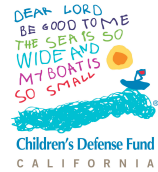




CHILDREN NOW



September 11, 2012

California Health Benefit Exchange Board Members
560 J Street, Suite 290
Sacramento, CA 95814

RE: SERVICE CENTER SCREEN AND REFER PROTOCOLS

Dear Board members:

The 100% Campaign (a collaborative of The Children's Partnership, Children Now, and Children's Defense Fund-California), joined by California Coverage & Health Initiatives and United Ways of California, appreciates this opportunity to further comment on the issues raised by the proposed screen and refer protocols as an element of the Exchange's decision to adopt a state-centralized multi-site service center model.

The task at hand is to craft program administration protocols that completely adhere to stated Exchange principles and comply with federal law. The Exchange's principles include the promise of a first-class customer experience; comprehensive, *integrated, streamlined services* [italic added]; and responsiveness to consumers and stakeholders. Further, we note that federal law requires the Exchange to "ensure that eligibility processes for all insurance affordability programs are streamlined and coordinated," and that an eligibility assessment "arrangement does not increase administrative costs and burdens on applicants, enrollees, beneficiaries, or application filers or increase delay" (45 CFR 155.302(d)).

We think it is less important who conducts eligibility determinations, than that they are done in a seamless, fully-integrated manner that serves families well. The consumer service experience should be consistent, regardless of the entry point used to apply for health coverage. We respectfully suggest that it is the duty of the Exchange to ensure that whatever service center model and operational protocols it proceeds with are in compliance with federal requirements. Those requirements specify that eligibility and enrollment functions do not delay receipt of coverage and that applicants for health coverage are greeted with the "comprehensive, integrated, streamlined" services explicitly promised by the Exchange.

While applicants who apply through the online portal may benefit from a streamlined eligibility and enrollment process with invisible back-end system coordination, we are concerned that those applying through the Exchange's call center may not have the same experience. If the

intention is to refer Medi-Cal likely eligible applicants to the county of residence, such a screen and refer protocol does not appear to be integrated, streamlined, and coordinated. In order to avoid an unconnected, bifurcated process, the Exchange will need to establish specific, detailed protocols that require the Exchange call center to remain linked to applications referred to counties, and to retain a centralized “file” for all callers. Additionally, the protocol should specify that the Exchange retains the ultimate responsibility for ensuring that all callers receive streamlined, coordinated, non-delayed service. When referring applicants to the county of residence, the Exchange must transfer the application information that has been gathered, so that callers are not subject to repeating the application process. Additionally, the Exchange should require follow-up on county referrals, so that it can confirm a completed eligibility determination and enrollment has occurred in an appropriate amount of time.

This potential for a bifurcated application process would be particularly troublesome for California’s children: An estimated 1.8 million children—about 18% of all California children—who will be eligible for Medi-Cal will have a parent eligible for the Exchange. For example, a single mother could contact the Exchange by telephone to arrange for coverage for herself and her children. In many instances, this parent could be found eligible for subsidized Exchange coverage, but her children found to be likely Medi-Cal eligible. Under one possible protocol option, the Exchange call center staff fill out and process the mother’s application, eligibility confirmation, and ultimate plan selection, and then transfer the parent by phone to the county of residence for a duplicative process of eligibility determination, enrollment, and plan selection for her children. Families applying through the Exchange call center should not have to fill out and submit multiple applications for different family members and be sent to multiple sites in order to complete family member enrollments. Such a process would not only be cumbersome, but more importantly is likely to lead to delays in coverage.

In the event the county of residence call center is not immediately able to take a transferred call, how will the Exchange call center handle that pending application? It would not be consistent with a commitment to a first-class customer experience if the parent were instructed to call the county directly, at a later time. Given that the parent in this instance has already provided all necessary financial information, and given that families may wish to enroll family members in the same plan, this protocol option does not appear consistent with established Exchange principles. This parent should not be expected to start over and potentially endure delays getting her children covered. In fact, such a delay would mean she is unable to select a plan for herself that will also be offered to her children. The mother would ostensibly have to call the Exchange call center back after enrolling her child in Medi-Cal in order to select a plan that can serve the entire family.

