

## **Strengthen the Evidence for MCH Programs: Environmental Scan of Strategies**

### National Performance Measure (NPM) #15: Adequate Insurance Coverage *Percent of children 0 through 17 who are adequately insured*

#### **Introduction**

This environmental scan identifies collections of strategies to advance performance for NPM #15, Adequate Insurance Coverage. The information provided in this document focuses on strategies to achieve the NPM, not on the content of care or specified health outcomes. Please note that the quality of the evidence in this compilation has not been evaluated, and that data sources describing a single strategy, rather than a collection of strategies, have been excluded.

This compilation includes the following sections:

- **Reviews and Compilations:** Identifies existing compilations for strategies that intend to improve performance for each measure
- **Frameworks and Landmark Initiatives:** Frameworks includes conceptual models underlying strategy implementation; Landmark Initiatives include seminal programs/policies related to the NPM
- **Data Sources:** Indicates sources, search criteria, links to search strategy and selected organizational websites
- **Inclusion and Exclusion Criteria:** Denotes types of studies, setting, populations of interest and exclusion criteria

Technical assistance for State Title V MCH programs related to using evidence to inform State Action Plans, selection of strategies, and development of evidence-based or evidence-informed Strategy Measures may be requested at <http://www.semch.org/technical-assistance.html>

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*Strengthen the Evidence Base for MCH Programs is a collaborative initiative of the Women's and Children's Health Policy Center at Johns Hopkins University, AMCHP, and Welch Medical Library. This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC28257, MCH Advanced Education Policy, \$1.65 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*

## Reviews and Compilations

Review/Compilation	Summary	Web Link
Bachman et al. (2012) State Health Care Financing Strategies for Children with Intellectual and Developmental Disabilities. <i>Intellectual and Developmental Disabilities</i> . [Target <sup>1</sup> : C,D,E,H]	<ul style="list-style-type: none"> <li>• Summary of state financing initiatives created to expand coverage, alleviate family financial hardship, and provide health and support services for children with intellectual and developmental disabilities</li> <li>• Identifies initiatives through interviews of representatives from Title V CYSHCN, Medicaid programs, and Family Voices</li> <li>• Programs and policies include:               <ul style="list-style-type: none"> <li>○ Benefits counseling</li> <li>○ Care coordination</li> <li>○ Consumer- and family-directed care</li> <li>○ Flexible funding: Trust and relief funds</li> <li>○ Mandated benefits for specialized services</li> <li>○ Medicaid buy-in programs</li> <li>○ Specialized medical day care and respite and day camps</li> <li>○ TEFRA Medicaid eligibility option for children</li> </ul> </li> </ul>	<a href="http://dx.doi.org/10.1352/1934-9556-50.3.181">http://dx.doi.org/10.1352/1934-9556-50.3.181</a>
Clary & Wirth. (2015). State Strategies for Defining Medical Necessity for Children and Youth with Special Health Care Needs. <i>The National Academy for State Health Policy</i> . [Target: H]	<ul style="list-style-type: none"> <li>• Delves into the challenges faced by states in determining medical necessity under EPSDT, and considers emerging issues that may affect state EPSDT policy in the future</li> <li>• Explores various state approaches for:               <ul style="list-style-type: none"> <li>○ Setting the parameters for medical necessity</li> <li>○ Using evidence to define medical necessity</li> </ul> </li> </ul>	<a href="http://www.nashp.org/wp-content/uploads/2015/10/EP_SDT.pdf">http://www.nashp.org/wp-content/uploads/2015/10/EP_SDT.pdf</a>
Comeau, M. (2014). New England Children with Genetic Disorders and Health Reform: Information and Recommendations for State	<ul style="list-style-type: none"> <li>• Describes the advantages and barriers that exist in current health insurance policy, as it relates to children with genetic disorders</li> <li>• Lists various opportunities to improve care and coverage for children with genetic disorders</li> </ul>	<a href="http://hdwg.org/sites/default/files/NEGC-Policy-Brief-2014.pdf">http://hdwg.org/sites/default/files/NEGC-Policy-Brief-2014.pdf</a>

