November 13, 2012

Members, California Health Benefit Exchange Board
560 J St., Suite 290
Sacramento, CA 95814
Sent via info@hbex.ca,gov

Re: Service Center Enrollment Protocol Priorities

Dear Chairwoman Dooley and the California Health Benefit Exchange Board members:

Our California Children's Coverage Coalition, comprised of the 100% Campaign (a collaborative effort of The Children's Partnership, Children Now, and Children's Defense Fund-California), along with California Coverage & Health Initiatives, and PICO California, has previously submitted comments on pending service center Medi-Cal enrollment protocol options. Because these important operational decisions have not yet been completed, we appreciate this opportunity to identify what we see as key service center enrollment protocol priorities.

- **Initial screening must include a robust Medi-Cal assessment and a "warm hand-off" if needed.** We have serious concerns with and oppose a two-step enrollment process or "bifurcated" enrollment approach for MAGI-eligible applicants, because it will truly make a seamless enrollment process difficult or impossible, particularly for children in families eligible for multiple programs and for those with limited English proficiency. Since the State is already committed to bifurcating the enrollment process (between the State call center and the Medi-Cal county agencies) for applications received at the State call center, we recommend that the call center protocol include a robust Medi-Cal assessment, as the quick sort option is likely to be too broad a screen and will send most applications, except a few, away from the Exchange and the State call center. Moreover, we recommend that any call center screen and referral for Medi-Cal should ONLY OCCUR IF, there is a warm hand-off for a final determination and enrollment is provided in real-time (see below). Accuracy and a streamlined screening process will be key elements of meeting both the Board's requirements and the federal requirements for a seamless enrollment system.

- **A contingency protocol is required if the requisite warm hand-off and real-time enrollment are not possible.** Any bifurcated enrollment approach, including the Medi-Cal assessment approach, must guarantee a warm hand-off and real-time enrollment (where feasible), in order to ensure seamlessness and ease of enrollment. We strongly agree with the staff recommendation for a timely warm hand-off: the 80/20 standard (e.g. 80% of callers have a warm hand-off within 20 seconds.) In addition, should an applicant not be able to receive a timely warm hand-off, we strongly recommend that the protocol requires the call center to assist the family in completing their application process and

provide immediate coverage while any completed applications for Medi-Cal are transmitted to the county. Even if a warm hand-off is provided after a Medi-Cal assessment, the applicant should still be enrolled in coverage without delay. The State, as part of its protocol, will also need to establish a standard for real-time enrollment and a contingency protocol if that is not possible, such as providing accelerated enrollment.

- **Applications for multiple-program families should be processed together.** Regardless of where a family applies, those family applications for members eligible for multiple programs should be processed together. Such applications coming to the county should be processed and enrolled for Medi-Cal and the Exchange by the county. Similarly, those applications coming through the state call center should be given a Medi-Cal assessment and processed for Medi-Cal and the Exchange. In the bifurcated enrollment approach, the application for Medi-Cal eligible family members may be forwarded to the county for final determinations and case management, but enrollment for Medi-Cal and plan selection should be handled together for the whole family.

- **Enrollment data should be stored in CalHEERs and case management information should be kept up-to-date.** All cases with families in multiple programs should be stored at least in one central data system, such as CalHEERS, in order for both program agencies to access the whole family's application and information. Both agencies should update case information on CalHEERS as well. Each program should be responsible for cases enrolled in their program but also be responsible for assisting other family members enrolled in the other program with any coordination or updates (e.g. reporting changes in circumstances or answer questions about their enrollment).

If you have any questions, please feel free to contact Kathleen Hamilton at (916) 706-2917 or khamilton@childrenspartnership.org.

Sincerely,

Ted Lempert
President
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Corey Timpson
Director
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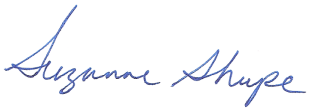

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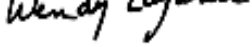

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Use Cases to Illustrate CA HBEX Application Process

Purpose/Background:

In following up on Exchange Service Center discussions, and in an effort to better understand the intended application, eligibility determination, enrollment, and retention process across a variety of channels, The Children's Partnership, Social Interest Solutions and a few others met to map out the process by looking at several different applicant profiles applying through different channels. Our discussion brought to light many questions and a number of policy and operational issues, as outlined below. In particular, it highlighted the significant inter-connectedness of the various channels, and the need to think about them collectively rather than individually.

