



# OUTREACH, ENROLLMENT, RETENTION & UTILIZATION STRATEGIES FOR HEALTH CARE COVERAGE: OPERATIONALIZING THE POLICY FRAMEWORK

POLICIES AND PRACTICES FROM TEN CALIFORNIA CHILDREN'S HEALTH INITIATIVES

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**Community Health Councils (CHC)** is a non-profit, community-based health advocacy, policy and educational organization. Established in 1992, our mission is to improve health and increase access to quality health care for uninsured, under-resourced and underserved populations.

**California Covering Kids and Families (CKF)** is a coalition of diverse leadership throughout California working to advance the quality and accessibility of health care for children and families. Community Health Councils is the lead agency in this network.

**Community Health Councils**, through the Covering Kids and Families statewide project, developed this *Toolkit*, a companion piece to the *Policy Framework for Outreach, Enrollment, Retention and Utilization of Health Care Coverage in California* with funding from The California Endowment. Both the *Policy Framework* and this *Toolkit: Operationalizing the Policy Framework* can be accessed through the Community Health Councils website at [www.chc-inc.org](http://www.chc-inc.org).



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Note: At the time the data were collected, Tulare, Santa Cruz and Fresno counties had not launched their local Children's Health Initiatives. All examples are based on county submissions from April 2005 to May 2006. Agencies that submitted information for the Toolkit reviewed their county examples, except for Tulare County, and some counties updated their information since 2006.



## TOOLKIT PURPOSE

This *Toolkit: Operationalizing the Framework* is a companion piece to the *Policy Framework for Outreach, Enrollment, Retention and Utilization for Health Care Coverage in California*, a policy report released by Community Health Councils and the Covering Kids and Families project in May 2006.

The report provided a vehicle for California and its counties to define and structure the Outreach, Enrollment, Retention and Utilization (OERU) policies, systems and strategies that support the framework, demonstrate promise or function as a “patch” within the current system. The *Toolkit* provides additional examples of Outreach, Enrollment, Retention and Utilization (OERU) policies and practices that maximize health coverage for uninsured children and families.

County and policy experts from ten *Children’s Health Initiatives* (CHI) worked together to create the *Policy Framework* and the *OERU Toolkit*. Both publications developed from their cumulative experience with OERU of children’s health coverage programs at the local level.

The *Toolkit* is divided into ten Units that correspond to the ten framework components identified as the fundamental elements for effective and efficient OERU policies. The strategies and practices that local Children’s Health Initiatives (CHI) have implemented as they integrated and coordinated OERU at the local level are described in each Unit. When the policy framework was developed, there were 18 CHIs operating throughout the state, offering affordable, comprehensive health coverage products to thousands of children ineligible for either Medi-Cal or Healthy Families.

The *Toolkit* is designed as a resource for organizations that may want to access specific examples to strengthen and build their OERU capacity. As California’s counties move forward to provide health coverage for all children and families, the success and experience of the CHI programs must inform efforts to expand capacity and ensure the effectiveness of OERU policies and systems throughout the state.



# **UNIT 1: STRATEGIC AND COLLABORATIVE PARTNERSHIPS**

## UNIT 1: STRATEGIC AND COLLABORATIVE PARTNERSHIPS

Strategic and collaborative partnerships form the basis for local communities and the state to work together and engage key stakeholders. Unit 1 describes different strategies organizations have developed to implement this component of the Framework.



### **Strategy 1.1 – Convene multiple key stakeholders to establish networks, coordination and information sharing.**

**ALAMEDA** – Alameda County has a *Children & Families Health Insurance Advisory Task Force* that serves as the advisory committee for its health coverage promotion activities. The task force meets on a regular basis to exchange information and discuss issues related to health coverage for families. The Task Force is chaired by a member of the Alameda County Board of Supervisors.

**FRESNO** – The Fresno County Children’s Health Initiative (CHI) convenes the *Fresno Outreach, Enrollment, Retention and Utilization Collaborative* monthly to coordinate ongoing OERU strategies. Community stakeholders meet on a regular basis to coordinate, integrate, and improve OERU activities and assets in Fresno.

**KERN** – The Kern Children’s Health Initiative convenes a community-based coalition of representatives from the Department of Public Health, Human Services Agency (social services), commercial and local initiative health plans, schools, county clinics, free clinics, community-based organizations, and employer groups. The coalition meets monthly for two hours to address and discuss issues related to OERU for children’s health insurance programs. Approximately 35 to 40 coalition members attend the meetings where program updates on Medi-Cal, Healthy Families and Healthy Kids are provided. These meetings serve as a venue for Certified Application Assistants and front line staff in the county to voice concerns on the OERU process. Participants also receive trainings on different OERU practices during the meetings. The coalition established several subcommittees to deal with issues, including *Community Outreach, Retention and Enrollment (CORE)*; *Finance Plan Subcommittee*; and the *Healthy Communities Access Program (HCAP) Planning*

*Committee*. Representatives from the county’s two Federal Qualified Health Center (FQHC) community clinics, county clinics run by the Kern County Department of Health, and four hospitals all serve as members of the *Outreach and Enrollment Committee* of the local CHI. School district representatives are also integral members of the *Outreach and Enrollment Committee*.