<p>Polymakers. <i>The New England Genetics Collaborative</i>. [Target: H]</p>	<ul style="list-style-type: none"> <li>• Includes a host of policy recommendations - both under the Affordable Care Act and other options</li> </ul>	
<p>Dubay &amp; Kenney. (2003). Expanding Public Health Insurance to Parents: Effects on Children's Coverage Under Medicaid. <i>Health Services Research</i>. [Target: D,G]</p>	<ul style="list-style-type: none"> <li>• Analysis on data from 1997 and 1999 National Survey of America's Families.</li> <li>• Conclusion: expanding parents' public health insurance benefits children via increased Medicaid participation</li> </ul>	<p><a href="http://dx.doi.org/10.1111/1475-6773.00177">http://dx.doi.org/10.1111/1475-6773.00177</a></p>
<p>Jia et al. (2014). Strategies for Expanding Health Insurance Coverage in Vulnerable Populations. <i>Cochrane Database Systemic Review</i> [Target: D,G]</p>	<ul style="list-style-type: none"> <li>• Objective: to measure the effectiveness of strategies employed to expand health insurance coverage to vulnerable populations</li> <li>• Examined 182 articles; Included two U.S. studies (Flores, 2005 &amp; Gordon, 2005) that focused on uninsured children</li> <li>• Effective strategies based on the findings: <ul style="list-style-type: none"> <li>○ Provide intensive case management</li> <li>○ Offer insurance information and application assistance</li> <li>○ Communicate with insurer to assist with enrollment</li> </ul> </li> </ul>	<p><a href="http://dx.doi.org/10.1002/14651858.CD008194.pub3">http://dx.doi.org/10.1002/14651858.CD008194.pub3</a></p>
<p>Johnson, K. (2010). Managing the "T" in EPSDT Services. <i>The National Academy for State Health Policy</i>. [Target: D,E,H]</p>	<ul style="list-style-type: none"> <li>• Explores the reasons behind why many stakeholders do not fully understand the "Treatment" component of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program (e.g. the "T" in EPSDT)</li> <li>• Focuses on how states can improve access to treatment services in EPSDT</li> <li>• Strategies utilized by state Medicaid agencies and partners <ul style="list-style-type: none"> <li>○ Gather and report data on referrals and treatment</li> <li>○ Focus on quality improvement</li> <li>○ Identify children with special health care needs</li> <li>○ Enhance and improve support for the medical home and case management/care coordination</li> </ul> </li> </ul>	<p><a href="http://www.nashp.org/sites/default/files/ManagingTheTinEPSDT.pdf">http://www.nashp.org/sites/default/files/ManagingTheTinEPSDT.pdf</a></p>

	<ul style="list-style-type: none"> <li>○ Clearly communicate with families and providers about what treatment services are covered by EPSDT</li> <li>○ Maintain improved policies and procedures</li> </ul>	
Men et al. (2011). Expanding Health Insurance in Vulnerable Groups: A Systematic Review of Options. <i>Health Policy and Planning</i> . [Target: D,E,G]	<ul style="list-style-type: none"> <li>● Over 20,000 articles screened, but only 86 documents included (72 USA, 5 Africa, 6 Asia, 2 South America)</li> <li>● Six strategies emerged: <ul style="list-style-type: none"> <li>○ Modify eligibility criteria</li> <li>○ Increase awareness</li> <li>○ Offer an affordable premium</li> <li>○ Enhance health care delivery</li> <li>○ Improve the organization and management</li> </ul> </li> </ul>	<a href="http://dx.doi.org/10.1093/healthpol/czq038">http://dx.doi.org/10.1093/healthpol/czq038</a>
Racine et al. (2014). Children's Health Insurance Plan (CHIP): Accomplishments, Challenges, and Policy Recommendations. <i>Pediatrics</i> . [Target: D,G,H]	<ul style="list-style-type: none"> <li>● Lists CHIP accomplishments, challenges and policy recommendations</li> <li>● Recommendations include: fully fund CHIP through 2019, expand program awareness and access for eligible children, support quality measurement provisions incorporated into CHIPRA, etc.</li> </ul>	<a href="http://dx.doi.org/10.1542/peds.2013-4059">http://dx.doi.org/10.1542/peds.2013-4059</a>
Swartz et al. (2015). Reducing Medicaid Churning: Extending Eligibility For Twelve Months Or To End Of Calendar Year Is Most Effective. <i>Health Affairs</i> . [Target: H]	<ul style="list-style-type: none"> <li>● Policy strategies to reduce Medicaid churning and provide continuity of coverage for beneficiaries <ul style="list-style-type: none"> <li>○ Annualize income</li> <li>○ Extend coverage by three months</li> <li>○ Extend coverage to end of calendar year</li> <li>○ Grant coverage for twelve continuous months</li> </ul> </li> </ul>	<a href="http://dx.doi.org/10.1377/hlthaff.2014.1204">http://dx.doi.org/10.1377/hlthaff.2014.1204</a>
The Catalyst Center [Target: C,D,E,H]	<p>Build Capacity</p> <ul style="list-style-type: none"> <li>● Lists strategies to acquire services in ways that enhance quality or delivery of care</li> <li>● States can build capacity through financing or support of: <ul style="list-style-type: none"> <li>○ Quality-focused managed care purchasing agreements</li> </ul> </li> </ul>	<a href="http://www.hdwg.org/catalyst/build-capacity">http://www.hdwg.org/catalyst/build-capacity</a>

