



Mapping Children's Health Coverage Enrollment
Recommendations for Improvement
July 2005

A Project of the Program Integration Workgroup
Children's Health Initiative of Greater Los Angeles

Produced in collaboration with
The Children's Partnership for the 100% Campaign



Acknowledgements

This report was developed by Jenny Kattlove and Maral Farsi of The Children's Partnership for the 100% Campaign and Wendy Schiffer of the Los Angeles County Department of Health Services, Chair of the Children's Health Initiative of Greater Los Angeles' Program Integration Workgroup. However, the report is truly a product of the Program Integration workgroup as a whole, since it was developed, reviewed, and edited by the group, and reflects the work and thinking of the group since its inception.

Several people spent numerous hours sharing their wisdom on how the enrollment processes work as well as reviewing and commenting on the maps, endnotes, and recommendations. In particular, Lynn Kersey, Maternal and Child Health Access, and Sharon Swonger, Los Angeles Unified School District, were critical to the development of this document, explaining how the system works (or does not work), developing recommendations, and editing multiple drafts. Others who provided significant input include: Marlene Larson, National Health Foundation; Dorothy Seleski, L.A. Care; Eileen Kelly and Mary Cardenas, Los Angeles County Department of Public Social Services; Mary Johnson, Los Angeles Department of Health Services; Yolanda Vera, L.A. Health Action, The California Endowment; Peter Long, The California Endowment; Janette Lopez and Larry Lucero, Managed Risk Medical Insurance Board, Susan Ton, Long Beach Department of Health and Human Services; and Suzanne Bostwick, Los Angeles County Department of Health Services.

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Introduction

Imagine a family with two working parents and three children ages three, seven, and twelve. Although both parents work, they do not have employer-sponsored health insurance. Considering their family income (125% of the federal poverty level), immigration status and children's ages, the children are all eligible for different health insurance programs. The three-year-old is eligible for Medi-Cal, the seven-year-old is eligible for Healthy Families, and the twelve-year-old, being undocumented, is eligible for Healthy Kids. Because the mother is pregnant, she is eligible for Medi-Cal, and at delivery, the new baby will be eligible as well. The father has diabetes and is not eligible for any low or no-cost health insurance. Assuming the family finds out about all the programs for which they qualify, they will have to go through multiple application processes, leading to separate renewal processes at different times in order to remain enrolled. The children may not be able to go to the same doctor, making the family unable to select a medical home for the family. When the family's income changes, the family must be reassessed for eligibility and some of the children may even lose coverage.

This scenario is all too common -- families are subjected to unnecessary, time-consuming and stressful transitions. Imagine a system where the family goes to a clinic, a social services agency, or a school and can get all family members enrolled in all the health coverage programs for which they qualify. If the family's income changes, the children would be seamlessly transitioned from one program to another with no gap in coverage. The Children's Health Insurance Initiative of Greater Los Angeles (LA CHI) is working to develop this strong enrollment and referral system for children and families.

Background

The Program Integration Workgroup is a subcommittee of the Children's Health Initiative of Greater Los Angeles. The workgroup's mission is to achieve a system where children and families enroll in and retain health coverage in a seamless and coordinated fashion. Because there is now a health coverage program for almost every child in Los Angeles County, there is no reason why a child should go uninsured. However, it can be burdensome for families to get the coverage they need for all family members. The "no wrong door" approach we are working to create would mean that, regardless of the program for which family members are eligible and regardless of where they apply for health coverage, all family members will be able to easily obtain and retain health coverage.

The Program Integration Workgroup developed this report to illustrate the complexity of the enrollment process as it exists today and to identify areas where children are at-risk of falling through the cracks. The report includes maps of the enrollment processes into Medi-Cal, Healthy Families, and Healthy Kids and recommendations for improvement. It is important to note that this project represents a point in time. The process for enrolling and maintaining public health coverage is fluid. Policies and programs change, which influence the gaps and recommendations.

The Maps

The maps show how families get enrolled in Medi-Cal, Healthy Families, and Healthy Kids. Some of the maps illustrate enrollment "doors," where families first encounter health coverage programs, and others show how a child's application is processed and determined. In each map, gaps are identified where children and their family members may fall through the cracks and not receive or maintain coverage.

Specifically, we identified two types of gaps:

Program Integration Gaps show where there is a lack of coordination in the application, enrollment and renewal processes among multiple health coverage programs. These visuals illustrate that the process is not seamless and that a child may actually not receive insurance or even may lose coverage since the family applied through the "wrong" door or enrollment site.

Simplification Gaps indicate where the application, enrollment and renewal process can be streamlined. These gaps occur when families must take extra steps to get through the process.

The Recommendations

The following recommendations reflect the Program Integration Workgroup's thoughts on how to ensure that children and their families can enroll in and maintain health coverage at the greatest number of entry points with the least amount of difficulty. Some recommendations correspond to specific gaps identified in the maps while others address the health coverage system as a whole. The recommendations are categorized into four broad areas:

Enable all entry sites for health coverage to serve as “no wrong door” opportunities – where all family members can be enrolled into all programs for which they are eligible and receive the necessary follow-up and troubleshooting assistance to ensure that their applications are approved.

Ensure that gateway and bridging programs, which provide temporary coverage while eligibility for ongoing coverage is determined, result in continued coverage in the program for which the child qualifies, whether Medi-Cal, Healthy Families, or Healthy Kids, without lapses in coverage.

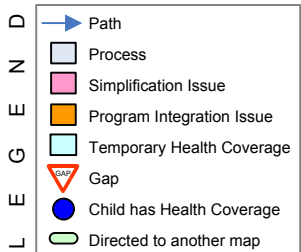
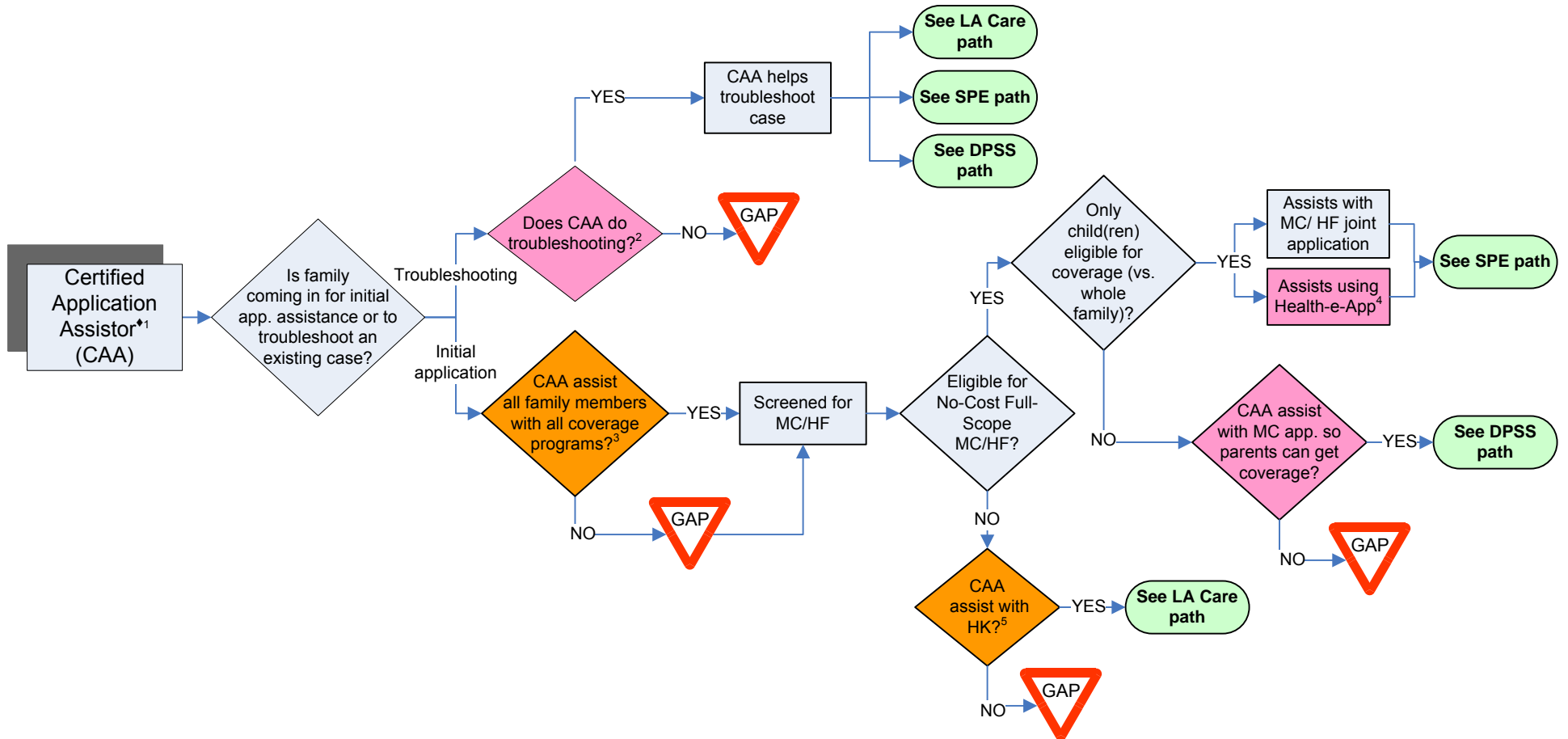
Simplify and align the application, enrollment, and renewal processes for Medi-Cal, Healthy Families, and Healthy Kids.

Develop data systems that can screen for pending applications and existing coverage, so that authorized users can accurately assess the child's health insurance status to avoid duplication of services.

The Larger Context

This report was developed to guide the Program Integration Workgroup's efforts over time. However, most of the recommendations are meant to be explored and implemented in collaboration with the LA CHI and our partners, including the state, other counties, and stakeholders outside the LA CHI. The recommendations are also meant to be supportive of efforts already underway to address the identified gaps to coverage. While some of the processes illustrated in the maps and recommendations are specific to Los Angeles, other counties experience the same or similar problems in keeping children insured. We hope that this report can generate interest and dialogue among counties across the state and provide support for policy changes at the state level so that all California children can access and retain health insurance with the least amount of difficulty.