**RIVERSIDE/SAN BERNARDINO** – The Inland Empire Health Plan, serving both Riverside and San Bernardino counties, conducts monthly coalition meetings with community-based organizations, schools, faith-based organizations, Child Health and Disability Program, Department of Health Services, and the Department of Social Services to update the community on the Healthy Kids program. Information from *Covering Kids and Families (CKF) Statewide Coalition* meetings, which address Medi-Cal and Healthy Families Program issues, are shared at the local CHI coalition meetings. The attendees of the local county coalition represent approximately 75 community-based organizations who are encouraged to share information about their organizations with other meeting attendees. The focus of the coalition is *Health Care for All Children* ages 0 to 19 in the Inland Empire.

**SAN MATEO** – The San Mateo Children’s Health Initiative Coalition meets monthly for 1½ hours to address and discuss issues related to OERU for children’s health insurance. The community-based coalition is composed of representatives from the Health Department, Human Services Agency (social services), health plans, schools, county clinics, free clinics and community-based organizations. Approximately 35 to 40 members attend the meetings where program updates on Medi-Cal, Healthy Families and Healthy Kids are presented. Coalition meetings serve as a venue for Certified Application Assistants in the county to voice concerns on the OERU process. Trainings on different OERU processes are also given during the meetings. The

coalition was created in December 2001 when the county was awarded the Department of Health Services outreach grant and began contracting with community-based organizations. The coalition was expanded and renamed the *Children's Health Initiative Community-based Organization* coalition in November 2003, two months prior to the launch of the Healthy Kids product.

The CHI also convenes an *Oversight Committee*, composed of representatives from the seven founding organizations and funders, that oversees policy and implementation decisions related to the development and administration of Healthy Kids. The committee meets every six weeks. The *Healthy Kids Policies and Operations Workgroup* also meets every six weeks to address and discuss issues relating to OERU policies and operations. Healthy Kids policy proposals and issues are first discussed and addressed at the Policy and Operations Workgroup. The Workgroup then decides which proposals and issues will be brought to the CHI Oversight Committee.

**TULARE** – Tulare County's CHI Steering Committee established an *Outreach Committee* to develop their formal approach on outreach efforts. The Outreach Committee consists of Tulare County Office of Education representatives, Migrant Education representatives, contracted Certified Application Assistants, Foodlink, health plans, Tulare Works, clinics, First 5, and other schools and community-based organizations. The group meets monthly, facilitated by First 5 staff, with approximately 5-10 members regularly in attendance. Recommendations on formal policy changes from this group are taken to the *CHI Steering Committee* for endorsement. The Outreach Committee has operated since January 2004. The committee has been instrumental in conducting eight focus groups to gain feedback for outreach strategies, promotional ideas, and premium amounts for the CHI. They have also conducted outreach and enrollment activities for Healthy Families and Medi-Cal for ages 0-18 during the development of the Healthy Kids program over an 18-month period. In-reach has begun at eight WIC sites and expanded to community food distribution sites, health fairs and an outreach summit to educate CBOs, clinics, schools, and others involved with the CHI.

As of June 30, 2004, 497 children were enrolled in these programs and 1,800 Healthy Kids interest cards had been collected and recorded in a database from which to begin enrollment activities. As of September 2005, over 2,700 children were in the database.

Additionally, Tulare formed a *Certified Application Assistants (CAA) Coalition* with subset *Outreach Committee* for all CAAs in the county to provide peer support and updated information and guest speakers. The coalition officially launched in January 2006.



**Strategy 1.2 – Establish diverse partnerships with organizations serving eligible families to enhance OERU capacity.**

**ALAMEDA** – Alameda County established partnerships with known and trusted sources and organizations such as community health centers, faith and community-based organizations, family resource centers and schools to assist with Healthy Kids enrollments and communicate effectively with families about immigration status concerns. Participation in community outreach events, especially at ethnic festivals, has been one effective tool to generate awareness and promote public coverage programs. The county also conducts outreach to community clinics, county clinics and provider offices to educate staff about the availability of Healthy Kids. Community clinics are one of the best sources for enrollment in Healthy Kids. The county also holds frequent convenings of organizations that work with children to promote enrollment in publicly-funded programs.

**FRESNO** – The Fresno Children's Health Initiative plans to partner with local providers by developing and disseminating training materials and incentives to encourage their participation in outreach and enrollment of eligible children in Medi-Cal, Healthy Families and Healthy Kids programs. Dissemination targets include Migrant Education and Head Start, Fresno Unified Parent Mobile, The Children's Center, Comprehensive Perinatal Services Program (CPSP), Head Start and WIC sites, the County Immunization Coalition, Child Health & Disability Prevention (CHDP) clinics and providers, migrant worker camps, school nurses, and child care centers.





**RIVERSIDE/SAN BERNARDINO** – Inland Empire Health Plan (IEHP) partners with over eighty community-based organizations throughout Riverside and San Bernardino counties. Some organizations provide application assistance, while others refer families to the CHI’s enrollment Telecenter. Additionally, IEHP allows multiple providers to assist with the Healthy Families, Medi-Cal and Healthy Kids application process by calling leads into the enrollment Telecenter or through in-person application assistance on a daily, weekly, or monthly basis depending on need. Outreach is coordinated with the Community Outreach Manager at IEHP. Healthy Kids brochures are also available at all county hospital emergency rooms.