	<ul style="list-style-type: none"> <li>○ Specialty managed care plans</li> <li>○ Primary care case management and fee-for-service enhancements</li> <li>○ Medical home support</li> <li>○ Disease management programs</li> <li>○ Consumer/family directed care models</li> <li>○ Parent and peer navigation programs</li> <li>○ Telemedicine</li> <li>○ Youth transition services</li> <li>○ Outreach and enrollment strategies</li> </ul>	
	<p>Close Benefit Gaps</p> <ul style="list-style-type: none"> <li>● Lists strategies to enhance coverage for CYSHCN whose health insurance does not cover important health care expenditures</li> <li>● Strategies include: <ul style="list-style-type: none"> <li>○ Medicaid Buy-in Programs</li> <li>○ Mandated Benefits</li> <li>○ Enhanced CHIP Benefits</li> <li>○ Enhanced Title V Funding</li> <li>○ Diverse Approaches to Early Periodic Screening, Diagnosis and Treatment (EPSDT)</li> <li>○ Maximizing Private Coverage</li> </ul> </li> </ul>	<a href="http://hdwg.org/catalyst/close-benefit-gaps">http://hdwg.org/catalyst/close-benefit-gaps</a>
	<p>Cover More Kids</p> <ul style="list-style-type: none"> <li>● Lists strategies to reduce rates of uninsured children with special health care needs</li> <li>● Strategies include: <ul style="list-style-type: none"> <li>○ Expand CHIP eligibility</li> <li>○ The TEFRA State Plan Option for Severely Disabled Children</li> <li>○ Home and Community-Based Services Waivers</li> <li>○ Premium assistance</li> <li>○ Assistance with other costs of insurance</li> <li>○ Private sector initiatives</li> </ul> </li> </ul>	<a href="http://www.hdwg.org/catalyst/cover-more-kids">http://www.hdwg.org/catalyst/cover-more-kids</a>

	<ul style="list-style-type: none"> <li>○ Comprehensive health care reform</li> <li>○ Medicaid buy-in programs</li> </ul>	
	<p>Phicil, S. (2012). Financing the Special Health Care Needs of Children and Youth in Foster Care: A Primer</p> <ul style="list-style-type: none"> <li>● Describes the current health care landscape and financing needs of children in foster care</li> <li>● Gives examples of state and federal efforts to improve the system of health care for children in foster care</li> <li>● Summarizes three innovative state and county programs (and their models) that integrate foster care with the health care system <ul style="list-style-type: none"> <li>○ The Special Kids♥Special Care Program, Massachusetts</li> <li>○ Key Clinic of Penobscot Pediatrics, Maine</li> <li>○ Thomas H. Pinkstaff Medical Home Clinic, Kentucky</li> </ul> </li> </ul>	<a href="http://hdwg.org/sites/default/files/Foster-Care-Primer.pdf">http://hdwg.org/sites/default/files/Foster-Care-Primer.pdf</a>
	<p>Improving Access to Coverage for Children with Special Health Care Needs in the Face of Health Inequities: Strategies Reported by Family Health Leadership Organizations. (2015).</p> <ul style="list-style-type: none"> <li>● Barriers to coverage and care for children with special health care needs, and identified strategies to address them, as reported by family leadership organizations</li> <li>● Strategies include: <ul style="list-style-type: none"> <li>○ Non-traditional connections; meeting families “where they are”</li> <li>○ Language diversity; information and services provided in a variety of languages</li> <li>○ Inter-agency partnerships; connecting families with organizations and services they may not know are available</li> </ul> </li> </ul>	<a href="http://hdwg.org/sites/default/files/inequities-organization-strategies.pdf">http://hdwg.org/sites/default/files/inequities-organization-strategies.pdf</a>
Health Management Associates. (2014). Ensuring Consumers’ Access to Care:	<ul style="list-style-type: none"> <li>● Results of a survey employed by the National Association of Insurance Commissioners (NAIC) Consumer Representatives of all state Departments of Insurance</li> </ul>	<a href="http://www.naic.org/documents/committees_conliaison_network_adequacy_report.pdf">http://www.naic.org/documents/committees_conliaison_network_adequacy_report.pdf</a>