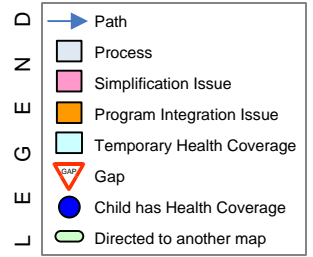
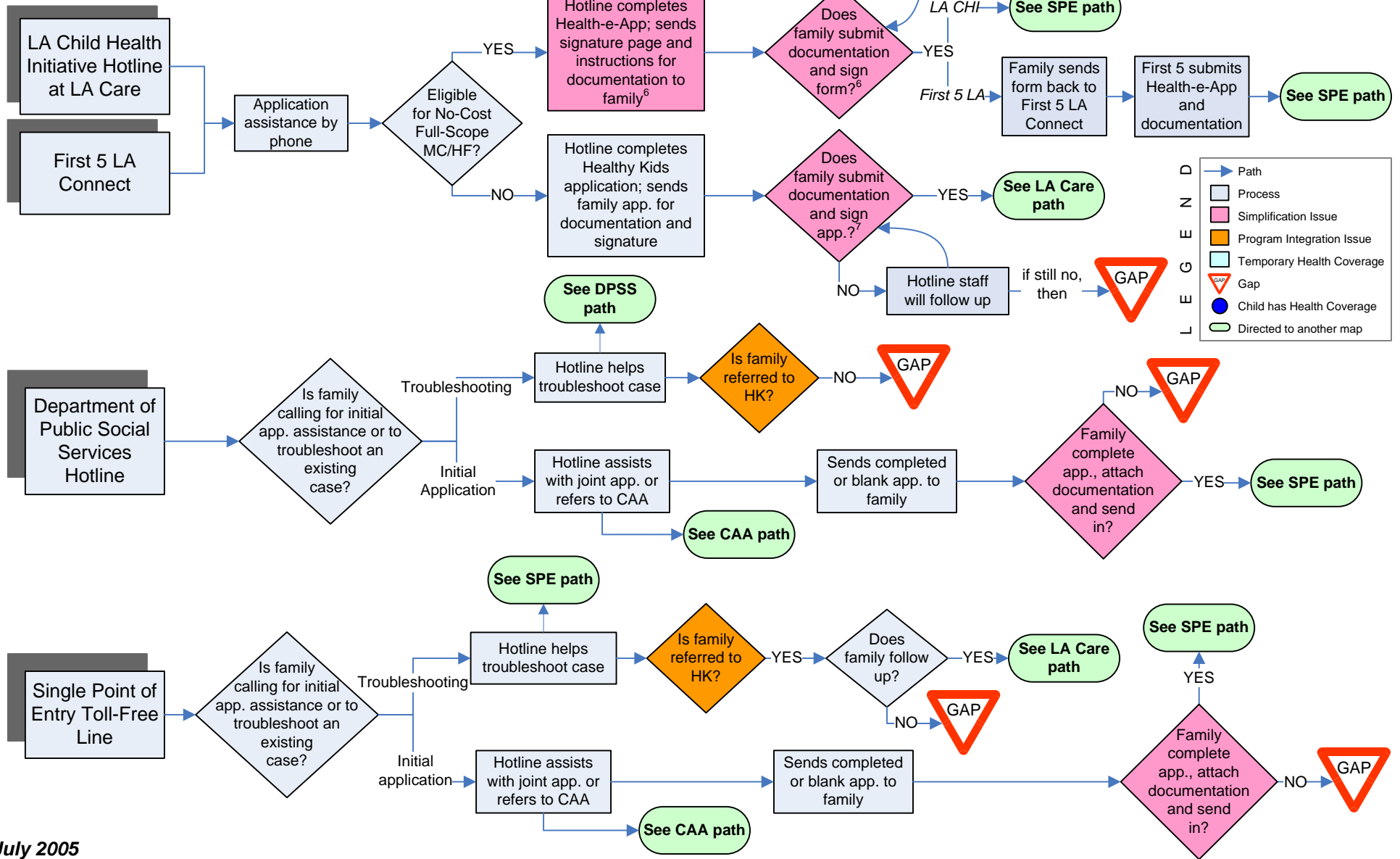
Doors: Certified Application Assistor



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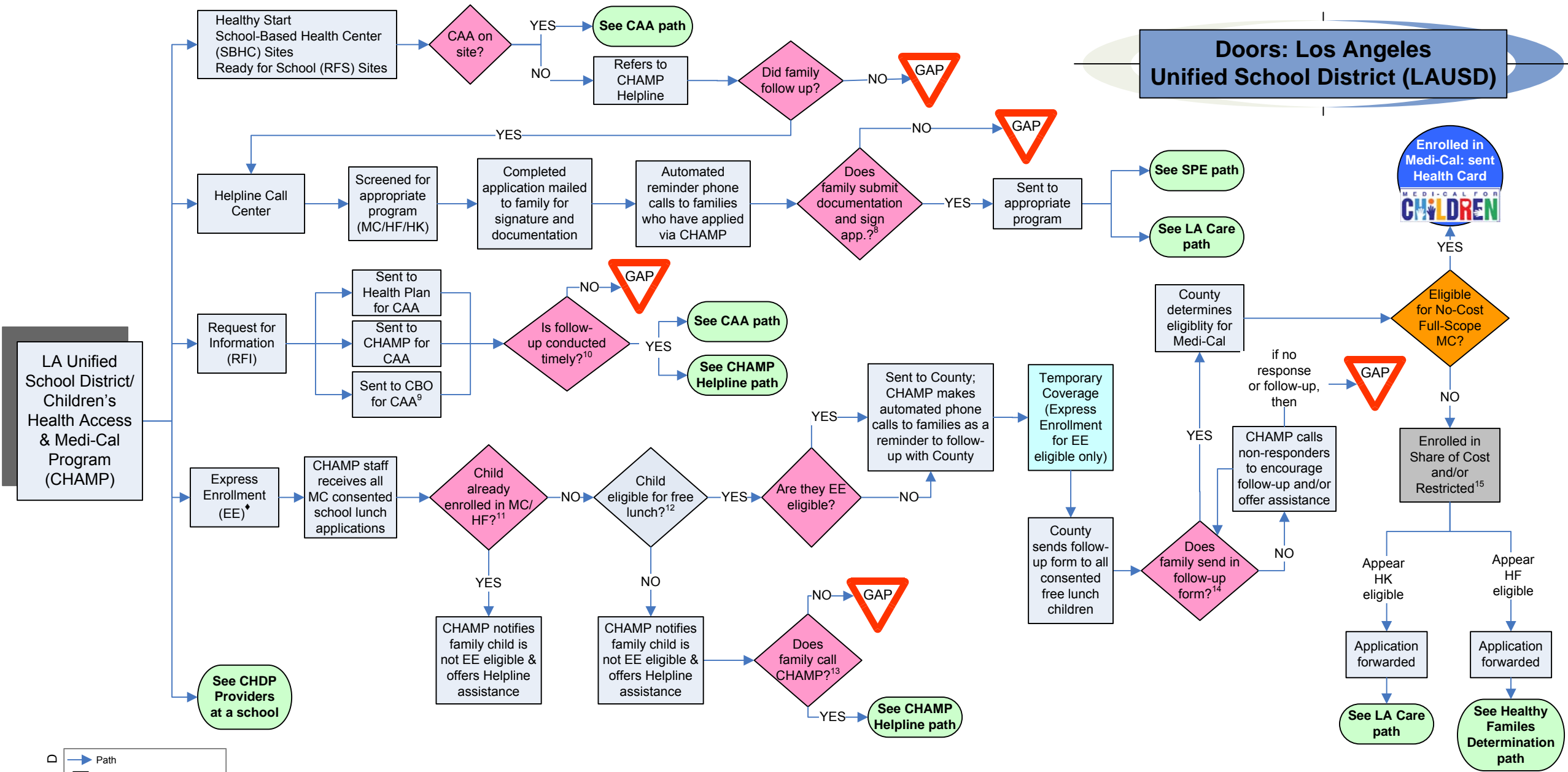
Doors: Hotlines



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Doors: Los Angeles Unified School District (LAUSD)

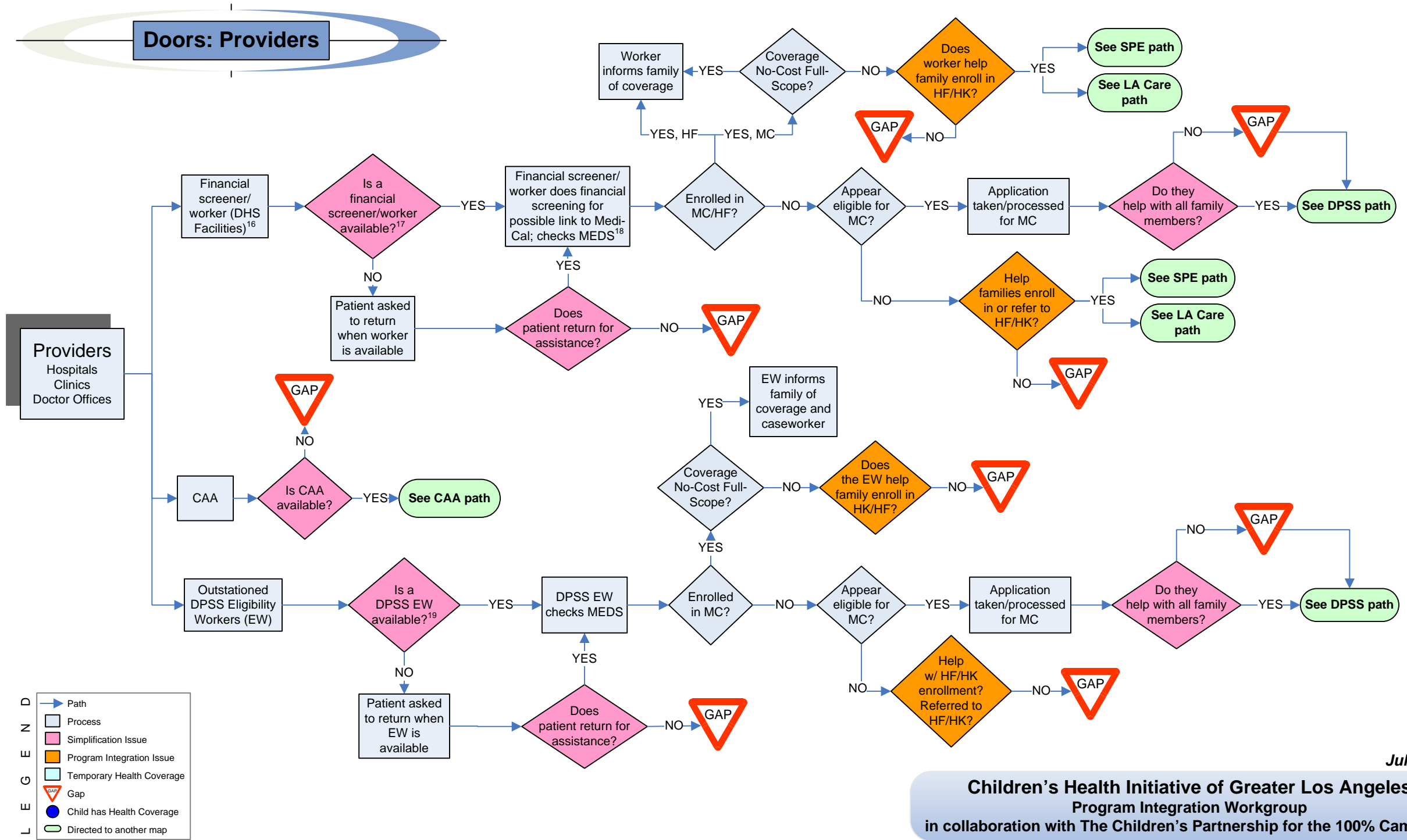


- Path
- Process
- ◊ Simplification Issue
- Program Integration Issue
- ▭ Temporary Health Coverage
- ▽ GAP
- Child has Health Coverage
- Directed to another map

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Doors: Providers



- D → Path
- Process
- ◊ Simplification Issue
- Program Integration Issue
- Temporary Health Coverage
- ▽ GAP
- Child has Health Coverage
- Directed to another map