As the Exchange is contemplating how to develop a screen and refer protocol that follows federal requirements and the Exchanges principles, we suggest the following elements:

- **Screen and Accelerated Enrollment.** When an application is taken over the phone by the Exchange call center and one or more of the family members appear eligible for Medi-Cal, those family members can immediately be granted “potential eligibility” and be

provided temporary coverage immediately under a process the state calls “accelerated enrollment.” This process is used currently for children’s joint applications for Healthy Families and Medi-Cal, whereby children who appear potentially eligible for Medi-Cal are given temporary coverage immediately while their application is transferred to their county of residence for a full eligibility determination. This approach could meet the “without delay” federal standard while preserving state statutory requirements for a county Medi-Cal eligibility determination. In addition, the applicant on the phone could still compare and select Exchange and Medi-Cal health plans for provider network overlap even if their Medi-Cal plan enrollment would not officially begin until a county eligibility determination is made. Federal ACA law offers presumptive eligibility for Medi-Cal as an option for adults as well as children.

To not adopt some form of presumptive eligibility or accelerated enrollment for applications coming through the call center would appear to be a roll back in enrollment streamlining for children: Medi-Cal children currently applying through the Single Point of Entry have the benefit of immediate coverage through accelerated enrollment. If the call center protocol does not adopt a similar approach, this benefit of streamlined enrollment from this entry point for these children would be taken away.

At the very least, families with some members potentially eligible for Medi-Cal should be able to receive temporary Medi-Cal while the application is transferred to avoid “ping-pong-ing” these families back and forth between the Exchange call center and the county agency in order to enroll and select health plans for all family members.

- **Family Profile in CalHEERS.** The state-administered Exchange call centers must be directed to retain all initial application details, so that there is a centralized record of the entire family, even if some members are ultimately not enrolled through the Exchange. When Exchange enrollees subsequently contact the Exchange to report changes (e.g. an address change), optimally Exchange call center staff should have access to all program enrollment “files” and be able to enter a change of information for all family members, regardless of which affordability program they are enrolled in. If that is not possible, Exchange staff must be directed to review the family “profile” on record, so that the caller can be provided with information on how to report changes or other information to other entities, such as a county. Our understanding is that CalHEERS has the capacity to maintain such a family record, and in fact that originally provided data would be retained for some unknown period of time. The Board should direct that such initial records, including mention of family members expected to be enrolled in non-Exchange programs, are maintained as long as the enrollee’s record is retained. In addition, the call center should be able to allow an applicant to start an online account for all their family members, especially if the family needs to return on their own to complete an application process that was started over the phone. In our view, this process is needed to meet expectations of “comprehensive” service.
- **Assister Referral.** Screen and refer protocols must include a clear commitment to immediate handling of ALL telephone applications. In the event that a county is not immediately available to receive a “hand-off” from the Exchange call center, Exchange call center staff should be directed to connect applicants with a certified assister in their area

who can complete the family's enrollment needs that day. This protocol element alone will not solve the issue of duplicative and bifurcated applications and processing, but it might be preferable to the option of leaving the applicant with just a number to call and potentially not following through later.

As is often reported, the California Health Benefit Exchange is the lead car as implementation of the historic Affordable Care Act unfolds across the nation. We know you share our vision for a comprehensive, streamlined, integrated enrollment and eligibility system, one that does not rollback existing streamlining strategies or contribute to delays in coverage. In your effort to leverage existing resources, we implore you not to lose sight of those principles. At the end of the day, we want to join a chorus of observers who will say we did indeed create a first-class consumer experience.

For more information, or to further discuss these recommendations, please contact Kathleen Hamilton at khamilton@childrenspartnership.org, or at 916-706-2917.

Sincerely,



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