<p>Network Adequacy State Insurance Survey Findings and Recommendations for Regulatory Reforms in a Changing Insurance Market. [Target: H]</p>	<p>(DOIs) to gather information on statutory and regulatory requirements relevant to oversight of network adequacy, and to describe the strategies used to monitor adherence with these requirements</p> <ul style="list-style-type: none"> <li>Identifies recommendations for improving network adequacy oversight (pg. 29)</li> </ul>	
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<sup>1</sup> Target specifies Target Audience for the strategies mentioned in each Review/Compilation: A = Hospital Inpatient (includes physical, mental, and oral health); B = Hospital Outpatient (includes physical, mental, and oral health); C = Non-Hospital Outpatient Providers (e.g. community health centers, private medical groups, health maintenance organizations); D = Community Organizations (e.g. WIC, advocacy organizations, child care providers, home visiting services); E = Social Service Organizations (e.g. Head Start, child welfare); F = Schools and School Systems; G = Consumers/Families; H = Other

### Frameworks and Landmark Initiatives

Framework/Initiative	Summary	Web Link
<p>Farrell et al. (2011). The Affordable Care Act and Children with Special Health Care Needs: An Analysis and Steps for State Policymakers. <i>National Academy for State Health Policy for The Catalyst Center</i></p>	<ul style="list-style-type: none"> <li>An analysis of key provisions of the ACA specific to the CSHCN</li> <li>Explores these provisions as they fit into the broader framework of achieving the three major coverage goals for CSHCN: universal, continuous coverage; adequate coverage; affordable coverage</li> <li>Details existing opportunities and barriers presented by the ACA in focusing on specific concerns related to CSHCN</li> </ul>	<p><a href="http://www.hdwg.org/sites/default/files/ACAandCSHCNpaper.pdf">http://www.hdwg.org/sites/default/files/ACAandCSHCNpaper.pdf</a></p>
<p>National Standards of Systems of Care for Children and Youth with Special Health Care Needs: A Product of the National Consensus Framework for Systems of</p>	<ul style="list-style-type: none"> <li>Based on research and national consensus by a diverse group of partners with expertise in systems of care for Children and Youth with Special Health Care Needs (CYSHCN)</li> <li>Intended for: state Title V CYSHCN programs, health plans, state Medicaid and CHIP agencies, physicians and</li> </ul>	<p><a href="http://www.amchp.org/AboutTitleV/Resources/Documents/Standards%20Charts%20FINAL.pdf">http://www.amchp.org/AboutTitleV/Resources/Documents/Standards%20Charts%20FINAL.pdf</a></p>

