schools in New Mexico, they use CARES Act funding and health services purchased. They used RV and refurbished it, and they're delivering school nursing, counselor contact information, food bank distributions, directly in those neighborhoods where children and families are living. They're going to bring COVID testing to those neighborhoods.

Laurie Combe: Parents are asking, "Why should my child be immunized if they're not in school?" And so school nurses are providing that education that demonstrates protecting school children from vaccine preventable diseases, protects the entire community from those diseases. They'll be delivering immunizations and doing some of the vision, hearing, dental screenings.

Laurie Combe: Pascoe County schools in Florida is partnering with their local health department. They brought onsite in the school district COVID-19 testing. Other schools are having drive through testing and immunization clinics. So we know the public wants testing and we offer them the bonus of getting their required and recommended immunizations at the same time.

Laurie Combe: Other schools that are open are utilizing school located vaccine events to bring up those immunization rates. And of course, they're deploying all the appropriate COVID-19 mitigation strategies to make sure that's a safe enterprise. And I work here in Texas, and we are beginning to deploy rapid COVID-19 tests in our schools. So, school nurses know that with better health, there is better learning. And we help achieve these outcomes by connecting kids to care.

Darshana Panchal: Thank you so much, Laurie. All right. And I know we are cutting close to the hour so we will pass it over to Njeri McGee-Tyner. Njeri is the chief eligibility and enrollment officer at Alameda Health Consortium. And they are also a 2019 Healthy Kids Outreach and Enrollment Cooperative Agreement Grantee, which aims to support efforts and enroll and retain eligible children in Medicaid and CHIP. So I will pass it over to Njeri.

Njeri McGee-Tyner: Hi, good morning, everyone. Well, it's morning here; I'm in California. So, thank you. It was good to hear the strategies that Andrea and Laurie mentioned. We are kind of doing similar things here in California. So, we are, if you're familiar, we're kind of in the San Francisco Bay area, with an association of eight communities that we qualify as health centers. We serve just about over, I don't know, about 130,000 Medicaid patients at our clinics, and we see about over a third of our county's Medicaid patients are served at our community health centers.

Njeri McGee-Tyner: So, not to, I'll kind of move along. So, I'm very happy to speak today and share how we are pivoting during this pandemic and unprecedented time. Of course, the majority of our assistance is in-person right now. We've had many patient flows shift at the start of the pandemic through current, where we have to think of new ways to assist our children and their new ways to assist our children and their parents. We're getting assistance...wel,l screened and getting assistance with Medicaid enrollment.

Njeri McGee-Tyner: So, a part of that also is helping the staff understand all the eligibility flexibility. So, the state put out all these different flexibilities, which was a good thing, but making sure the staff was updated with these changes was very important. So, we had to train our staff, ongoing, our enrollment is staffed at our health center sites, in terms of documents that can be dropped off, or what signatures are weighed, or how they can give a self-attestation of income, similar to a note saying, "I lost my job. I have no income." There was

emergency pandemic funding that those resources, some of those payment resources were omitted from the countable income. And so that was important so that we're not including income that doesn't have to be included.

Njeri McGee-Tyner: And then again, with the renewals being delayed in processing, we had to kind of then explain to all the families who we helped get on Medicaid early on that, "Okay. Well, yeah. Your renewal is due, and you should complete it and get it in, but process it right now." You know? So that was a whole new training that we had to kind of make sure this information had to... was provided to the communities of what is happening, and how all these flexibilities working to benefit those who are eligible for Medicaid.

Njeri McGee-Tyner: So, even our County Social Services offices who administer our Medicaid and CHIP program, they had lobby closures. So that changed the flow. They still were providing assistance, but they were doing it in a different way. But of course, the community was just like, "Oh, everything's closed. What are we going to do?" And so, we had to make sure the community was aware that, one, the lobbies are just closed, but they could still get assistance. But more importantly, we're here to assist you get enrolled in Medicaid and making sure that your coverage is maintained. So, our community outreach shifted. There were so many safety measures in place. So, this did have an impact on our back to school campaigns, being that we have just about 17 school-based health centers and the whole schools... there was some opportunity to do some tabling with the precautions, as kids were picking up their books and laptops, and some schools still presented or provided meals, lunch... well, breakfast and lunch for children who could still come by the school in a drive-by manner, and pick up meals. And so, we were trying to... any opportunity where there is a kid and a parent, let's see if we can get a flyer somehow in a packet or in a food bag distribution.

Njeri McGee-Tyner: So, I think more importantly, just kind of quickly mentioning some other strategies. We also have creative ways that we're trying to speak to parents, and help them get covered through Zoom presentation. I know everybody is Zooming now. I'm surprised we're not Zooming on this webinar. It's like Zoom is...It's just... Everybody's Zooming. So, we figured out a way to do the Zoom through a secure way, HIPAA-compliant way where we can discuss, or with groups to educate them about Medicaid enrollment, and the process. We partner with food pharmacies where there are so many families in need right now of food in our county, well, everywhere probably. But specifically, we're making sure that flyers are getting into those food bags. And we use a lot of the flyers from the InsureKidsNow website. So those palm cards are very nice in size to be able to put in a food bag, or in a packet of some sort.

Njeri McGee-Tyner: We're doing social media outreach, and continuing to partner with our faith-based communities, WIC, and our libraries, whatever limited services there are available. We're just trying to look at an opportunity of, "Hey, how can we get you... email you a flyer to share with your networks?" Or, "How can we come do a quick tabling?" something that... being mindful all the precautions. So, I'll just kind of try to wrap up for the second time. But one key thing is making sure that the enrollment staff are authorized reps, using those authorized rep forms, because during this time, we can better support the application process, and kind of address any delays, or if there's documentation that's needed, being able to be an authorized rep for that family can better support them when making sure they're successful in getting enrolled.