**SAN JOAQUIN** – The Health Plan of San Joaquin (HPSJ) has contracted with five community-based organizations in the county to conduct outreach, enrollment, retention and utilization services. The community-based organizations focus on outreach in all areas of the county and are available nights and weekends as well as during the normal work week. They assist families with applications; verify enrollment; and case manage the insured by making follow up calls to assist if needed with accessing medical, dental, or vision services. They also encourage visits to their providers for wellness check-ups, dental and vision services. The community-based organizations offer assistance with any issues that may emerge related to issuance of insurance cards, inability to comprehend communication received by the insured from a provider or the insurance company, and assistance with renewal of insurance. HPSJ has also developed school partnerships. As part of the student handbook, HPSJ works with one school district to send out a questionnaire for families as to whether their children have insurance. If not, HPSJ will ask the family if they want information on how to insure the child. If the family does want information, the CAA at the school will follow up with them.

**SAN MATEO** – The San Mateo Children’s Health Initiative partners with twenty-five non-profit community-based organizations and contracts with eight to conduct OERU services. The CHI allocates funding (ranging from \$20,000 to \$60,000 per year) for the eight contracted community-based organizations. CHI staff ensures that all the CBOs are informed about available coverage programs. All sites have an outstationed assistant who conducts outreach and enrollment assistance or the provider uses the CHI Uninsured Referral Form to refer uninsured families. The community-based organizations also participate via interviews and surveys in the CHI evaluation. The CHI has been contracting with the CBOs since January 2003.

The San Mateo CHI has also identified all the health care providers in the county that serve the uninsured population. The list includes all the county-run clinics and hospitals, two free clinics and six private hospitals. One CHI-contracted CBO is the Ravenswood Family Health Center, the only non-profit clinic in the county. CBOs and county CHI staff are outstationed at various free and low-cost clinics around the county. The cost for the county clinics’ full-time CAAs is absorbed entirely by the county. They use Medi-Cal Administrative Activities claiming to cover some of the cost. The Health Department community-based CAAs and CBOs are funded through the CHI. Staff at all sites also participate in the CHI evaluation.

The CHI has worked closely with *Consumers Union* to identify the school districts and schools that have a high number of students on the free and reduced school lunch program and/or have low- and middle-income families. The CHI sent a Request for Proposal for outreach contracts to all of the county’s community-based organizations. One of the main criteria for the outreach contracts was that the agency must serve the low- and middle-income uninsured population. In addition, the CHI recently started working with the *Teachers for Healthy Kids* project in the San Mateo and Foster City school districts. The CHI provides outreach grants to two school districts and also provides CHI materials such as flyers and *Request for Information* forms to all school districts that request them. School staff also participates in the CHI evaluation.



**Strategy 1.3 – Develop and disseminate community resources to inform and link partners.**

**SANTA CRUZ** – The Santa Cruz Children’s Health Initiative partners with the Pajaro Valley Unified School District superintendent to establish outreach and enrollment strategies.

The county also collaborates with existing county networks, including schools districts, to maximize outreach and referrals. The Santa Cruz County Health Services Agency attends meetings such as the Children’s Network, All Kids by Two, Go for Health, Food and Nutrition Collaborative, and North and South Daycare Association.

**TULARE** – The Tulare Children’s Health Initiative has partnered informally with sixteen school readiness sites identified as having low academic scores to disseminate materials and assist with enrollment. Additionally, a targeted effort to attend Kindergarten registration throughout the county occurred in Spring 2005 to identify potential enrollees. Twenty-nine school sites were visited, seven had flyers left at their site, and sixteen were not visited during registration because of scheduling conflicts. Eight hundred and eighty-two families were seen and a total of 80 Healthy Kids interest cards from families were collected. The county also partners with local food give-away (CBO) programs. CAAs attend Nutrition on the Go food distribution sites to set up appointments for enrollment. These sites have been found effective for identifying undocumented children who are eligible for the Healthy Kids program.

**ALAMEDA** – The Alameda CHI created an application assistant resource phone list of individuals who are trained and available to assist families with the Healthy Families program. The CHI contacted community-based organizations, faith-based groups, and public health staff to identify members of the county who were previously trained as application assistants for Healthy Families. They updated their contact information and identified the language capability, schedule, appointment protocol (or drop-in option) for families in need of application assistance. This list is used by community clinics, public health nurses with home visits, public health outreach worker staff at health fairs and community events, and outreach personnel that staff the toll-free outreach line to refer families.

**TULARE** – The Tulare Children’s Health Initiative developed a brochure for families on utilization of services in March 2005. The brochure was developed in question-and-answer format for families in English and Spanish (Z-fold so that the front is either English or Spanish and only one language per side). The CHI also launched a website in English (August 2005) and Spanish (September 2005) with separate web addresses. The CHI convened a small pre-launch focus group to provide feedback with design changes to the websites. The websites ([www.healthykidstulare.org](http://www.healthykidstulare.org) or [www.healthykidstcespanol.org](http://www.healthykidstcespanol.org)) include both program information and fundraising information.