Care for Children and Youth with Special Health Care Needs Project. (2014).	<p>other pediatric provider organizations, hospitals, insurers, researchers and families/consumers</p> <ul style="list-style-type: none"> <li>• Describes key components of “the structure and process of an effective system of care for CYSHCN”</li> <li>• Includes systems standards for Insurance and Standards (9 total)</li> <li>• Supported by AMCHP and Lucille Packard Foundation</li> </ul>	
Rosenbaum & Kenney. (2014). The Search for a National Child Health Coverage Policy. <i>Health Affairs</i> .	<ul style="list-style-type: none"> <li>• Examines the current health care landscape as it pertains to child health coverage broadly</li> <li>• Explores challenges such as addressing the “family glitch”, and the quality of health plans sold in the individual and small-group markets that are maintained by the “essential health benefit” standard of the ACA</li> <li>• Considers the ACA’s role in affecting child health financing and discusses issues that exist in the broader insurance market</li> </ul>	<a href="http://dx.doi.org/10.1377/hlthaff.2014.0906">http://dx.doi.org/10.1377/hlthaff.2014.0906</a>
The Catalyst Center	<ul style="list-style-type: none"> <li>• Center devoted to improving health care coverage and financing for CYSHCN</li> <li>• Develops publications, provides technical assistance, researches state-based financing strategies, and links stakeholders to critical resources</li> <li>• Includes resources available on topics such as financing inequities, care coordination, health care reform, and family needs</li> <li>• Funded by the Maternal and Child Health Bureau</li> </ul>	<a href="http://hdwg.org/catalyst/">http://hdwg.org/catalyst/</a>
CHIP (Children’s Health Insurance Program)	<ul style="list-style-type: none"> <li>• Medicaid and CHIP coverage eligibility and guidelines</li> </ul>	<a href="https://www.healthcare.gov/medicaid-chip/getting-medicicaid-chip/">https://www.healthcare.gov/medicaid-chip/getting-medicicaid-chip/</a>
“Fast-Track” Medicaid Enrollment	<ul style="list-style-type: none"> <li>• Published by Families USA. (2014).</li> <li>• Oregon and West Virginia contacted uninsured SNAP enrollees and informed enrollees of Medicaid eligibility.</li> </ul>	<a href="http://familiesusa.org/blog/2014/03/two-states-use-targeted-enrollment-strategies-increase-enrollment-health-insurance">http://familiesusa.org/blog/2014/03/two-states-use-targeted-enrollment-strategies-increase-enrollment-health-insurance</a>
NASHP: Advancing Children’s	<ul style="list-style-type: none"> <li>• Provide information and tools relevant to ACA’s impact on</li> </ul>	<a href="http://www.nashp.org/childrens-">http://www.nashp.org/childrens-</a>

Coverage Toolkit	<p>children's coverage</p> <ul style="list-style-type: none"> <li>Assist states in considering policy actions to advance children's coverage by compiling relevant research and state examples.</li> </ul>	coverage-toolkit/
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## Data Sources

Data Source*	Search Criteria	Web Link
Cochrane Library	Search Term: review child health insurance	N/A
Campbell Systematic Reviews	Search Term: uninsured children (no results)	N/A
	Search Term: insurance children	<a href="http://www.campbellcollaboration.org/googleSearchResults.php?cx=004862511394638544167%3A5z wj5piuxja&amp;cof=FORID%3A11&amp;ie=UTF-8&amp;action=search&amp;q=insurance+children&amp;sa.x=-312&amp;sa.y=-539&amp;sa=Search">http://www.campbellcollaboration.org/googleSearchResults.php?cx=004862511394638544167%3A5z wj5piuxja&amp;cof=FORID%3A11&amp;ie=UTF-8&amp;action=search&amp;q=insurance+children&amp;sa.x=-312&amp;sa.y=-539&amp;sa=Search</a>
PubMed	Search Term: review children with insurance	<a href="http://www.ncbi.nlm.nih.gov.ezp.welch.jhmi.edu/pubmed/?term=review+children+with+insurance">http://www.ncbi.nlm.nih.gov.ezp.welch.jhmi.edu/pubmed/?term=review+children+with+insurance</a>
Google Scholar	Search Term: uninsured children review	<a href="https://scholar.google.com/scholar?q=uninsured+children+review&amp;btnG=&amp;hl=en&amp;as_sdt=0%2C21">https://scholar.google.com/scholar?q=uninsured+children+review&amp;btnG=&amp;hl=en&amp;as_sdt=0%2C21</a>
CINAHL	Search Term: Review AND children AND health insurance	N/A
AMCHP Innovation Station	State: all Region: all Practice category: all National Performance Measure: all	<a href="http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/default.aspx">http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/default.aspx</a>

