



Stemming the Tide in Pennsylvania

Signs of trouble

Glitches associated with Medicaid were nothing new in Pennsylvania, but as of early September 1998, medical assistance rolls were declining precipitously. As families left TANF, many also lost Medicaid. Since July 1996, 54,000 children throughout Pennsylvania had lost Medicaid benefits; 20,000 of those children were residents of Philadelphia. The number of families affected alarmed advocates, particularly Pat Redmond, health director of the Philadelphia Citizens for Children and Youth (PCCY), Ann Torregrossa, director of the Pennsylvania Health Law Project (PAHLP), and Richard Weishaupt, senior attorney at Community Legal Services (CLS). All three groups were seeing families who lost benefits that they needed and were entitled to. Concerned, the three organizations came together to look at cases, analyze data, and develop a strategy to deal with the problem. A large existing coalition on children's health care also contributed information about how this issue affected the community.

Working together

The coalition already had a working relationship with the state, meeting regularly with top officials to discuss Medicaid issues. As longtime advocates for children and health care, they were well aware that many children were not receiving the care to which they were entitled under federal law. Since, under federal law, children and adults are permitted up to 12 months of Medicaid coverage after leaving welfare for work and since any early termination means a loss of benefits, the coalition met with state leaders to discuss the policy and legal implications of the losses.

State leaders and advocates discussed at length the numbers of parents and children losing Medicaid and began to work together to discover the reasons for the decline. An analysis of case data showed that caseworker or computer error was responsible for some families and children losing benefits; in other cases, there were system problems that needed to be identified and fixed. The state and the advocates began to agree on the nature of the problems, but they did not agree initially about how to solve them. Unresolved issues included what the time period allotted for reinstatement of those families who had lost Medicaid should be and what should be done to prevent future terminations.

Throughout negotiations, the coalition collaborated rather than having one group take the lead. Working cooperatively, they developed an agenda for meetings with the state, designed an approach, and determined who would lead on specific points.

The coalition's efforts were bolstered by the support of other groups and individuals such as the western Pennsylvania-based Consumer Health Coalition and Louise Brookins, chair of the Medical Assistance Advisory Committee and the Income Maintenance Advisory Committee. They also benefited from constant feedback from people working in the field, who encouraged them to continue.

Spreading the word

A key element to the effort's success was the high level of awareness of the Medicaid problem in the community. The coalition worked with community leaders, hospitals, and the media to make sure that the public was aware that the loss of Medicaid was unnecessary and could be reversed. Local groups placed ads in community newspapers on how to maintain Medicaid coverage; the *Philadelphia Inquirer* ran a story and editorials on the loss of coverage; and families whose benefits had been terminated continued to call CLS, PAHLP, and PCCY for assistance.

Ten months after the process began, and after many meetings with the coalition and with the regional HCFA office, the state decided to reinstate 32,000 parents and children who had lost Med-

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icaid when they left welfare. Of this group, 24,000 were children and half were from Philadelphia. Even though the coalition did not achieve everything it believed was necessary, such as self-declaration for benefits and some data checks for eligibility, it was successful in working collaboratively with the state to reinstate people and to make important policy and procedural changes to prevent this problem in the future.

When this agreement was reached, the groups called a press conference to publicize the reinstatement and to assist the state in getting the word out. The positive media coverage at the press conference was favorable to both the coalition and the state.

Lessons learned

Torregrossa believes a variety of things contributed to the coalition's success in fixing the problem of Medicaid terminations. She credits state officials who wanted to do the right thing, a strong working relationship between the state and the coalition, the cooperative development of data within the coalition, and the state's understanding of the dangers of adverse media attention. She suggests that other advocates document their findings, challenge the state to question its procedures, and decide which system fixes can be implemented. The goals should be to hold on to the people already enrolled and to reach large numbers of people who are eligible. While Torregrossa understands that the process of ending improper Medicaid terminations may be uncharted waters for some advocacy groups, there is now a precedent. Compliance campaigns in Washington and Maryland used Pennsylvania's example to successfully end illegal Medicaid terminations in their states. Advocates may not always know what their next step will be, but Torregrossa's advice is simple: "Do it!"

The advocacy team know that the work of ensuring Medicaid for families leaving TANF is complex and will require long-term monitoring. They intend to keep working with state officials until all children and parents have the health care benefits they need and deserve.