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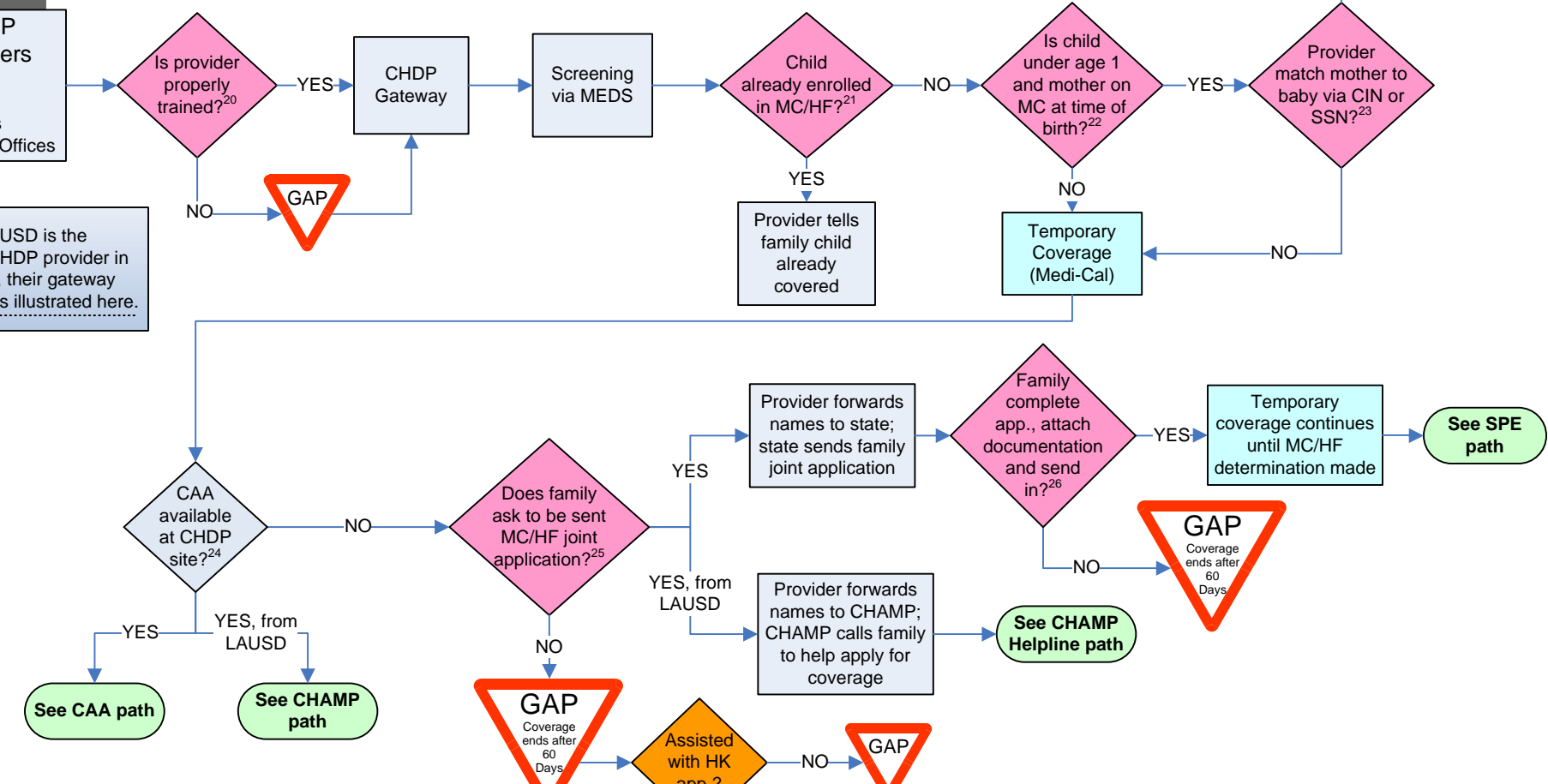
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Doors: Providers-Child Health and Disability Prevention Program (CHDP) Gateway



CHDP Providers
LAUSD
Clinics
Hospitals
Doctor's Offices

Since LAUSD is the largest CHDP provider in the state, their gateway process is illustrated here.

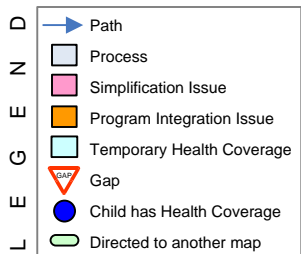
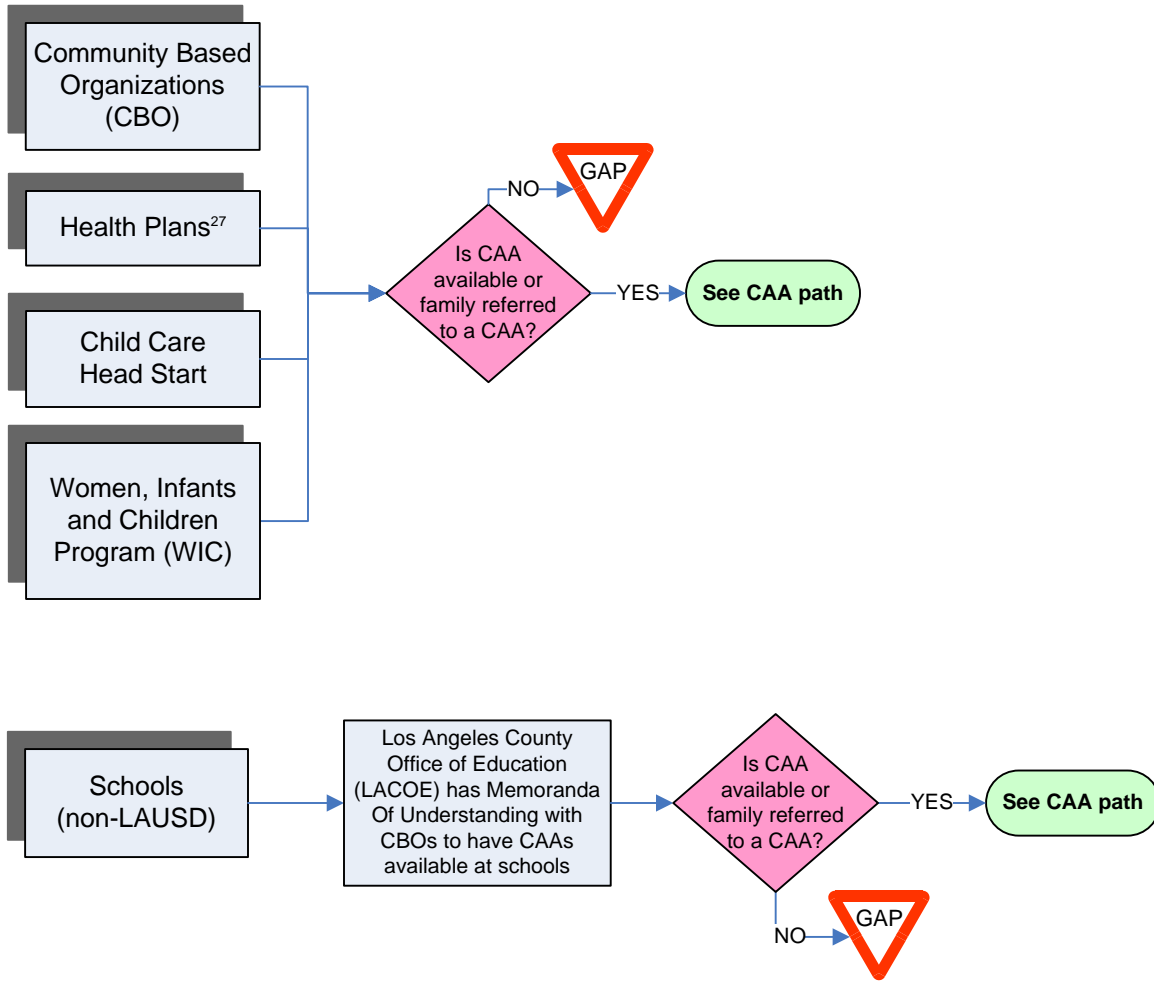


- D → Path
- N □ Process
- E □ Simplification Issue
- G □ Program Integration Issue
- E □ Temporary Health Coverage
- L □ Gap
- Child has Health Coverage
- Directed to another map

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Doors: Other Community Sites



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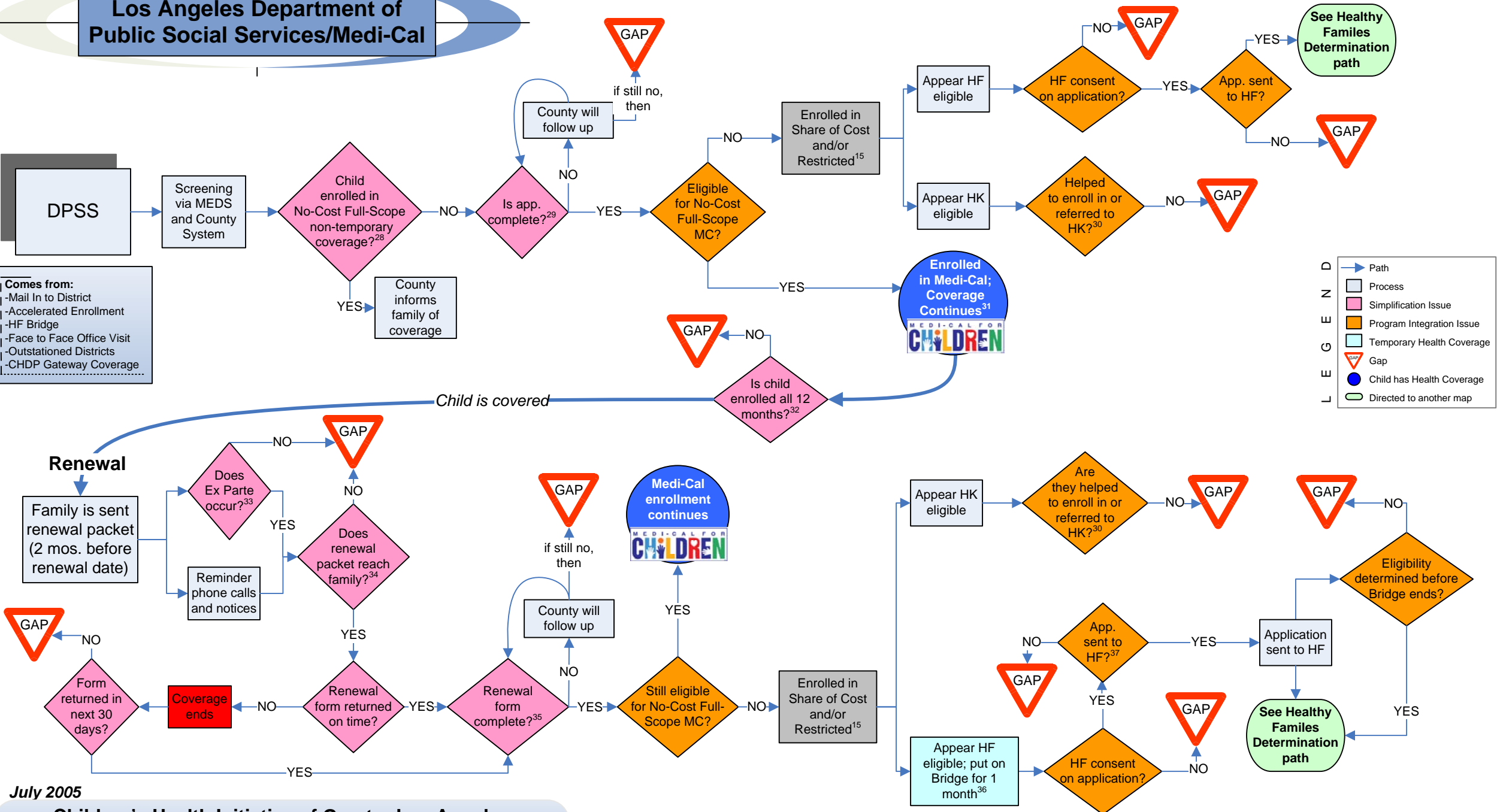
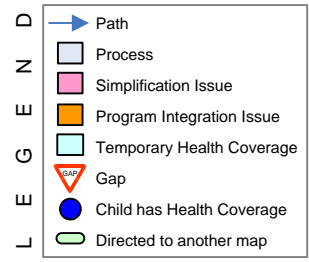
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Los Angeles Department of Public Social Services/Medi-Cal

DPSS

Comes from:

- Mail In to District
- Accelerated Enrollment
- HF Bridge
- Face to Face Office Visit
- Outstationed Districts
- CHDP Gateway Coverage



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Single Point of Entry/ Healthy Families

SPE
(for Healthy Families & Medi-Cal)

Mail-In MC/HF joint application³⁸

App. complete enough to do program screening?³⁹

Child appear eligible for MC?