	Year: N/A Keywords: N/A	
Georgetown Knowledge Base	<ul style="list-style-type: none"> <li>MCH Knowledge Base and Library Collection/Professional Resource Guides and Briefs/Health Insurance and Access to Care for Children and Adolescents</li> </ul>	<a href="http://ncemch.org/knowledge/insurance.php">http://ncemch.org/knowledge/insurance.php</a>
Healthy People 2020	<ul style="list-style-type: none"> <li>Search Term: access to health services</li> </ul>	<a href="http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services">http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services</a>
	<ul style="list-style-type: none"> <li>Access to Health Services→Objectives 5.2 Data Details— increase the proportion of children and youth aged 17 years and under with a specific source of ongoing care.</li> </ul>	<a href="http://www.healthypeople.gov/node/3978/data_details">http://www.healthypeople.gov/node/3978/data_details</a>
AMCHP National Center for Health Reformation Implementation	<ul style="list-style-type: none"> <li>AMCHP's National Center for Health Reform Implementation provides assistance to state MCH programs and their key partners to optimize the opportunities presented by health reform for women, children, including children and youth with special health care needs (CYSHCN), and their families.</li> </ul>	<a href="http://www.amchp.org/Policy-Advocacy/health-reform/Pages/default.aspx">http://www.amchp.org/Policy-Advocacy/health-reform/Pages/default.aspx</a>
American Academy of Pediatrics	<ul style="list-style-type: none"> <li>Professional association of pediatrics</li> </ul>	<a href="https://www.aap.org/en-us/Pages/Default.aspx">https://www.aap.org/en-us/Pages/Default.aspx</a>
Catalyst Center	<ul style="list-style-type: none"> <li>National Center working to improve health care coverage and financing for Children and Youth with Special Health Care Needs (CYSHCN)</li> </ul>	<a href="http://www.hdwg.org/catalyst/">http://www.hdwg.org/catalyst/</a>
CDC—Child Health	<ul style="list-style-type: none"> <li>Data for US children</li> </ul>	<a href="http://www.cdc.gov/nchs/fastats/child-health.htm">http://www.cdc.gov/nchs/fastats/child-health.htm</a>
CDF Policy Priorities	<ul style="list-style-type: none"> <li>Children's Health</li> </ul>	<a href="http://www.childrensdefense.org/policy/health/">http://www.childrensdefense.org/policy/health/</a>
Commonwealth Fund	<ul style="list-style-type: none"> <li>Health Care Delivery</li> </ul>	<a href="http://www.commonwealthfund.org/topics/health-care-delivery">http://www.commonwealthfund.org/topics/health-care-delivery</a>
	<ul style="list-style-type: none"> <li>Health Care Coverage</li> </ul>	<a href="http://www.commonwealthfund.org/topics/health-care-coverage">http://www.commonwealthfund.org/topics/health-care-coverage</a>
First Focus	<ul style="list-style-type: none"> <li>Bipartisan children's advocacy organization</li> </ul>	<a href="http://firstfocus.org">http://firstfocus.org</a>
Georgetown University Health Policy Institute Center for Children and Families	<ul style="list-style-type: none"> <li>Sections, research, and reports on Affordable Care Act, Medicaid, CHIP</li> </ul>	<a href="http://ccf.georgetown.edu">http://ccf.georgetown.edu</a>

HRSA Maternal and Child health Bureau	<ul style="list-style-type: none"> <li>• Web Sites for Families with Children with Special Health Care Needs: Adequate Insurance Links</li> </ul>	<a href="http://www.mchb.hrsa.gov/programs/specialneeds/helpfulwebsites.html">http://www.mchb.hrsa.gov/programs/specialneeds/helpfulwebsites.html</a>
InsureKidsNow.gov	<ul style="list-style-type: none"> <li>• Medicaid &amp; CHIP basics</li> <li>• Outreach and grant information</li> </ul>	<a href="http://www.insurekidsnow.gov">http://www.insurekidsnow.gov</a>
Kaiser Family Foundation	<ul style="list-style-type: none"> <li>• Website on Medicaid and Uninsured</li> </ul>	<a href="http://kff.org/uninsured/">http://kff.org/uninsured/</a>
MACPAC	<ul style="list-style-type: none"> <li>• Non-partisan legislative branch agency that provides policy and data analysis</li> </ul>	<a href="https://www.macpac.gov">https://www.macpac.gov</a>
National Academy for State Health Policy (NASHP)	<ul style="list-style-type: none"> <li>• Children's Health Insurance Resources</li> </ul>	<a href="http://www.nashp.org/category/childrens_health/">http://www.nashp.org/category/childrens_health/</a>
National Conference of State Legislatures	<ul style="list-style-type: none"> <li>• Research Topics→Health/Health Insurance</li> </ul>	<a href="http://www.ncsl.org/research/health/health-insurance.aspx">http://www.ncsl.org/research/health/health-insurance.aspx</a>

*\*The Strengthen the Evidence Team of Experts and selected HRSA discretionary grantees contributed to the identification of data sources*

### Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> <li>• Types of studies: reviews of studies, scholarly websites, domestic preventative dental programs (landmark initiatives)</li> <li>• Language: English</li> <li>• Populations of interest: children between ages 0-17 years with health insurance coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Articles describing single strategy or recommendation not part of a larger review or compilation</li> <li>• Non-applicable medical settings in international studies</li> <li>• Adult populations or children 18 years and older.</li> </ul>