Njeri McGee-Tyner: And again, as we're slowly phasing back into in-person because we keep dropping all these different levels, these different color levels of, "Okay, now you can do this. Now you can do that." So we're trying to make sure we're taking precautions with the screening questions, mass hand sanitizing, but we're trying to encourage those who can come in and get assistance, that they... we're available. So we're kind of doing both options. And of course, we're in a unique position to provide enrollment assistance at the point of care, right? When kids are showing up for their wellness check, dental visits, immunizations, flu shots, we're like, "Okay, we have an opportunity."

Njeri McGee-Tyner: And then I think as was already mentioned, we are also partnering with the COVID testing sites and contact tracing that's starting as well because this is an opportunity to... All those families and

community members who were coming to get tested for COVID, "Hey, we need to be out there passing out flyers, outreaching about Medicaid and CHIP, and just making sure that people know they have an option to get one-on-one assistance, whether that's in person safely, or over the phone. So I'll just leave it there. There may be questions in the last three minutes. Sorry if I had spoke so fast.

Darshana Panchal: Great. Thank you so much, Njeri. And to your point about the time, excuse me, I do know that we have a few more slides to talk about some resources that may be helpful for the group. So, I know there are a few questions still unanswered in the Q&A. We will definitely save this chat, and make sure that we follow up with responses to these questions if we don't get to them before the hour. But thank you so much for sharing, the three of you. We really appreciate it.

Njeri McGee-Tyner: You're welcome.

Darshana Panchal: And actually, before we do jump into the next few slides, I did want to just further clarify something that Kim was talking about in regards to services that are being offered at schools. I think what she wanted to follow up on was CMS will receive claims for any services directly billed to Medicaid, but because every state bills school-based services differently, they might not be able to identify them as school-based services. And then further, lots of services are delivered in schools to Medicaid beneficiaries, but not billed directly to CMS. So, in that case, they would not have a record of those services. So, just wanted to follow up with that clarification. I know there were a few questions about that in the Q&A, and we're more than happy to further expand because I know we are reaching time.

Darshana Panchal: So, I may be flipping through these slides fairly quickly. But as a reminder, my name's Darshana Panchal. I work to support the Connecting Kids to Coverage National Campaign. And I'm here to provide some updates on the latest initiatives and some resources that may be helpful in your outreach, as specifically relevant to the data that we've discussed today, and on routine care, immunizations and vaccinations.

Darshana Panchal: So, as a reminder, one of the main goals of the National Campaign is to create opportunities for families to get enrolled. We launched our Peace of Mind campaign earlier this year, in the spring of 2020, which really aims to help parents rest easy, knowing their children and teens have access to essential medical care without jeopardizing their financial security. For this initiative, we have developed a number of new resources, we've distributed a national public service announcement, and there are many, many materials that are available on our website, InsureKidsNow.gov.

Darshana Panchal: In line with our Peace of Mind campaign, another focus right now really is on immunizations, particularly for the seasonal flu and routine care. And as we heard from Kim, many routine well-child visits have been postponed this year because of COVID. So really this initiative is focusing on not only can the flu vaccine keep kids healthy, but it can keep the people around them safe, and that Medicaid and CHIP cover recommended routine vaccines, which includes for the seasonal flu. The campaign is working to make available many new resources around this initiative, such as videos, infographics, social media content, and much more. So please be on the lookout. Definitely visit InsureKidsNow often. We are frequently posting new resources on there, all for free, all for you to use.

Darshana Panchal: One of our newer resources that we did want to highlight just quickly is the Social Media Toolkit. This resource might be particularly useful and interesting right now, especially when traditional outreach practices like getting flyers into schools or into school info packets, setting up booths may not be possible right now. So, this toolkit is specifically designed for Medicaid and CHIP outreach. It covers a variety of things in terms of how you can leverage social media to reach parents with kids who may be eligible. So, we highly encourage you to check this out. It is already on the website, and we'll definitely follow up a link to this toolkit after the webinar.

Darshana Panchal: And just as a reminder, the campaign does offer material customization of a lot of its print materials. This is free of charge. Organizations can request up to five resources per month, and a lot of these materials are available in 13 different languages. The customization will typically take about two weeks, and you can email the request to MultimediaServices@cms.hhs.gov. And if you need any more information on customization, there is a guide on our website on how to submit your request. And I know we are very much out of time. Like I mentioned earlier, any questions that are in the Q&A, even if people are adding in questions right now, we will try to... we will follow up after the webinar with any links to resources that may be helpful, or resources that were discussed today.

Darshana Panchal: And we greatly encourage you to keep in touch with us. Like I mentioned, if you have a question, please email us at ConnectingKids@cms.hhs.gov. Follow us on Twitter, and if you haven't already, please sign up for our eNewsletter to stay in touch with the campaign. With that, I know we're two minutes over. I appreciate people who have stayed on. If there are any more questions that you would like us to circle back on, please feel free to put it in the Q&A. Otherwise, you will definitely hear from us with links to these resources, and a follow-up to your questions.

Darshana Panchal: We'll leave the Q&A open just for a few minutes in case there are any other questions that people want to type in. Otherwise, thank you so much for joining today. We'll conclude, and have a great rest of the day.