## **UNIT 2: STRATEGIC FINANCING**

## UNIT 2: STRATEGIC FINANCING

Funding for Outreach, Enrollment, Retention and Utilization activities currently fluctuates as state budgets rise and fall. Institutionalizing strategic financing for OERU activities is critical to the establishment of effective systems at the state and local levels. Unit 2 describes different strategies organizations have developed to implement this component of the Framework.



### **Strategy 2.1 – Diversify funding to build capacity for OERU activities.**

**ALAMEDA** – Various grants support Healthy Kids, including First 5 Alameda County, First 5 California, Alameda County Tobacco Settlement Funds, The California Endowment, and the California HealthCare Foundation. In-kind contributions from the health plan, the county and other sources support OERU activities.

**FRESNO** – The Fresno CHI is pursuing additional funding to support and sustain their OERU strategic plan. The OERU Collaborative has a standing *Fundraising Subcommittee* that submitted their first proposal for additional funding to the Kaiser Foundation in 2005. Funding for CHI administrative services in the county were provided by the California HealthCare Foundation with a matching grant from First 5 Fresno.

**KERN** – Coalition partners of the Kern County CHI have received funding for OERU activities from several sources. First 5 Kern has awarded grants totaling \$820,000 for OERU countywide. Kern County also received federal and state OERU dollars during May and June 2007. When Governor Schwarzenegger vetoed OERU funding for FY 07-08, community participants rallied to replace the cancelled funding and continue OERU work. A total of \$430,000 was raised from three local hospitals, the county local initiative health plan, First 5 Kern, and the County of Kern.

**LOS ANGELES** – The Los Angeles CHI has hired a fundraising consultant and has employed a variety of fundraising efforts, including funding for OERU efforts. Organizations in Los Angeles have received Keck Foundation funding for comprehensive OERU training. They have also expanded the Healthy Kids program to the 6-18 age population, have realized limits of locally-raised funds and are looking into new options.

**RIVERSIDE/SAN BERNARDINO** – Funding for Riverside CHI comes from six different sources: Inland Empire Health Plan, Riverside County, Riverside Community Health Foundation, The California Endowment, First 5 Riverside, and Blue Shield of California Foundation. Funding for San Bernardino is from Inland Empire Health Plan, Blue Shield of California Foundation, First 5 San Bernardino, and The California Endowment.

**SAN JOAQUIN** – First 5 and the Health Plan of San Joaquin have committed three years of funding to support OERU efforts, continue to seek other funds for OERU services, and encourage CBOs to look for funding from other sources to sustain their capacity.

**SAN MATEO** – OERU funding for the San Mateo CHI is from both public and private sources including the two local hospital districts, United Way, Silicon Valley Community Foundation and county matching funds.

**TULARE** – First 5 Tulare has committed to funding premiums for all 0-5 year olds in the county. The CHI utilized a fund development consultant to assess fundraising capacity in the county. The CHI also applied to foundations in the state, investigated local foundations, and formed a Fundraising Advisory Board to make inroads with the philanthropic community. Hospitals have contributed and provided start-up funds for ages 6-18 administrative and premium assistance fund dollars. It is also partnering on local events like the Chamber of Commerce's annual Christmas tree auction. The CHI is rebuilding the *Fundraising Committee* into an *Events Committee*.



## **Strategy 2.2 – Leverage state and federal funding to build sustainability.**

**SAN MATEO** – The San Mateo CHI leverages federal dollars by utilizing Medi-Cal Administrative Activities funding for all staff. The CHI was also approved to receive SCHIP funding to cover children from 250% Federal Poverty Level to 300% FPL (through passages of Assembly Bill 495) from the state. The CHI hired a private consulting firm to assess where it should concentrate its fundraising efforts. The evaluators recommended that the CHI continue to pursue funding from both private and public organizations rather than focus resources to elicit funding from individual private donors.

**TULARE** – The Tulare CHI began fundraising early by trying to maximize federal funds and has submitted for AB 495 dollars. The CHI also initiated Medi-Cal Administrative Activities (MAA) time surveying by CHI staff and contracted CAAs. Funds will apply toward premiums for ages 6-18. The county has submitted a collaborative proposal to *Health Resources and Service Administration* that ties into an eHealth dental component for two targeted school/family resource sites in rural areas with anticipated high enrollment. The funding will be utilized by the local school site for eHealth dental program appointment follow-up, enrollment into insurance, and case management for the CHI. If received, premiums would focus on the two targeted communities.





# **UNIT 3: KNOWLEDGEABLE AND COMPETENT WORKFORCE**

## UNIT 3: KNOWLEDGEABLE AND COMPETENT WORKFORCE

More than 6,000 Certified Application Assistants and 7,900 county Medi-Cal Eligibility Workers supported families through the application process in California in 2006. Unit 3 describes the different strategies organizations have adopted to develop a knowledgeable and competent work force to carry out outreach, enrollment, retention and utilization services and implement this component of the Framework.



### ***Strategy 3.1 – Provide core training programs with minimum training requirements for assistors to ensure they are knowledgeable and current on all programs and policies.***

**ALAMEDA** – The Alameda Health Care Service Agency—*Health Insurance Technicians*—provides a training program for their public health staff (nurses, social workers, outreach workers) on how to complete Healthy Families and Medi-Cal paper applications. These newly trained application assistants and eligibility specialists are familiarized with Medi-Cal, Healthy Families and Healthy Kids criteria, which enable them to steer families to the most appropriate program and fill out all program applications accurately to avoid enrollment delays and denials. One-e-App has been used throughout Alameda County since July 2005.