App. screened for MC using minimal info?⁴⁰

App. complete? Premiums paid? Health Plan chosen?⁴⁴

Child eligible for HF?

App. notified of possible HK eligibility/App. forwarded?

Form returned within 60 days?

Renewal form returned on time?

Renewal form complete?⁴⁷

Still income eligible for HF?

Eligible for MC or HK?

Do they continue paying premium?

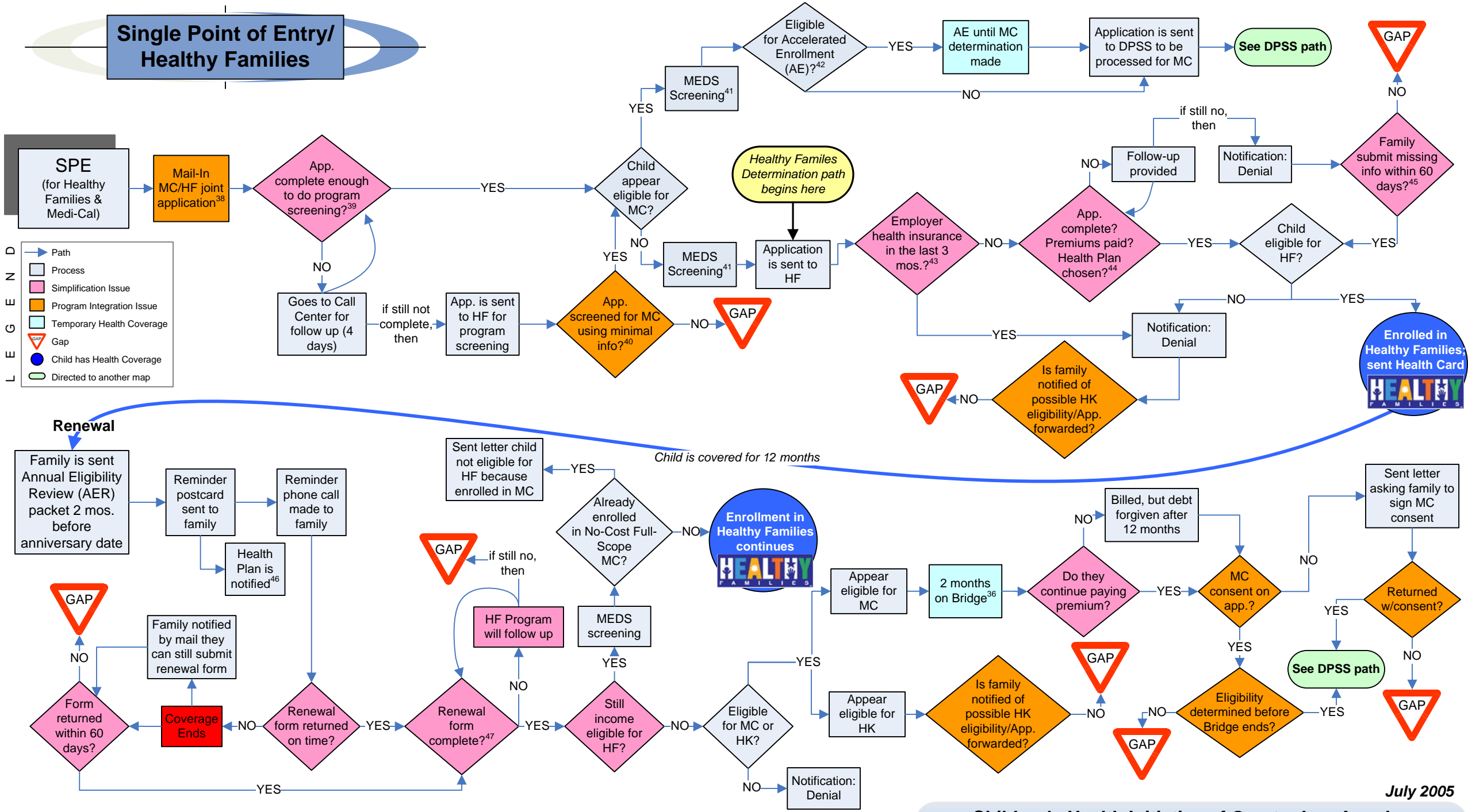
MC consent on app.?

Returned w/consent?

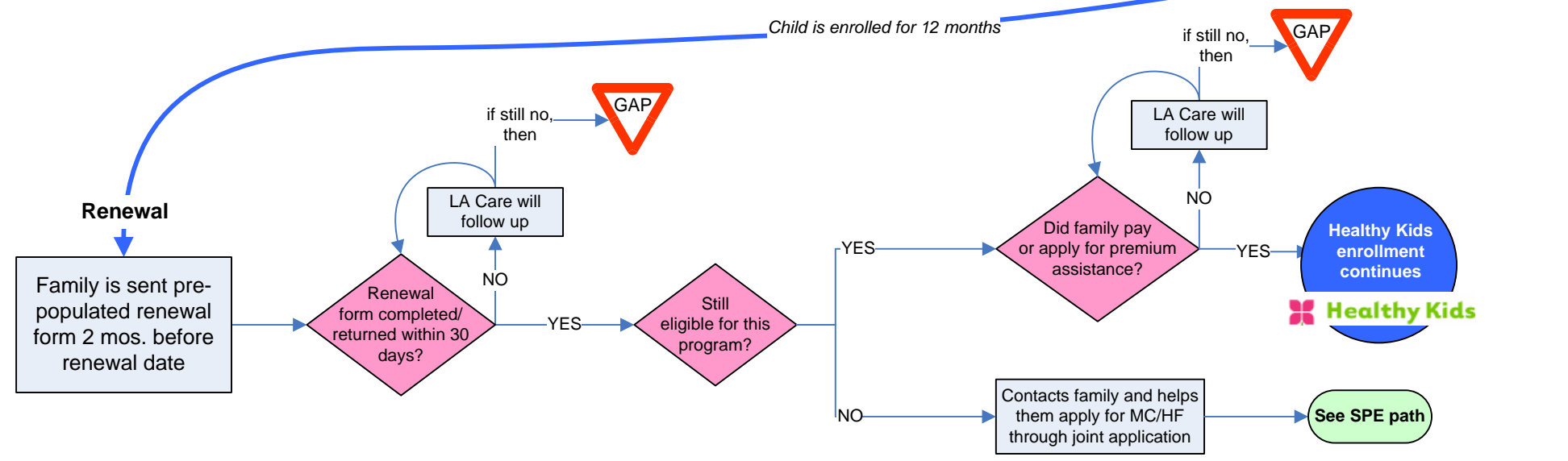
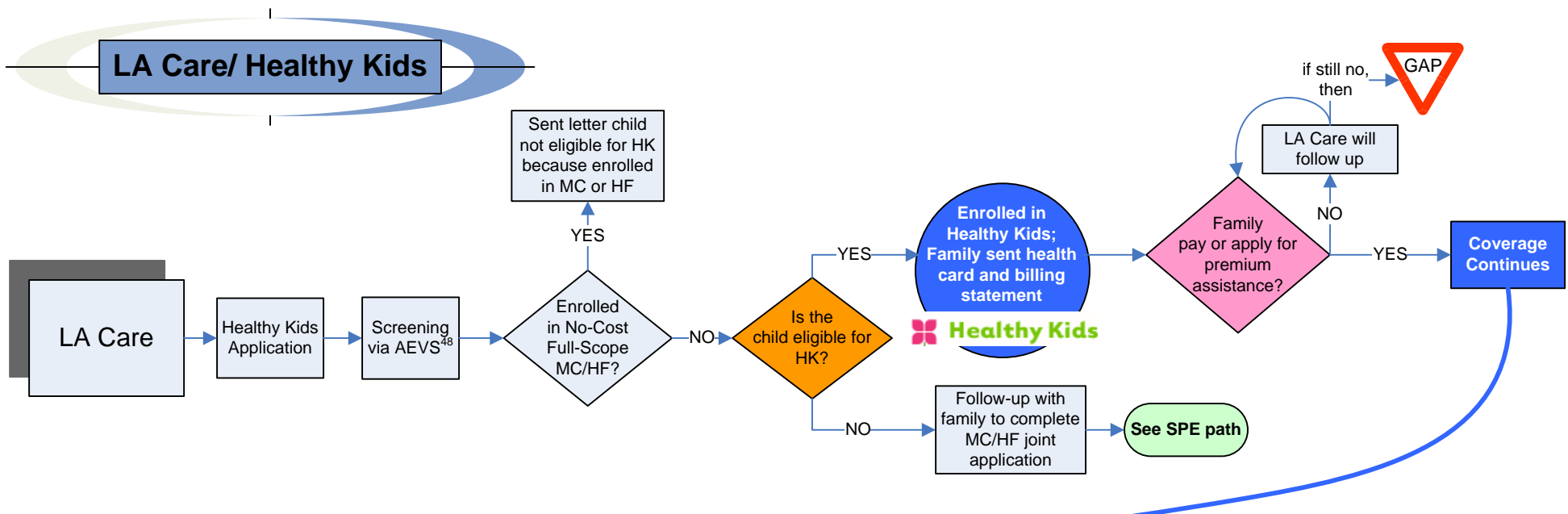
Eligibility determined before Bridge ends?

Legend:

- Path (Blue arrow)
- Process (Grey box)
- Simplification Issue (Pink diamond)
- Program Integration Issue (Orange box)
- Temporary Health Coverage (Light blue box)
- Gap (Red inverted triangle)
- Child has Health Coverage (Blue circle)
- Directed to another map (Green oval)



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- Path
- Process
- ◊ Simplification Issue
- ◊ Program Integration Issue
- ◊ Temporary Health Coverage
- ▽ GAP
- Child has Health Coverage
- Directed to another map

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ENDNOTES

- ◆ *General note:* In an attempt to offer a variety of "gateways" and "doors" to health insurance, families sometimes apply multiple times for the same program. They may not understand that they already have health insurance for their children or they may believe that they are applying for something "better." This can result in confusion for the family and duplicate work for the state and counties.

DOORS: Certified Application Assistors

1. *Certified Application Assistors (CAAs)*

The term CAA here is used broadly and is meant to refer to individuals who help families enroll in health coverage, regardless if they are formally certified to do so.

2. *Does CAA do troubleshooting?*

Some CAAs do only initial enrollments as opposed to helping families troubleshoot problems when they have already attempted to apply for coverage. Many seek out a CAA after they have applied for Medi-Cal and Healthy Families because they have not yet received coverage and need assistance navigating the system and resolving their case. Although some CAAs may not do troubleshooting, they may refer families to CAAs that do. For example, the Child Health Initiative of Greater Los Angeles (LA CHI) Hotline will do troubleshooting, if they have time. If they are overburdened with phone calls for initial enrollment, they will refer families to other CAAs who may have more time to provide troubleshooting assistance.

One of the barriers CAAs encounter in trying to assist families troubleshoot their cases is working with the families to first submit a form to Healthy Families (HF) and the Los Angeles Department of Social Services (LA DPSS) to obtain permission to talk the agencies on behalf of families. Currently, the Healthy Families Program is working to ease this process.

