

The book cover features a vibrant blue background. On the left side, a yellow ladder extends from the bottom towards the top. Several stylized, yellow, fluffy clouds are scattered across the scene, with one large cloud in the center-right containing the title text. The overall aesthetic is clean and modern.

Simplifying Access to Improve Outcomes

By Ginger Zielinskie



It's time

to start thinking about the safety net differently. A net is designed to trap or ensnare—no agency wants people to get stuck in a net of services. Human service agencies and the public- and private-sector organizations that collaborate with them want to help people move up and out to a better, independent, more economically stable and healthy life. We need to begin to look at the safety net more like a safety ladder. Interconnected rungs, strengthened by streamlined service delivery and better cross-program integration and coordination, can create a supportive and sturdy ladder that provides comprehensive support and guidance for people climbing their way to better health and economic outcomes—a *better life*.

Benefits Access Leads to Improved Outcomes

It's true. The research is clear and compelling. Access to public benefits—such as food assistance, health insurance, and prescription assistance—leads to improved positive social, economic, and health outcomes for children, families, and seniors.

- Pediatric researchers from Children's HealthWatch demonstrated that access to the Supplemental Nutrition Assistance Program (SNAP) and other federal nutrition programs reduces child food insecurity, leading to fewer hospitalizations, improved school performance, and long-term economic success.¹ A study published by the National Bureau of Economic Research found that food stamp access has quantifiable health outcomes in utero and during early childhood. Their findings suggested that the benefit had positive effects on children decades after initial exposure and showed a significant reduction in health-related incidences of obesity, high blood pressure, and diabetes.²
- A unique randomized control demonstration in Oregon found that Medicaid enrollees have better physical and mental health, increase compliance with preventive care and prescription regimens, and see a reduction in financial hardship in comparison to the control group that

did not have access to public health insurance.³

- Participation in the prescription assistance program PACE (Pennsylvania's Pharmaceutical Assistance Contract for the Elderly) has proven to directly improve the health and well-being of participants, delay entry into long-term care settings, and significantly reduce Medicaid expenditures.⁴

The tangible, long-term, positive outcomes outlined above clearly illustrate that benefit programs are extremely effective in reducing food insecurity, improving long-term economic performance, and increasing positive health outcomes. Now it is our responsibility to connect the rungs of our safety ladder. We must utilize resources available to reduce barriers to access, increase coordination, and ensure that eligible children, families, and seniors are able to get the help they need when they need it most so that they can continue to climb the ladder toward a healthier and more financially independent life.

A Data-Driven Approach to Improved Outcomes

Data-driven strategies that target outreach, simplify the applications process, and decrease the time required to determine eligibility have been successful in both increasing access and decreasing administrative costs. Federal agencies, including the Department of Health and Human Services (HHS) and the Department of Agriculture's Food and Nutrition Service (FNS) have embraced this approach and developed cost-effective, data-driven program options to increase participation in public benefit programs.

Express Lane Eligibility (ELE) is one such strategy that allows state

Medicaid agencies to use eligibility determinations from other programs (like SNAP) to enroll eligible children into coverage. Since being authorized by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), 13 states have adopted this strategy in some form.⁵

In May 2013, the Centers for Medicare and Medicaid Services (CMS) promoted a similar enrollment strategy, offering waivers to states interested in using SNAP enrollment data to enroll eligible households into newly expanded Medicaid programs.⁶ As of this writing, CMS has approved at least five states to implement this strategy. Initial results are extremely promising.

Beginning in 2010, Benefits Data Trust, in partnership with Pennsylvania's Departments of Public Welfare and Aging, launched the BenePhilly Demonstration to increase SNAP participation among seniors using a data-driven approach. BenePhilly leveraged individual enrollment data from Pennsylvania's Medicaid, LIHEAP, and the State Prescription Assistance Program (PACE/PACENET) to conduct targeted outreach to likely eligible seniors. Once contacted, the agency used verified income and expense data whenever possible to complete a SNAP application. Using data that had already been collected and recently verified by the state agency made it possible for seniors in need to apply for SNAP in one phone call without requiring cumbersome paper documentation. BenePhilly proved extremely successful, increasing senior SNAP participation in Philadelphia by more than 20 percent in less than two years.⁷

The Low-Income Subsidy application's effective use of an opt-out strategy allows application information to trigger an application for the Medicare Savings Program, thus



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helping seniors pay for prescriptions and cover their Medicare Part B premiums. Further maximizing the data permissions granted through the LIS application, Benefits Data Trust (BDT) worked with PA Department of Public Welfare to create a deemed eligibility demonstration for SNAP. BDT used application information collected and verified by Social Security to start and streamline a SNAP application for seniors. Similar to the BenePhilly Demonstration, this project proved to be extremely effective in helping limited income seniors access SNAP, especially in rural areas. In this instance, one application provided data to help older Pennsylvanians gain access to three valuable benefit programs.

What About Privacy?

When I speak with state administrators about these strategies, I often hear initial concerns about privacy. Agency lawyers instinctively jump to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to block data-driven innovations. It is critical to understand that HIPAA clearly enables government benefit programs to use protected health information to support eligibility determinations.⁸ Second, simple changes like opt-out clauses provide individuals with the opportunity to allow their data to be shared in order to help them access additional benefits and services. We, as a sector, must continue to be vigilant about data security and individual protections, but also must continue to be forward thinking and develop a better understanding of state and federal privacy laws. Strong leadership that understands the value of data-driven strategies must support and encourage its staff not only to understand what laws are applicable and what laws are not, but

also provides the opportunity to pilot and demonstrate the effectiveness of targeted outreach, deemed eligibility models, and administrative transfers.

What About Costs?

Using valuable resources and effective strategies is what we should expect from our government agencies—it is good government. Data-sharing, combined with targeted outreach and enrollment assistance, represents the most efficient and cost-effective approach to benefits enrollment because it is person-centered (meaning one touch to enroll in multiple benefits) and leverages modern technology.⁹ Evidence also shows that Express Lane Eligibility processes dramatically cut caseworker time needed to determine eligibility. South Carolina saved an estimated 50,000 man hours per year by implementing Express Lane Eligibility for CHIP.¹⁰ As human service agencies grapple with large caseloads, it is critical that we broadly explore how data-driven approaches, supported by more integrated systems and service delivery models, can support more streamlined work processes for caseworkers and simpler enrollment processes for vulnerable communities.

While it is true that increased participation in public benefits will increase government spending in the short term, a robust body of research (as described above) proves that benefits access can lead to long-term savings to the government due to the improved health and economic security of program participants.¹¹

Moving Forward Toward Integration

Opportunities to help kids thrive in school, to enable individuals and families to be healthier, and to support seniors to age at home, with dignity,

are available to us. State and federal agencies have power in the data they control to break down unnecessary barriers and increase access. By utilizing the verified data available, it is possible to make service delivery more integrated, streamlined, and cost-effective. By creating a strong and connected ladder of services and programs, we have the power to build a stronger and more streamlined delivery system that can comprehensively support individuals on their paths to better physical, emotional, and economic health. ■

Reference Notes

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