**FRESNO** – The lead OERU agency in Fresno County provides CAA training workshops throughout the Central Valley. There is currently no training for Eligibility Workers. The county plans to develop and implement mechanisms to support new and existing CAAs to improve the enrollment and retention of uninsured children. Among the ideas under consideration are developing and supporting *Super CAA* teams with mentors, trainers and leaders who will also provide technical support for the One-e-App program. Other ideas include developing and disseminating translated interpreter forms to facilitate application completion; creating a CAA Association, newsletter and website for training, updates and forms; initiating feedback mechanisms around the quality and success of completed applications; and providing incentive mechanisms for CAAs to promote improved outreach to uninsured children and successful application completion.

These incentives could be part of the CHI fundraising plan in the community and would include movie tickets, dinner coupons, supermarket gift cards and similar items.

The county plans to increase the capacity of Eligibility Workers to use One-e-App and manage a larger caseload. Eligibility Workers will be trained in the new One-e-App software and possibly cross-trained on the Healthy Families and Healthy Kids programs' eligibility and enrollment processes. Initial estimates are that between 8 and 10 Eligibility Workers would be needed to meet increased Medi-Cal caseloads. However, this strategy is not currently being implemented because of technical difficulties between One-e-App and the county's data system. The county also plans to develop and implement training materials and programs to support new and existing CAAs and Eligibility Workers. The training materials would employ different media such as binders, PowerPoint presentations and web-based modules. These programs could also be used to train Eligibility Workers. Such modular training programs for CAAs would include comprehensive state certification training programs for new CAAs; refresher courses on Medi-Cal, Healthy Families and Kaiser Child Health Plan programs; comprehensive Healthy Kids program training; grievance, appeals and accelerated enrollment; and comprehensive One-e-App training.

**KERN** – Certified Application Assistant (CAA) trainings are held once a quarter in Kern County. The CHI Outreach and Enrollment Committee is coordinating with the Greater Bakersfield Legal Assistance (GBLA) program to provide trainings throughout the county on managed care rights, eligibility rules and other issues. The GBLA has a training program in place for families of migrant workers. The goal is to make this training available on an ongoing and consistent basis under the CHI. The trainings are provided in English and Spanish at a third grade reading level.



**LOS ANGELES** – In Los Angeles, Certified Application Assistants (CAA) are contracted through The California Endowment and the Los Angeles Department of Health Services and provided training on all coverage programs, including Healthy Kids, for all family members. OERU agency staff in the LA DHS contracting network are required to attend a comprehensive two-day training before providing services. After two years (or anytime before), they are mandated to attend review-and-update trainings. Additional programmatic information is also provided at monthly DHS contractor meetings. CHAMP and *We've Got You Covered* training curricula are comprehensive and include continuing education.

**RIVERSIDE/SAN BERNARDINO** – Training of application assistants is part of the Inland Empire Children's Health Initiative's monthly coalition meetings. Volunteers and others receive a 2-day Healthy Kids training seminar to be eligible to assist with Healthy Kids applications. Inland Empire Health Plan (IEHP) provides Healthy Families refresher courses to CAAs throughout the two counties. IEHP is permitted to certify Health Plan employees as CAAs.

**SAN MATEO** – Application assistants in San Mateo County participate in a comprehensive training program in which the OERU process is reviewed in detail. The Children's Health Initiative (CHI) also provides all application assistants and CHI coalition partners with a template of outreach materials that they can customize with their contact or event information. These materials include a general information flyer with the CHI message of *Coverage for All Children*; eligibility requirements for the Healthy Kids program (under age 19, lives in San Mateo County, under 400% FPL, regardless of immigration status, no assets required); required documentation and income guidelines; request for information forms and health insurance surveys that Consumers Union created for the county; appointment reminder letter listing what documents are needed at the appointment; commonly asked questions flyer about all three coverage programs; new member packet; and a CHI PowerPoint presentation for parents or agencies. All materials include the CHI message of *Free and Low Cost Health Coverage to All Children Regardless of Immigration Status*.

The CHI is accomplishing their goal of having a consistent message in outreach since the application assistants and coalition partners use the same materials.

CHI Certified Application Assistants are trained for all children's health coverage programs including Medi-Cal, Healthy Families, Healthy Kids, AIM and the Kaiser Child Health Plan. To become a Healthy Kids Certified Application Assistant, applicants must complete four trainings including: (1) the state's CAA Medi-Cal/Healthy Families training; (2) Health-e-App web-based application on-line training; (3) Healthy Kids CAA training; (4) One-e-App web-based application training. All trainings are conducted by County Health Department CHI staff who also provide individual or group refresher courses and CAA site visits. Trainers travel to CAA sites, review the OERU process and discuss common application errors. Additionally, the county coordinates with the National Health Foundation's CHAMP Program to provide a variety of CAA trainings including update trainings. Program updates for Certified Application Assistants are also given via email and during the monthly CHI coalition meetings. Comprehensive Healthy Kids and One-e-App training manuals are provided to all application assistants. The manuals and other program resources such as income verification forms, Legal Aid referral forms for applicants who wish to file program appeals or are encountering problems with their programs (unresolved bills, incorrect terminations, etc.), and income guidelines are accessible to CAAs on the CHI website.