In an effort to put some structure around these questions and issues, we developed several use cases (below) that were incredibly useful in surfacing relevant questions and considerations. Given the nature of these questions, we think it would be helpful to a broader stakeholder constituency for CA HBEX to use these or similar use cases as a way to illustrate likely scenarios. This could help shape the state's vision for how certain situations will be handled across the inter-connected channels. Our hope is that this document and further discussion will help to address questions raised during our work on this and to surface others. We would welcome the opportunity share more about our process for developing these use cases and our thoughts about optimizing the consumer experience while maximizing efficiency.

List of the possible channels:

Online Self-Service
Navigator
County Eligibility Worker
Phone
Walk-In
Mail

(Partial) list of processes that require definition for each application channel and (in some cases) for each program:

User interface (for consumer, for assister/navigator, for service center worker, for county EW)
3rd party data sources check
Rules engine
System of record
Eligibility calculations (MAGI, APTC, CSR)
Sources of help (service center, other)
"Re-direct" of applications (from county to CalHEERS and vice-versa)
Plan selection
Renewal/change in circumstance/account access

Starting Point Use Cases:
We approached these use cases through the applicant lens, and the issues raised for each focus on the user experience. For the most part, we haven't called out here the "back-end" technical questions (such as system of record, rules engine, etc.) that would not be visible to the user, some of which are listed above.

1. Single individual, eligible for MAGI Medi-Cal, filling out CalHEERS self-service application online. Needs help in the middle of the application, and contacts the Service Center.

   Issues for Consideration:
   - Is the CalHEERS online application the full, complete MAGI application (i.e., the single, streamlined application for all insurance affordability programs), or would that online application include a "quick sort" (of the type outlined in the Service Center materials from the 9/18/12 Board meeting)?
   - What options will the applicant have for contacting the Service Center – phone/chat/other?
   - When the applicant contacts the Service Center, how will s/he be helped? Will the Service Center:
     - Provide verbal assistance to get the applicant back on track (no visibility to the individual's in-process online application);
     - Take over control of the online application (remote support) as a proxy to help the applicants through their question, or possibly to complete the application on their behalf; or
     - Begin anew with a quick sort and provide a warm handoff to the county for further assistance?
   - Assuming the applicant has received help and resumed completing the online application by his/herself, will s/he end up with a final determination at the end of the process, or just a preliminary one?
   - When and how will the plan selection process happen? Will the plan selection process vary by county?
   - At what point will the application data be sent to the county? At that point, will the applicant switch to using a different interface or will the applicant continue to use the CalHEERS interface?
   - Where will the applicant go to report a change of circumstance or for a renewal application? How will they be told where to go?
   - Where will the rules engine(s) reside, and where will the eligibility calculations occur (e.g., for MAGI, APTC, and cost-sharing reductions)?

2. Mixed eligibility family with family income of 130% – one adult immigrant of less than 5 years in the country and one citizen child. Parent goes to a community-based Navigator for help applying for health coverage.

   Issues for Consideration:
   - What user interface will the **Navigator** be using – the full CalHEERS online application that a self-service online applicant would encounter, a two-step quick sort process as proposed for the Service Center, or something else?
   - **If quick sort,** will both family members be sent to the county, or just the child? Will the county determine eligibility for the adult, or will the adult get sent back to the Exchange for eligibility

determination? What is the effective date of coverage for each person? How long will it take for final eligibility to be determined for each person?

- **If full application,** at what point will the child be sent to the county? What is the effective date of coverage for each person? How long will it take for final eligibility to be determined for each person?
- **In either case,** when and how will the plan selection process happen for each person?
- Where will the family go to report a change of circumstance or for a renewal application? How will they be told where to go?
- Where will the rules engine(s) reside, and where will the eligibility calculations occur (e.g., for MAGI, APTC, and cost-sharing reductions?

3. Mixed eligibility family with family income of 130% – one adult immigrant of less than 5 years and one citizen child. Parent calls the Service Center to apply.

   Issues for Consideration:

   - If **quick sort**, will both family members be sent to the county, or just the child? Will the county determine eligibility for the adult, or will the adult then get sent back to the Exchange? What is the effective date of coverage for each person? How long will it take for final eligibility to be determined for each person?
   - **If full application**, at what point will the child be sent to the county? What is the effective date of coverage for each person? How long will it take for final eligibility to be determined for each person?
   - **In either case**, when and how will the plan selection process happen for each person?
   - Where will the family go for a change of circumstance or renewal application? How will they be told where to go?
   - Where will the rules engine(s) reside, and where will the eligibility calculations occur (e.g., for MAGI, APTC, and cost-sharing reductions)?