3. *CAA assist all family members with all coverage programs?*

Some agencies provide comprehensive services and some do not. Providing comprehensive services means exploring all programs to get all family members the health coverage that they are eligible for and need. For example, CAAs may refer a child who is clearly eligible for Medi-Cal through the Single Point of Entry (SPE) process so that the child can get coverage more quickly through Accelerated Enrollment. CAAs are versed in and able to assist children enroll in programs such as California Children's Services (CCS), Child Health & Disability Prevention (CHDP) Program, local programs such as Healthy Kids, or referrals to Ability-To-Pay or Public/Private Partnerships sites for services. They help parents and pregnant women obtain the health coverage for which they are eligible, such as Medi-Cal for parents and Access for Infants & Mothers (AIM). Agencies that do not provide all of these services usually just help families with the Medi-Cal/Healthy Families (MC/HF) joint application.

An issue that can affect a CAA's ability to help families successfully enroll in health coverage is whether or not they are trained in current policies for Medi-Cal, Healthy Families, and other programs. CAAs receive initial training to get their certification to help families enroll in Medi-Cal and Healthy Families, but some do not continue to go to refresher trainings or keep up with current MC/HF policy through other means. Therefore, when helping families apply for Medi-Cal and Healthy Families, they may apply dated rules, incorrectly help the family, and/or give the family the wrong information about the programs and the application process.

This can lead to applications being incomplete or denied because of missing or incorrect information.

4. *Assists using Health-e-App*

Health-e-App allows CAAs to electronically submit the MC/HF joint application to Single Point of Entry (SPE). Families must follow up by sending their signature on a form and required documentation to SPE. It can take a while for SPE, HFP or Medi-Cal to match up the documentation that the family sent in with the Health-e-App. If after four days, the documentation that goes with the electronic application does not arrive at SPE, a letter will be sent and calls will be made to the family saying that they are missing information. This process can be confusing for families. There have been reports that this may cause incomplete and possibly denied applications.

5. *CAA assist with Healthy Kids?*

Not all CAAs are knowledgeable in and trained to help families apply for Healthy Kids. However, some CAAs will refer families to an entity that can help families enroll in Healthy Kids, such as one of the hotlines or a CAA trained in Healthy Kids. If a family goes to a CAA that is not trained in Healthy Kids or does not do Healthy Kids referrals and that family has children that appear eligible for Healthy Kids, those children may needlessly go without health insurance.

DOORS: Hotlines

6. *Hotline completes Health-e-App; sends signature page and instructions for documentation to family*

When families apply via phone with a Certified Application Assistor (CAA) that uses Health-e-App, the CAA will send the family a signature form, directions for submitting documentation and a postage-paid envelope addressed to the state. This process could be confusing and families may not complete the process. Furthermore, there have been reports that Health-e-Apps have been lost at Single Point of Entry (SPE). It has also been noted that SPE has had difficulty matching up the documentation that the family sent in with the Health-e-App. This results in incomplete and possibly denied applications.

7. *Does family submit documentation and sign application?*

When families apply via phone with a CAA, the CAA will send the family the completed application, directions for submitting documentation, and an addressed postage paid envelope for the family to mail the complete application and documentation to LA Care.

DOORS: Los Angeles Unified School District (LAUSD)

8. *Does family submit documentation and sign application?*

When families apply with a Certified Application Assistor (CAA) via phone, the CAA will send the family the completed application, directions for submitting documentation, and an addressed postage paid envelope for the family to mail the complete application and documentation to the state or LA Care Health Plan. This process can be confusing and families may not complete the process.

9. *Send to Community-Based Organization (CBO) for CAA*

CBOs must have a Memorandum of Understanding (MOU) and required software to accept the electronic Request for Information (RFI) referrals from LAUSD. Follow-ups are completed and returned to LAUSD. Some CBOs feel that they perform duplicative work since they enter

follow-up information into LAUSD's data system and must enter all cases they enroll into the County's data system.

10. *Is follow-up conducted timely?*
Although Requests for Information (RFIs) are scanned and entered into LAUSD data system rather quickly, follow-up can take a while. LAUSD, CBOs and health plans conduct follow-up, but the majority of families request that a LAUSD representative contact them. Since LAUSD has limited staff, it can take some time for the staff to process all of the RFIs. The reasons that families are not applying for health coverage when contacted may include: no telephone or telephone disconnected, no answer, left message, already had insurance, or family not interested.
11. *Child already enrolled in Medi-Cal/Healthy Families?*
Some families sign the Medi-Cal consent on the school lunch application even though their child is already enrolled in Medi-Cal or Healthy Families. Often, this is because they do not understand the Express Enrollment (EE) process or what they are signing. These children are not eligible for EE because they already have health insurance.
12. *Child eligible for free lunch?*
Only children eligible for free school lunch are eligible for Express Enrollment. However, some families consent to share their child's school lunch application with Medi-Cal even though the child is eventually determined eligible for reduced-price, not free, school lunch. These families may still be eligible for Medi-Cal or may be eligible for Healthy Families or Healthy Kids; they are just not eligible to obtain coverage through the Express Enrollment process.
13. *Does family call CHAMP (the Child Health Access and Medi-Cal Program)?*
The more steps a family has to take to apply for health insurance the less likely they will be to follow through. Express Enrollment should be expanded to include all children participating in the National School Lunch Program, including those eligible for reduced-price meals.
14. *Does family send in follow-up form?*
Families must complete and submit a follow-up form to be determined eligible for continuing Medi-Cal and/or for their applications to be forwarded to Healthy Families or Healthy Kids.
15. *Enrolled in Share of Cost and/or Restricted*
When children are determined not to be eligible for No-Cost Full-Scope Medi-Cal, often they are eligible for Share of Cost Medi-Cal and/or Restricted Medi-Cal. Although coverage is provided through these programs, they are not ideal programs because they do not provide no-cost and/or full-scope coverage. Share of Cost Medi-Cal is for children whose family incomes are higher than the level of no-cost Medi-Cal eligibility; therefore, they must pay a portion of their health care, which could be unaffordable. These children may also be eligible for Healthy Families or Healthy Kids, which are likely to be more affordable for the family. Restricted Medi-Cal is limited health coverage (emergency related services) for children who do not have legal immigration status. The majority of these children are eligible for full coverage under Healthy Kids, which does not limit eligibility based on immigration status.

DOORS: Providers

16. *Financial screener/worker (DHS Facilities)*
Financial screeners/workers are employees of the Los Angeles Department of Health Services. They are also known as Patient Financial Service Workers (PFSW) and Patient Resource Workers (PRW). Their functions are broader than Los Angeles Department of Public Social Services (LA DPSS) Eligibility Workers (EWs).
17. *Is a financial screener/worker available?*
Financial screener/workers may have varying hours and may not be available when the family needs to apply for health care.
18. *MEDS*
The Medi-Cal Eligibility Data System (MEDS): the state's Medi-Cal database
19. *Is a Department of Public Social Services Eligibility Worker (DPSS EW) available?*
DPSS EWs may have varying hours and may not be available when the family needs to apply for health care. LA DPSS EWs function in a more narrow capacity than PFSWs and PRWs who work for the Department of Health.

DOOR: Providers-Child Health and Disability Prevention (CHDP) Program Gateway

20. *Is provider properly trained?*
Some providers do not process CHDP correctly leading to children possibly not getting the coverage for which they are eligible.
21. *Child already enrolled in Medi-Cal/Healthy Families?*
Some children who are already enrolled in Medi-Cal or Healthy Families are not identified by the Medi-Cal Eligibility Data System (MEDS) as such, so the provider enrolls them in the CHDP Gateway. This can cause confusion for families, and it produces duplicate work for the Healthy Families Program and Los Angeles Department of Public Social Services (LA DPSS) to process these applications.
22. *Is child under age 1 and mother on Medi-Cal at time of birth?*
Babies born to mothers who were on Medi-Cal at the time of birth are automatically deemed eligible for Medi-Cal for one year. If the baby did not enroll in Medi-Cal before they go to a CHDP provider, the baby is then enrolled in Medi-Cal for a full year (not the normal 60-day period for other children who enroll in Medi-Cal through the CHDP Gateway).
23. *Did provider match mother to baby via Client Identification Number (CIN) or Social Security Number (SSN)?*
In order for the baby to be deemed eligible, the CHDP provider must link the mother to Medi-Cal through the MEDS system. The provider must enter the mother's CIN or SSN into MEDS so that MEDS can prove that the mother was enrolled in Medi-Cal at the time the baby was born. If the baby cannot be linked to the mother, then the baby cannot be deemed eligible and the family must apply for the baby through the Medi-Cal/Healthy Families (MC/HF) joint application.

24. *Is CAA available at CHDP site?*

At some CHDP sites/offices, Certified Application Assistors (CAAs) are available to help families apply for health care through the MC/HF joint application. Therefore, there is no need to forward these families' names to the state for the state to mail them an application.

25. *Does family ask to be sent Medi-Cal/Health Families joint application?*

If a family does not ask to be sent a MC/HF joint application and there is no CAA available to help them apply for coverage, including Healthy Kids, they then miss an opportunity to apply for full coverage. However, some families know that their children are not eligible for full coverage because of their immigration status, for example; they are not interested in applying for full coverage. Some families go through the CHDP Gateway to get coverage for two months so that they can get full coverage for those two months and receive particular health services. There is no limit as to how many times a child can go through the Gateway as long as he or she meets CHDP eligibility and qualifies for a CHDP exam. The gap here, however, is that these families may not know that their child may be eligible for Healthy Kids.

26. *Family complete application, attach documentation and send in?*

The MC/HF joint application is difficult for families to complete without the assistance of a CAA and they must seek out a CAA, if they want assistance. The application may seem daunting to the family and many, ultimately, do not complete it. The majority of applications labeled as incomplete by Single Point of Entry (SPE) are completed without the assistance of a CAA, meaning that when a family does not get assistance they are more likely to submit an incomplete application.

Doors: Other Community Sites

27. *Health Plans*

Health Plans may only conduct outreach and assist with applications if they are invited. They must get permission to conduct outreach at sites such as community organizations and schools. The HFP marketing guidelines require a health plan participating in application assistance in the community to invite/notify all other HFP plans in that area. One way LAUSD monitors health plans' activities in schools is by requiring health plans to enter into a Memorandum of Understanding (MOU) with LAUSD before conducting outreach at LAUSD sites.

LADPSS/Medi-Cal

28. *Child enrolled in No-Cost Full-Scope non-temporary coverage?*

Many children enter the Los Angeles Department of Public Social Services (LA DPSS) system even if they already have some form of temporary coverage, such as Accelerated Enrollment, Express Eligibility, or the Child Health and Disability Prevention (CHDP) Gateway. These children's continued eligibility must still be determined and thus they still must go through an enrollment process.

29. *Is application complete?*

Sometimes families do not send in complete applications. Oftentimes, they do not understand the application process and do not get assistance from a Certified Application Assistor (CAA). Incomplete applications include applications that are not signed, are missing information and/or are missing documentation. At this point, the county will follow up with the family to obtain the missing information. If they are unable to reach the family after many attempts, the application could get denied.