Trainings are scheduled as the need arises. They are conducted in English, but client forms are available in both English and Spanish. In 2004, five 4-day training sessions were held. There is currently no training evaluation, but CHI staff are working on a participant evaluation form. Training staff usually conduct a site visit after the training. In addition, new staff complete at least 3-5 days of job shadowing with an experienced CAA. While there are no formal written agreements with CAAs, their manual indicates that they can be deactivated (One-e-App access removed; Healthy Kids applications not accepted) if they do not attend mandatory follow-up trainings. About 150 CAAs have been trained since the program began.





The Medi-Cal Program Specialist of the Human Services Agency trains Medi-Cal Eligibility Workers. However, some Medi-Cal Eligibility Workers or Benefit Analysts take the state's online CAA training program and Health-e-App training.

**SAN JOAQUIN** – The Health Plan of San Joaquin (HPSJ) trains application assistants on current federal, state and county regulations for Medi-Cal, Healthy Families and Healthy Kids programs on an ongoing basis. Trainings focus on regulation changes and on application issues identified by San Joaquin County Human Services Agency staff. All community-based organizations that request more information on identifying families who may qualify for coverage programs are offered trainings. HPSJ provides continuous training to San Joaquin County Eligibility and agency staff on how to refer potential applicants to CBOs that offer application assistance to community members. In addition to the trainings offered by HPSJ, all CBO application assistants receive certification to be application assistants in Healthy Families. During the past year, HPSJ trained 271 San Joaquin County Human Services Agency staff, staff from each of the five contracted community-based organizations and 46 representatives from other CBOs throughout San Joaquin County. Prior to receiving the Medi-Cal trainings, applicants assisted for Medi-Cal by contracted community-based organizations waited at least 45 days for their application to be processed at the Human Services Agency. After the training, the quality of the applications submitted improved noticeably, and the process time was reduced to approximately 14 days.

**SANTA CRUZ** – The County of Santa Cruz Health Services Agency provides One-e-App training to CAAs for enrollment, renewal and system changes. They also maintain a live One-e-App help desk for CAAs; Healthy Kids, Medi-Cal and Healthy Families refresher trainings; and a database of coalition CAAs. In addition, they update coalition CAAs on individual enrollment casework through the Client Benefits Tracking process monthly status reports.

**TULARE** – Tulare County is developing a prototype for its application assistant trainings. Trainings will take at least two half-days and will include instruction on how to combine Medi-Cal/Healthy Families applications with a Healthy Kids supplement; how and where to include information to facilitate health care utilization at four distinct points in the process of enrollment; an overview of case management conducted by contracted CAAs and First 5; and role playing. The CAA training materials will include a Healthy Kids Member Handbook and parent handouts to reinforce learning for health care utilization. A role-play "test" will constitute the final exam for CAAs.

To qualify as a Healthy Kids CAA, a candidate must first be Healthy Families certified, participate in the Healthy Kids training, and sign an agreement about their role and responsibilities. The agreement includes being available to families for questions, completing applications with parents to incorporate health care utilization facilitation, following up on families' Healthy Families or Medi-Cal application status and reporting to First 5 on activity level and applications approved. There is a separate training for outstationed Eligibility Workers. Trainings for Eligibility Workers at the Health and Human Services Agency district offices will not initially incorporate Healthy Kids applications. Eligibility Workers will be told about the Healthy Kids program and how to make referrals for families. The eligibility determination database will be available for CAA look-up via the internet. Contracted CAAs will have separate trainings on completing the portion of the database for case management follow up phone calls.

All outstationed Eligibility Workers and Certified Application Assistants are Healthy Kids certified. Internal district office Eligibility Workers will be trained separately on how to refer and provide consistent messages. CAAs and community members are trained through general information flyers, posters, brochures, and websites; outreach summit with information on Healthy Kids interest cards; Member Handbook; new member packet provided to CAAs in training; and CHI PowerPoint to community groups. As of 2005, at least 200 Eligibility Workers and CAAs had been trained. Tulare County provided Healthy Families CAA training to 20 individuals in September 2004 and a refresher course for 30 individuals in August 2005.



**Strategy 3.2 – Provide specialized training programs for assistors to enhance their capacity to navigate more complex issues.**

**ALAMEDA** – Alameda County provides specialized training for CAAs on the MEDS system so CAAs are able to identify children’s eligibility status. Trainings are provided to outreach workers, public health nurses, CBO staff, social worker staff, and substance abuse counselors. The county also trains CAAs on their prescreen tool that CAAs use with families before they come in for application assistance.

**KERN** – Kern County convenes specialized trainings on public charge and immigration for application assistants. *Public charge* refers to noncitizens who are primarily dependent on the US Government for subsistence. Families are often hesitant to enroll their children in public coverage programs because of their concerns over immigration issues.