30. *Are they helped to enroll in or referred to Healthy Kids?*
For the most part, LA DPSS, as a policy, does not refer families to Healthy Kids. However, in the summer of 2004, LA DPSS mailed letters to families with children ages 0-5, who were eligible for Restricted Medi-Cal, informing them that their children may be eligible for full-scope coverage under Healthy Kids. With the letter, the county sent these families a list of CAAs trained to help families apply for and enroll in Healthy Kids. This activity was funded by First 5 Los Angeles.
31. *Enrolled in Medi-Cal; Coverage Continues*
Since children enrolled in the CHDP Gateway, Accelerated Enrollment, and Express Enrollment already have temporary coverage, when they are determined Medi-Cal eligible, the coverage continues.
32. *Is child enrolled all 12 months?*
Some children are at risk of getting dropped before the 12-month renewal date. When children's parents are also enrolled, parents must submit a Midyear Status Report (MSR) to continue coverage. If that process is not completed because the family did not receive, understand or return the MSR, the county discontinues the parents' coverage. Sometimes, their children are wrongly dropped from coverage at this point, too. Other times, CAAs do not know why children get dropped from coverage mid year.
33. *Does Ex Parte occur?*
Counties are required to do Ex Parte reviews of Medi-Cal enrollees as part of the renewal process. This means that, instead of asking families for information that counties may already have, counties must review other program files for eligibility information, such as food stamp files, and use the information in those files to determine the beneficiaries continued eligibility.
34. *Does renewal packet reach family?*
When a family moves, they must contact LA DPSS with their new address because DPSS does not forward mail. Oftentimes, families do contact the agency with their new address, and because it does not get recorded, the renewal packet does not reach the family.
35. *Renewal form complete?*
Sometimes families do not send in complete applications. Oftentimes, they do not understand the application process and do not get assistance from a CAA. Incomplete applications include applications that are not signed, are missing information and/or are missing documentation. At this point, the county will follow up with the family to obtain the missing information. If they are unable to reach the family after many attempts, the application could get denied.
36. *Appear Healthy Families eligible; put on Bridge for 1 month*
The Bridge program is offered to children who move from Healthy Families to Medi-Cal and Medi-Cal to Healthy Families. If, at renewal, a family's income is found to have changed and a Medi-Cal child is now eligible for Healthy Families, the child will continue Medi-Cal coverage for one month, while the application is forwarded to HFP and HFP determines the child's Healthy Families eligibility. The same occurs in the reverse, except that the Healthy Families to Medi-Cal Bridge is two months. Oftentimes, eligible children are not put on Bridge. Furthermore, many children in the Bridge program do not get determined eligible for the next program before their Bridge period is up, and they, therefore, experience a lapse in coverage. Families whose children "bridge" from Medi-Cal to Healthy Families must pay their premium

and choose a health plan before being enrolled in Healthy Families which could result in delayed or no coverage. Families whose children are on the Healthy Families to Medi-Cal Bridge must still pay their Healthy Families premiums.

37. *Application sent to Healthy Families?*

Oftentimes, applications for children who are on the Medi-Cal to Healthy Families Bridge are not sent to Healthy Families. This leads to children not obtaining the health care for which they are eligible—Healthy Families. The county has noted that it is burdensome to manually send the application to Healthy Families and that the process would be easier if they could electronically send the application to Healthy Families.

Single Point of Entry/Healthy Families Program

38. *Mail-in Medi-Cal/Healthy Families joint application*

Families can apply for both Medi-Cal and Healthy Families (HF) through one application—commonly known as the joint application.

39. *Application complete enough to do program screening?*

Single Point of Entry needs only enough information to determine if they should send the application to Healthy Families or to Medi-Cal for processing. Once the application is sent for Healthy Families processing, the family will be asked for any other missing information necessary to make a determination for Healthy Families eligibility. The Los Angeles Department of Public and Social Services (LA DPSS) will do the same to make a determination for Medi-Cal eligibility.

40. *Application screened for Medi-Cal using minimal information?*

When an application does not have enough information to screen for Medi-Cal at the end of the 4 days that the application is at SPE, this application is sent to Healthy Families, which has the capacity to do more follow up with the family. Healthy Families staff then screen the applications for Medi-Cal and send Medi-Cal applications to DPSS as soon as they have the minimum information they need to make that initial determination. However, there have been reports that some Medi-Cal eligible applications are not being screened for Medi-Cal at the earliest point possible and are not being sent to Medi-Cal right away. Instead, it appears that HF staff are requesting more information than minimally necessary to make a preliminary determination for Medi-Cal/Healthy Families. For the children eligible for Medi-Cal, their applications may be delayed, and the children, therefore, do not get accelerated enrollment and continued Medi-Cal in a timely manner.

41. *MEDS Screening*

All applicants must be screened for No-Cost Full-Scope Medi-Cal eligibility. A file clearance is done to check for enrollment in Medi-Cal enrollment through the Medi-Cal Eligibility Data System (MEDS). If the family is already enrolled in No-Cost Full-Scope Medi-Cal, the application is sent to the county and the county office will send the family a letter stating that they are not eligible because they are already enrolled in Medi-Cal. The Medi-Cal program will also send the family a letter informing them that they are not eligible for Accelerated Enrollment and that their application has been forwarded to the county. If they are not already enrolled in no-cost Medi-Cal and check that they do not want Medi-Cal, HF will send them a letter asking them to reconsider applying for Medi-Cal. If they are already enrolled in no-cost Medi-Cal, they are not eligible for Healthy Families.

42. *Eligible for Accelerated Enrollment?*
Some children are not eligible for Accelerated Enrollment because they are determined to already be enrolled in Medi-Cal when SPE does the MEDS screening. However, the application must still be forwarded to LA DPSS. If LA DPSS finds that the child is ultimately not eligible for Medi-Cal because he or she is already enrolled, they will send the family a notice with this information.
43. *Employer Health Insurance in the last 3 months?*
Children are not eligible for Healthy Families if they have had employer-sponsored health insurance in the last three months. They can re-apply once they have been without employer sponsored health insurance for three months. Some exceptions apply, such as if the child's parent loses a job or changes jobs or if the employer discontinues coverage for all employees.
44. *Application complete? Premiums paid? Health Plan chosen?*
Sometimes families do not send in complete applications or applications are labeled as incomplete due to error at SPE or HF. Incomplete applications include applications that are not signed, are missing information, are missing documentation, do not include premiums, and/or are missing health plan choice. The state will follow-up with the family to obtain the missing information. If they do not get the required information within 20 days, then the application will get denied.
45. *Family submit missing information within 60 days?*
Even though the child's application is denied at this point, if the family submits the required information within 60 days, HF will re-open the case and determine eligibility. After 60 days, families have to re-apply with a new application.
46. *Health Plan is notified*
The Healthy Families Program notifies Health Plans of enrollees renewal dates so the Health Plan can also remind families to renew their coverage.
47. *Renewal form complete?*
Sometimes families do not send in completed renewal forms. Sometimes they do not understand the renewal application process and do not get assistance from a CAA. Incomplete applications include applications that are not signed, are missing information and/or are missing documentation. The Healthy Families Program will follow up with the family to obtain the missing information. If they are unable to reach the family after many attempts, then the application could get denied.

LA Care/Healthy Kids

48. *AEVS*
The Automatic Eligibility Verification System (AEVS); a computerized system that allows agencies (e.g., community-based organizations and health plans) to check on the Medi-Cal status of beneficiaries.

General Note on Renewal: Families cannot re-enroll in health coverage through Express Enrollment or the CHDP Gateway, but they can through the other “doors” such as CAAs, schools, health plans, etc.

Recommendations

The following recommendations reflect the Program Integration Workgroup's thoughts on how to ensure that children can enroll in and maintain health coverage at the greatest number of entry points with the least amount of difficulty. These recommendations were informed by the gaps illustrated by the maps as well as the years of experience that Program Integration Workgroup members have in assisting families obtain and maintain health benefits. Rather than including a recommendation for each gap identified in the map, we have categorized the recommendations into four broad areas described below. Some of the recommendations represent large system changes that would go far towards simplifying the health coverage system for families, whereas others are more incremental changes that would solve everyday problems that families encounter in enrolling or keeping their benefits.

The Program Integration Workgroup developed these recommendations to guide its work over time, so there are some Los Angeles County-specific recommendations to improve existing outreach efforts. However, most of the recommendations are meant to be explored and implemented in collaboration with the Children's Health Initiative of Greater Los Angeles (LA CHI) and our partners, including the State, other counties, and other stakeholders. Finally, these recommendations are meant to be supportive of efforts already underway to address the identified gaps to coverage. For example, the Californians for Healthy Kids legislation (SB437 and AB 772) addresses many of the barriers to health coverage discussed in this document.

The following four overarching recommendations encompass most of the individual recommendations:

- **Enable all entry sites for health coverage to serve as “no wrong door” opportunities – where all family members can be enrolled into all programs for which they are eligible and receive the necessary follow-up and troubleshooting assistance to ensure that their applications for coverage are approved.**

A key goal of the Program Integration Workgroup is to reduce missed opportunities for enrollment. For example, when an assistor helps a child with enrollment, there is a good chance that the parent may be eligible for Medi-Cal. We know that by asking the parent to go elsewhere to apply, there is a good chance that the parent will not follow through – for this reason, the Program Integration Workgroup places great emphasis on the “no wrong door” strategy.

There are currently barriers to some entry sites providing assistance with all programs or all family members. A busy medical provider office may not have an assistor on-site, a children's agency may not have expertise in adult programs or even all programs for children, or an agency may encounter so few clients eligible for some of the smaller programs that they never develop expertise in those programs. There are ways to make it easier for these sites to provide more comprehensive service. If the programs themselves were simplified and aligned, so that improvements that have been made in the children's application process apply to the whole family, it would be much easier for assistors to enroll families. By making training readily accessible and available at no cost, assistors will be knowledgeable about the range of programs available and how to assist with or where to refer enrollment. Also, One e-App, California's emerging technology for “one-stop” health insurance enrollment, holds promise for easy enrollment of family members into multiple programs, even for assistors who lack experience or training.

- **Ensure that gateway and bridging programs, which provide temporary coverage while eligibility for ongoing coverage is determined, result in continued coverage in the program for which the child qualifies, whether Medi-Cal, Healthy Families, or Healthy Kids, without lapses in coverage.**

Gateway and bridging programs are excellent ways to provide almost immediate coverage for children while families apply for ongoing coverage, and they are heartily endorsed by the Program Integration Workgroup. However, these programs were designed as gateways to only particular programs, and they do not always lead to ongoing coverage. For example, the Children's Health and Disability Prevention (CHDP) Program Gateway is a gateway from CHDP to ongoing Medi-Cal and Healthy Families -- if a child is eligible for Healthy Kids, there is no mechanism to become enrolled via the Gateway. Furthermore, the follow-up for these programs is often difficult for families, and many children don't make it through the full application process, leaving them uninsured in the end. The recommendations in the table below suggest ways for these programs to connect to Medi-Cal, Healthy Families, and Healthy Kids in ways that are immediate and ongoing.

- **Simplify and align the application, enrollment, and renewal processes for Medi-Cal, Healthy Families, and Healthy Kids.**

The current process for enrolling in and maintaining health coverage for the family is burdensome, particularly for the many families with children eligible for different programs. Families have to determine for which program each child qualifies, where to go for enrollment, what documentation is needed, and what renewal requirements apply. Even families with children eligible for Medi-Cal or Healthy Families only have difficulty completing the application process without assistance. The majority of applications that come to the State with no assistance from an assistor are incomplete, demonstrating the difficulty families have in completing the application by themselves. Simplifying and aligning the enrollment and renewal processes for Medi-Cal, Healthy Families, and Healthy Kids would make enrolling and retaining coverage easier and seamless for families.