**LOS ANGELES** – The Los Angeles County training agencies (National Health Foundation and Maternal & Child Health Access) have developed a specialized training module entitled *Utilization and Retention*. This new Utilization and Retention module describes best practice models for helping clients use their benefits, tips for re-contacting families and examples of assistance, and also gives outreach workers the chance to share their experiences and get feedback. This training module has been very successful, demonstrating a percentage increase in knowledge from the training in pre and post tests. A training module has been conducted with a focus group of outreach workers and CAAs. Feedback from the focus group allowed the instructors to incorporate suggested changes for additional trainings. The Department of Health Services will work with the training contractors to see the results of the post-evaluations for each training and discuss the need for future assistance to the agencies. Los Angeles employs additional trainings for all CAAs to help them explain health prevention messages to families. Agencies also have specific *How to Use Your Benefits* workshops for families.

Community Health Councils has provided additional trainings for outreach workers with their Professional Development Series. The series was coordinated by CHC’s *Los Angeles Access to Health Coverage Coalition* and included a module on outreaching to different ethnic communities. A CD of the 2004-2006 Anthology for the “Training and Capacity Building Program: Professional Development Series” is available from Community Health Councils.



## **UNIT 4: BROAD PROVIDER BASE**

## UNIT 4: BROAD PROVIDER BASE

A broad provider base is a spectrum of qualified health care providers that meet the primary and specialty health care needs of the target population, are culturally and linguistically competent and geographically proximate. Unit 4 describes different strategies organizations have used to develop this component of the Framework.



### ***Strategy 4.1 – Conduct provider recruitment and support to ensure consumers have choice and access to needed providers.***

**ALAMEDA** – Alameda Alliance for Health, the health plan offering Healthy Kids, provides a diverse network of primary care physicians, specialists, hospitals, community and county health clinics and pharmacies throughout Alameda County to ensure that members have access to providers in their neighborhoods.

**SAN JOAQUIN** – The Health Plan of San Joaquin (HPSJ) offers a broad provider base to ensure applicants have access to providers and choice. HPSJ contracts with providers throughout the county for its Medi-Cal, Healthy Families, and Healthy Kids networks. Its Provider Services and Member Services departments monitor the size of the network and the access to care it offers. Its large provider network is one reason HPSJ continues to hold the community provider health plan designation for San Joaquin County. Additionally, Delta Dental assesses the capacity of its local network of dentists and informs HPSJ that the provider network for Healthy Kids is excellent. The county has a ratio of 13 patients per provider. The Delta Dental standard is 1,500 to 1.

**SAN MATEO** – The Health Plan of San Mateo (HPSM), the Healthy Kids program administrator, provides support for established Healthy Kids providers and with recruiting new Healthy Kids providers. In addition to being the sole Medi-Cal managed-care care health plan for the county, HPSM is also the Healthy Kids program administrator and the county's Healthy Families Community Provider Plan. The Health Plan of San Mateo has a Provider Relations department that provides support and services to providers. They conduct site visits and surveys with the providers.

HPSM works closely with the CHI Evaluation Committee in conducting interviews and presentations with current and established providers to ascertain issues related to provider support and capacity. CHI staff also conduct presentations at the county's Dental Association to recruit more dental providers.

**TULARE** – The Tulare Children's Health Initiative (CHI) works with their contracted health plans on ways to increase their provider network. During the *Request for Information* process, sample telephone surveys of providers were conducted to determine actual capacity. The survey sample size ranged from 15% to 40% depending upon network size. The provider survey was included as a measure for contract selection. The CHI evaluation will include CHI provider interviews or focus groups for feedback.



### ***Strategy 4.2 – Create contract terms and conditions that leverage access to providers and services.***

**LOS ANGELES** – The Los Angeles CHI has established a contractual requirement that all providers in the Healthy Kids network must also accept CHDP, Healthy Families and Medi-Cal patients. This is done to create an incentive across all three programs for provider participation.



**Strategy 4.3 – Provide supportive services to help families access provider services.**

**SAN JOAQUIN** – The Health Plan of San Joaquin (HPSJ) offers bus passes to families who have transportation issues that prevent them from accessing services. Members who are certified disabled by the medical provider and have submitted the required documentation to the public transportation system can then be assisted by the Dial-A-Ride program and the cost will be covered by HPSJ. Many of our contracted CBOs and partner agencies offer other services that may help families access medical, dental or vision care. In addition, the CBOs are well versed on the available resources in the community and make referrals as needed.

HPSJ also ensures access for families to providers, provider staff, and the HPSJ Member Services Department that can communicate in the insured’s language or provide translation services as needed. HPSJ and the contracted CBOs work together to help families with language needs and are generally able to address most needs. However, for families with specialized language needs, HPSJ contracts with ATT to provide access through the ATT Language Line for languages less commonly spoken in the county. TDY access is available for the hearing impaired and Sign Language assistance is also available as needed.





**UNIT 5:  
BROAD COMMUNITY ACCESS  
AND PROMOTION OF  
AVAILABLE PROGRAMS AND SERVICES**

## UNIT 5: BROAD COMMUNITY ACCESS AND PROMOTION OF AVAILABLE PROGRAMS AND SERVICES

The state and counties have a responsibility to tell families about all options in California's patchwork of health care coverage programs. Unit 5 describes different strategies organizations have developed to ensure broad community access and promote all programs and services to implement this component of the Framework.