- **Develop data systems that can screen for pending applications and existing coverage, so that authorized users can accurately assess child's health insurance status to avoid duplication of services.**

Although it is important to allow children and families to enroll in health coverage wherever they enter the system (no-wrong door), currently, many schools, clinics and community-based organizations duplicate enrollment services by targeting the same child. The same uninsured child, for example, may have an application initiated through a school site and a CHDP office. This has been a significant problem in Los Angeles, leading to duplicate work for assistors, the County and the State, which then slows the approval process for all applications. Furthermore, this creates confusion and duplicate work for families. For families who already have coverage, the duplicate efforts to apply suggest that families do not realize that they have coverage or believe that they have to go through this additional effort to keep their benefits. The ability to electronically screen early on would eliminate the duplicate work of initiating and processing applications and free up assistors to help families understand the coverage they have and how to utilize their benefits to keep their families healthy.

RECOMMENDATION	LOCAL ACTION NEEDED	STATE ACTION NEEDED
<p>Enable all entry sites for health coverage to serve as “no wrong door” opportunities – where all family members can be enrolled into all programs for which they are eligible and receive the necessary follow-up and troubleshooting assistance to ensure that their applications are approved.</p>		
<p>1. Support Certified Application Assistors’ (CAAs’) ability to help all family members enroll in all programs for which they are eligible and to conduct troubleshooting as needed to ensure approval.</p>	<ul style="list-style-type: none"> ➤ Support Children’s Health and Medical Program (CHAMP) and “We’ve Got You Covered” (WGYC) comprehensive training programs so that they can continue to be widely available at no cost to all assistors. ➤ Develop a waiting list for CHAMP and WGYC trainings to assess unmet need. ➤ Identify ongoing financial support for Continuing Education series to include topics such as troubleshooting, retention, utilization, and immigration. (Keck Foundation currently funds, but long term funding is needed.) ➤ Require contracted CAAs to attend Continuing Education at least once a year as a condition for receiving local funding. ➤ Explore One-e-App as a way to easily enroll all family members in all programs for which they are eligible and that once implemented, ensure that it is widely available to CAAs. 	<ul style="list-style-type: none"> ➤ Make statewide training more comprehensive to include retention and troubleshooting so that the State receives more complete applications from CAAs. State training should include local programs, since many counties have or will have Healthy Kids programs. ➤ Reinstigate face-to-face training instead of or in addition to online. ➤ Consider a grant-based approach for funding outreach and enrollment in the future, as an alternative to a per-enrollment fee. ➤ Require Continuing Education for all CAAs as a condition for being able to bill for current \$50 CAA fee and any future state reimbursement for application assistance. ➤ Create a state ombudsman to be located in Los Angeles County to provide technical assistance to CAAs to help troubleshoot and resolve problem cases. ➤ Create a comprehensive master plan for outreach, enrollment and retention assistance that would outline a statewide approach while preserving flexibility for regional areas to cater the strategies to meet local needs. ➤ Develop a tiered reimbursement system to encourage follow-up, troubleshooting, and

RECOMMENDATION	LOCAL ACTION NEEDED	STATE ACTION NEEDED
		retention assistance (i.e., higher compensation for more comprehensive assistance).
<p>2. Ensure that community agencies serving uninsured children (CBOs, child care centers, WIC clinics, etc.) that do not have CAAs onsite are knowledgeable about health coverage programs and have the resources to make appropriate referrals.</p>	<ul style="list-style-type: none"> ➤ Distribute education and outreach materials that provide information on the range of low and no-cost health coverage programs and how to access health services. ➤ Provide list of locally contracted CAAs who can assist with enrollment. ➤ Target education and outreach to particular high-need geographic and/or service sectors (e.g., child care community). 	
<p>3. Ensure CAAs are available in all communities.</p>	<ul style="list-style-type: none"> ➤ Identify the geographic areas served and those that lack services using current data. (USC is conducting this analysis under the California Health Care Foundation Step by Step grant.) ➤ Support the distribution of CAAs to underserved areas. ➤ Ensure language/cultural capacity is accessible. 	<ul style="list-style-type: none"> ➤ Work with the Managed Risk Medical Insurance Board (MRMIB) to update their online CAA locator system on a regular (e.g., monthly) basis so that families can easily and accurately find assistance.
<p>4. Support school-based outreach and enrollment efforts as this has the potential to be a high-yield enrollment opportunity. More specific recommendations for this important strategy are included at the end of this document (recommendations 39 – 42).</p>		

RECOMMENDATION	LOCAL ACTION NEEDED	STATE ACTION NEEDED
<p>5. Support the ability of local information lines (e.g. L.A. Care and First 5 LA Connect) to respond to all calls, especially immediately after media blitzes, and to support special initiatives, such as the Emergency Medi-Cal to HK project (see recommendation 37).</p> <p>6. Support information lines' ability to provide comprehensive assistance for all family members and conduct the necessary follow-up to ensure that applications are approved.</p>	<ul style="list-style-type: none"> ➤ Ensure funding to flex-up hotline staff in response to LA CHI special projects. ➤ All hotline staff should attend continued training for troubleshooting, utilization, retention, immigration, and other issues. ➤ Ensure that the LA Department of Social Services (DPSS) and the Los Angeles Department of Health Services (DHS) hotlines refer to Healthy Kids. 	<ul style="list-style-type: none"> ➤ Provide Single Point of Entry (SPE) toll free line with resource information for LA Healthy Kids hotline and county contracted CAAs, and work with them to ensure that they refer families to Healthy Kids.
<p>7. Create electronic gateways similar to the CHDP Gateway and Express Enrollment (EE) for other public programs, such as WIC, with eligibility requirements similar to MC, HF, ad HK and which have the technological capability to support a gateway.</p>		<ul style="list-style-type: none"> ➤ Work with the State to provide the legal authority for identified entities to make preliminary eligibility determinations and develop the capacity for these sites to be electronic gateways to health insurance, building on the systems used by the CHDP Gateway and Express Enrollment. Consider these programs in the discussion when exploring the recommendations to improve current gateway programs in the section below.
<p>8. Ensure that health plan staff who conduct outreach and enrollment are knowledgeable about the full range of low and no-cost health coverage programs and that they adhere to MRMIB marketing guidelines.</p>	<ul style="list-style-type: none"> ➤ Encourage health plan CAAs to receive continuing education training on comprehensive enrollment (all programs), troubleshooting utilization, retention, and immigration. 	<ul style="list-style-type: none"> ➤ Explore creating a funding pool to which health plans contribute for local retention efforts, since retention helps to maintain their membership. ➤ Conduct ongoing monitoring of health plans to assure plans provide comprehensive information and assistance and provide families with unbiased choices.

RECOMMENDATION	LOCAL ACTION NEEDED	STATE ACTION NEEDED
<p>9. Support medical providers’ ability to serve as a “no wrong door” entry point for health coverage or to refer to trained CAAs.</p> <p>10. Ensure that providers are trained to refer eligible children to California Children’s Services (CCS) as enrollment in Los Angeles County may be lower than expected compared to other counties.</p>	<ul style="list-style-type: none"> ➤ Distribute education and outreach materials on low and no-cost health coverage programs and list of local contractor CAAs, as appropriate. ➤ Explore One-e-App as a way for providers, including financial screeners and DPSS eligibility workers at medical provider sites, to easily enroll all children and family members in all programs for which they are eligible. ➤ Monitor expected level of CCS enrollment to assess whether the program is being underutilized. 	
<p>11. Develop process for LA DPSS Eligibility Workers (EWs) to help eligible children enroll in Healthy Families.</p>	<ul style="list-style-type: none"> ➤ Allow LA DPSS to process/make eligibility determinations for Healthy Families. ➤ Allow EWs to complete joint application for children who appear eligible for Healthy Families. ➤ Explore obtaining consent from families up-front to forward applications of children not eligible for no-cost full-scope Medi-Cal to Healthy Families (similar to Express Enrollment legislation, SB 1196). 	<ul style="list-style-type: none"> ➤ Work with California Department of Health Services (DHS) to secure approval for EWs to do non-Medi-Cal work and be reimbursed for time spent on this activity. ➤ Develop a process for providing children with AE from DPSS to Healthy Families, to mirror the AE from Healthy Families to Medi-Cal.
<p>12. Develop process for EWs to help eligible children enroll in Healthy Kids.</p>	<ul style="list-style-type: none"> ➤ Develop a process for EWs to routinely inform families of children they directly enroll in restricted scope Medi-Cal that their children are likely eligible for Healthy Kids and to assist or refer them for application assistance. 	<ul style="list-style-type: none"> ➤ Work with California DHS to secure approval for EWs to do non-Medi-Cal work and be reimbursed for time spent on this activity.

RECOMMENDATION	LOCAL ACTION NEEDED	STATE ACTION NEEDED
	<ul style="list-style-type: none"> ➤ Allow EWs to assist families with Healthy Kids applications and send to L.A. Care for processing. ➤ Explore obtaining consent from families upfront to forward applications of children not eligible for no-cost full-scope Medi-Cal to Healthy Kids (similar to SB 1196). ➤ Create process for pre-printed information from restricted scope Medi-Cal data to serve as a Healthy Kids application, upon the family's verifying, signing, and forwarding the pre-printed form to L.A. Care. (Pilot project is in development.) ➤ Develop Accelerated Enrollment (AE) process from DPSS to Healthy Kids. 	
<p>13. Develop a process for SPE to forward applications for children who appear eligible for HK to L.A. Care for processing at earliest point possible.</p>		
<p>Ensure that gateway and bridging programs, which provide temporary coverage while eligibility for ongoing coverage is determined, result in continued coverage in the program for which the child qualifies, whether Medi-Cal, Healthy Families, or Healthy Kids, without lapses in coverage.</p>		
<p>14. Ensure that all children going through EE (via the school lunch program) receive immediate temporary no-cost full-scope Medi-Cal until they are enrolled in the health coverage program for which they are eligible (including Healthy Families and Healthy Kids).</p>	<ul style="list-style-type: none"> ➤ Support implementation of SB 1196, which allows the County to forward school lunch applications of children who are ineligible for full-scope, no-cost Medi-Cal to HF or HK. ➤ Support efforts of both the school district and County to presumptively enroll students, follow-up with families who do not respond, 	<ul style="list-style-type: none"> ➤ Allow temporary no-cost full-scope Medi-Cal to continue until the child is enrolled in ongoing Medi-Cal, Healthy Families or Healthy Kids. Coverage should not end when determination for Medi-Cal is made since child may be eligible for HF or HK. ➤ Extend EE to include all children eligible for free and reduced-price meals until they can

RECOMMENDATION	LOCAL ACTION NEEDED	STATE ACTION NEEDED
	<p>and to conduct targeted outreach.</p> <ul style="list-style-type: none"> ➤ Ensure that the County has the capacity to accept applications before new school districts implement EE. 	<p>be enrolled into the program for which they are eligible.</p>
<p>15. Increase the rate of families who follow through on the EE process and send in their completed paperwork.</p>	<ul style="list-style-type: none"> ➤ Support Los Angeles Unified School District’s (LAUSD) efforts to follow-up with EE families who have yet to submit their follow-up information. SB 1196 allows for counties to provide the names and contact information of families who are at risk of losing coverage because they did not submit their follow-up information. 	
<p>16. Improve response rate for families of children going through the CHDP Gateway completing the joint application.</p>	<ul style="list-style-type: none"> ➤ Work with local CHDP office to educate providers about CHDP Gateway process, make “cheat sheet” about the Gateway available, link providers to local CAAs if none available onsite, make list of locally contracted CAAs available at CHDP provider offices. 	<ul style="list-style-type: none"> ➤ Explore with MRMIB sending list of locally contracted CAAs to LA County families who request joint applications, along with the application. ➤ Work to implement a one-step CHDP Gateway process, either through AB 624 or administratively (see recommendation # 20).
<p>17. Create link between CHDP Gateway and Healthy Kids.</p>	<ul style="list-style-type: none"> ➤ Ensure that CHDP provider staff are knowledgeable about Healthy Kids and can assist families or provide referrals and brochures. ➤ Develop a list of providers who are both CHDP and Healthy Kids providers to target outreach efforts toward providers most likely to assist children with Healthy Kids applications. 	<ul style="list-style-type: none"> ➤ Follow up with families who do not complete Gateway process or are denied ongoing Medi-Cal to inform them about other options, including Healthy Kids.

RECOMMENDATION	LOCAL ACTION NEEDED	STATE ACTION NEEDED
18. Ensure CHDP providers have up-to-date information on implementing the Gateway.		<ul style="list-style-type: none"> ➤ Provide regular refresher trainings to all CHDP providers and repeat initial training for new providers.
19. Improve tracking of children who obtain continued Medi-Cal and Healthy Families through the CHDP Gateway. Many children who go through the Gateway apply for continued coverage via the CHDP clinic, schools, and CBOs, rather than requesting and filling out the joint app sent by the State.		<ul style="list-style-type: none"> ➤ Provide local CHDP providers and CAAs a way to “tag” applications as resulting from the CHDP Gateway. For example, allow CHDP providers to place the child’s bar code from the CHDP Gateway computer system on a joint application. ➤ Provide LA County with data on children who apply for and obtain continued health coverage as a result of the CHDP Gateway.
20. Simplify follow-up procedures for gateway programs (CHDP and EE) so that families need to take minimal action to receive continued coverage (e.g., requiring families to submit the joint app as part of the CHDP as part of the CHDP Gateway is difficult for families, as may be evidenced by the low rate of returned apps and the high rate of incomplete apps.).		<ul style="list-style-type: none"> ➤ Work toward a “one-step” application process. ➤ Ensure that forms and follow-up requirements are as minimal and simple as federally allowed. ➤ Ensure that families do not have to fill out paperwork that the State or County may already have (e.g. use pre-populated forms).
21. Ensure children who are enrolled in temporary coverage through the CHDP Gateway remain enrolled until they are enrolled in the ongoing health coverage program for which they are eligible (including Healthy Families and Healthy Kids).		<ul style="list-style-type: none"> ➤ Allow children to remain enrolled in temporary coverage until they are enrolled in Medi-Cal, Healthy Families, or Healthy Kids. Allow ample time for families to submit missing information. (AB 624)
22. At Medi-Cal renewal, if child appears	<ul style="list-style-type: none"> ➤ The Medi-Cal to Healthy Families Bridge 	<ul style="list-style-type: none"> ➤ Support State’s efforts to develop electronic

RECOMMENDATION	LOCAL ACTION NEEDED	STATE ACTION NEEDED
<p>eligible for Healthy Families, ensure that Bridge program is working and that children do not experience a lapse in coverage. Allow Bridge from Medi-Cal to Healthy Families to continue until child is enrolled in Healthy Families (as opposed to one month).</p>	<p>program is in the process of being automated, which will make it much easier for the program to be fully utilized.</p>	<p>transmission of information from DPSS to Healthy Families. Obtain state financing for DPSS to implement.</p> <ul style="list-style-type: none"> ➤ Support legislation to allow Bridge to continue until child is enrolled in Healthy Families.
<p>23. Develop Bridge between Medi-Cal and Healthy Kids for children who are no longer eligible for no-cost full-scope Medi-Cal but appear eligible for Healthy Kids.</p> <p>24. Allow children to continue coverage until they are enrolled in Healthy Kids.</p>	<ul style="list-style-type: none"> ➤ Develop a system for obtaining consent and forwarding applications of likely eligible children to Healthy Kids. 	<ul style="list-style-type: none"> ➤ Develop legislation/administrative recommendations to develop Bridge program between Medi-Cal and Healthy Kids. State dollars would have to be allocated for children to remain enrolled in Medi-Cal until children enrolled in Healthy Kids. Number of children affected likely to be small.
<p>25. Simplify the Healthy Families to Medi-Cal Bridge by:</p> <ul style="list-style-type: none"> a. allowing Bridge to continue until child is enrolled in Medi-Cal (as opposed to two months) and b. eliminating the requirement that families whose children are on the Healthy Families to Medi-Cal Bridge still pay Healthy Families premiums. 		<ul style="list-style-type: none"> ➤ Support legislation to allow Bridge to continue until child is enrolled in Medi-Cal.
<p>26. Create a Bridge between Healthy Families and local Healthy Kids programs. Children enrolled in Healthy Families whose family income goes above 250% of poverty should be seamlessly transitioned to an available local health insurance program.</p>		<ul style="list-style-type: none"> ➤ Develop a system for obtaining consent and forwarding applications of likely eligible children to Healthy Kids. ➤ Develop legislative/administrative recommendations to develop Bridge program between Healthy Families and Healthy Kids. State dollars would have to be allocated for children to remain enrolled in Healthy

RECOMMENDATION	LOCAL ACTION NEEDED	STATE ACTION NEEDED
		Families until children enrolled in Healthy Kids.
27. Create a Bridge between Healthy Kids and Medi-Cal/Healthy Families.	➤ For children whose income drops below 250% of FPL, develop a system for obtaining consent and sending app to MC or HF, with no gap in coverage. Discontinue premiums during the Bridge period for families transferring to MC.	➤ Allow DPSS and Healthy Families to accept Healthy Kids renewal application as an application for Medi-Cal and Healthy Families.
Simplify and align the application, enrollment, and renewal processes for Medi-Cal, Healthy Families, and Healthy Kids.		
28. Simplify Medi-Cal/Healthy Families application: a. Allow self declaration of income b. Eliminate/minimize other documentation		<ul style="list-style-type: none"> ➤ Work with State on proposed simplification of Medi-Cal/Healthy Families joint application and explore possibilities to simplify the Medi-Cal only application. ➤ Support legislation to eliminate documentation requirements not required by federal law.
29. Align the enrollment and renewal processes for Medi-Cal, Healthy Families, and Healthy Kids.		<ul style="list-style-type: none"> ➤ Align application requirements for all programs. ➤ Eliminate documentation requirements at renewal not required by federal law. ➤ Explore developing one renewal form for all three programs.
30. Streamline the Health-e-App application process to ensure that electronic applications can be easily matched with the faxed paper documentation.	<ul style="list-style-type: none"> ➤ Track and document problems locally with Health-e-App. ➤ Explore Health-e-App's capability to allow agencies to scan documentation so that it is submitted electronically with the application. 	➤ Develop recommendations to the State documenting problems; work with State to resolve and monitor.

RECOMMENDATION	LOCAL ACTION NEEDED	STATE ACTION NEEDED
31. Ensure children remain covered when parents who do not complete their 6-month redetermination lose coverage.	➤ Work with DPSS to assess whether this is a problem. (A recent programming change to LEADER may have been sufficient to ensure that children remain covered even if parents are terminated at the six-month point.)	
32. Reduce parent redetermination to once a year to align with children’s application process.		➤ AB 699 addresses this recommendation. Pursue legislative/administrative change if current legislation does not pass.
33. Allow self-verification of assets for parents applying for Medi-Cal, to align with children’s application process.		➤ AB 1239 addresses this recommendation. Pursue legislative/administrative change if current legislation does not pass.
34. Ensure joint applications are processed accurately and timely.	➤ Support statewide advocacy efforts occurring to resolve issues at SPE and Healthy Families.	➤ Ensure SPE and Healthy Families staff are trained and are forwarding potential Medi-Cal applications to DPSS at the earliest point possible, with only the data points absolutely needed, so that Accelerated Enrollment can begin as soon as possible. ➤ Encourage direct and regular contact between MRMIB, Maximus, CAAs and stakeholders to present, address, and follow up on issues.
Develop data systems that can screen for pending applications and existing coverage, so that authorized users can accurately assess child’s health insurance status to avoid duplication of services.		
35. Support efforts to reduce the number of insured children (mostly Medi-Cal) who apply for Medi-Cal through Express Eligibility.	<ul style="list-style-type: none"> • Support LAUSD’s efforts to prescreen children for health coverage before enrolling in EE. ➤ Support LAUSD’s efforts to get accurate and	

RECOMMENDATION	LOCAL ACTION NEEDED	STATE ACTION NEEDED
	<p>timely information on children’s health insurance status.</p> <ul style="list-style-type: none"> ➤ Expand prescreening to include Healthy Families and Healthy Kids. 	
<p>36. Increase access to data so that LAUSD can target its enrollment efforts and avoid generating duplicate applications.</p>	<ul style="list-style-type: none"> ➤ Explore with L.A. Care the feasibility to conduct a data match to determine the children who have Healthy Kids coverage. 	<ul style="list-style-type: none"> ➤ Continue to work with DHS/MRMIB on data match of children on Medi-Cal and Healthy Families.
<p>37. Enable DPSS to do targeted outreach to families of children with Emergency Medi-Cal to inform them about HK. Targeted effort should exclude children who already have HK.</p>	<ul style="list-style-type: none"> ➤ DPSS to explore with L.A. Care the feasibility to conduct a data match to determine the children who have Healthy Kids coverage. (Pilot project in progress) 	
<p>38. Improve current data systems to allow authorized entities to get real-time accurate information on children’s insurance status. Expand access to data systems to more sites where families are likely to apply for health coverage, such as WIC sites, child care sites and community-based organizations.</p>		<p>Work with State to give authorized CAAs access to data systems (e.g. similar to CHDP providers) to check on the insurance status of children, and allow more entities to have access to this data while maintaining family confidentiality.</p>
Recommendations for local school-based outreach efforts		
<p><u>Schools: Teachers for Healthy Kids:</u></p> <p>39. Ensure that health plans conducting outreach in schools provide families with unbiased choices. (See recommendation # 8 above)</p>	<ul style="list-style-type: none"> ➤ Support the development of an MOU between health plans working in schools and the school district to ensure coordination and quality assurance. ➤ Ensure that printed materials that health plans distribute to parents have school district CHAMP contact information. 	

RECOMMENDATION	LOCAL ACTION NEEDED	STATE ACTION NEEDED
<p><u>Schools: CHAMP HELPLINE:</u></p> <p>40. Support HELPLINE to use its full potential to enroll and re-enroll children in health coverage; current efforts are circumscribed by limited funding for staff.</p>	<ul style="list-style-type: none"> ➤ Support CHAMP to increase the threshold languages it can handle directly. ➤ Support HELPLINE efforts for automated outbound calling campaign to assist the outreach efforts of community organizations. For example, HELPLINE can make automated calls to parents to let them know outreach workers will be on site at a school. 	
<p><u>Schools: Requests for Information (RFI)</u></p> <p>41. Ensure follow-up on current RFIs, and restrict future RFI process to ensure that the number sent out does not exceed the capacity to conduct timely follow-up. (RFIs are forms families fill requesting someone to contact them to help them apply for health insurance. Because of the volume of RFIs schools receive, schools have not been able to conduct follow-up in a timely manner.)</p>	<ul style="list-style-type: none"> ➤ Support LAUSD capacity to follow up with current outstanding RFIs. ➤ Use a targeted approach when sending out RFIs (identify uninsured children to the greatest extent possible and allowable). ➤ Screen children for Medi-Cal coverage before sending RFI for follow-up. ➤ Increase capacity for timely RFI follow-up and other school-based enrollment efforts. 	

RECOMMENDATION	LOCAL ACTION NEEDED	STATE ACTION NEEDED
<p><u>Schools: At school registration</u></p> <p>42. Explore new outreach strategies to reach uninsured children when their families enroll them in school.</p>	<p>➤ Explore the current use of emergency cards to include more information and assistance for the uninsured children who enroll or already attend school.</p>	