### ***Strategy 5.1 – Establish local Helplines to assist families with general information and resources for assistance.***

**FRESNO** – In Fresno County, a *Children's Health Access* telephone Helpline was developed in Spanish and English. The Helpline allows families to leave messages with their contact information and questions for call back assistance. Three telephone lines have been purchased, but are not yet functioning. The lines will have a recorded message and families will have the opportunity to leave their name and number. The lines will not be staffed, but calls will be returned within 24-72 hours.

The Helpline will eventually provide information to parents on health coverage options, the importance of insurance, and enrollment locations. It will be coordinated and staffed by OERU partners in English, Spanish, Hmong and other languages as necessary. The Helpline will be available in hours convenient to working parents, such as evenings and weekends. In addition, this line will be staffed by CAAs who can enroll children through the One-e-App system and work with parents to ensure appropriate verifications are faxed in a timely manner to complete the application. The Helpline will be coordinated with the First 5 Model of Care and the 211 line in Fresno County.

**SANTA CRUZ** – Santa Cruz County has a *Health Care Access Line* for families that provides general information on Medi-Cal, Healthy Families and Healthy Kids and referrals to link families with agencies that can assist with the enrollment process.

**TULARE** – Tulare County has developed a county-wide toll-free line for families through United Way. Appointments and applications for the premium assistance fund can be accessed through this line. CAAs then make appointments with parents in the town where they live to complete applications. This service will be expanded when the Healthy Kids program begins enrollment.



### ***Strategy 5.2 – Designate staff and resources for providing in-reach to eligible families.***

**ALAMEDA** – Child Health and Disability Prevention (CHDP) pediatric providers have designated staff to help families enroll in health coverage programs. CHDP serves children who qualify if family income meets income guidelines of 200% federal poverty level. If the child does not have health coverage, the provider office staff complete a Gateway pre-enrollment application with the family. On the application, the family can indicate if they wish to apply for continuing Medi-Cal or Healthy Families coverage. Families seen by doctors in private practice without staff to assist in the application process are contacted by CHDP staff if they indicate they want ongoing coverage. The name and contact information of every child who submits a CHDP gateway pre-enrollment application and has a medical exam is entered into a statewide database. Two weeks after the child's medical appointment, the list of children in Alameda County is downloaded by CHDP staff. The family is contacted by CHDP staff (outreach workers, patient services technicians) who explain that the coverage issued at the doctor's office is only temporary. The CHDP staff will also tell the family which additional documents are required for ongoing coverage and what to do next to obtain it.

In June 2004, the Alameda Child Health & Disability Program (CHDP) developed a client tracking database using Microsoft Access that allows CHDP to create a Gateway contact list for follow up. CHDP staff (outreach workers, medical clerks and patient service technicians) make two attempts to call families, and then record the intervention, outcome and enrollment status. A call sheet is printed out monthly with the data downloaded from the state Business Objects (Go to <http://www.dhcs.ca.gov/services/chdp/Pages/BusinessObjects.aspx#access> to learn more about Business Objects). CHDP updates records on approximately 300 children per month. This allows CHDP to gain a better perspective on the needs of the population utilizing the CHDP gateway as they are contacted and helped to navigate the system in a timely manner. It has also improved program quality assurance as providers entering data incorrectly can be quickly identified.

**KERN** – Kern Access to Children’s Health (KATCH) of the Kern County Department of Public Health provides in-reach assistance. The nine CAAs in the department go through the Business Objects report and contact each family to offer application assistance. This report lists each child in the county who has been granted presumptive eligibility for Medi-Cal. The CAAs are equipped with laptops and portable copiers so that they can make home visits to begin the application process. Another grant was awarded to a local community clinic network that serves a population of mostly Medi-Cal and Healthy Families eligibles. Over 91% of their clients are eligible for these programs. Families seeking health care services are screened for health insurance coverage when they make their appointment at any of the clinic’s 13 locations. If the client states that they do not have health insurance coverage, an appointment is scheduled for their medical services and an appointment with an application assistant is scheduled approximately ½ hour before their medical services appointment. This time constraint only allows the application assistant to begin the application process for Medi-Cal, but the coverage will begin the same day if approved. This way the family at least has coverage for the medical visit and the clinic has an additional funding stream. A similar process was recently started at all 12 clinic locations operated by the Kern County Department of Public Health.



### **Strategy 5.3 – Outstation designated staff in community settings serving eligible families.**

**LOS ANGELES** – Los Angeles County Department of Health Services OERU contractors have found outstationing staff on a regular basis at sites such as Women Infants and Children (WIC) offices, schools, and clinics attracts clients. WIC, school, and clinic staff get to know the outreach workers and are then able to refer families to them for assistance. In-reaching via payroll inserts at the WICs, schools and clinics has been successful in assisting the staff person and their family or friends. Many agencies in Los Angeles County have realized that linking with providers who offer other services—such as mammograms, blood pressure checks, glucose checks, lead screening, CHDP exams—increases the time they have with these “captured families” to tell them about the importance of prevention and health coverage options. After two years of start-up, Los Angeles agencies were able to settle-in at various high-yield sites and are now enrolling at a higher rate than when initially placed.

**SAN JOAQUIN** – The San Joaquin Children’s Health Initiative Program Coordinator helps coordinate staff from partnered community-based organizations to outstation in areas of high need throughout the county. The outstationing occurs on a regular basis.

**SAN MATEO** – In San Mateo County, all free and low-cost clinics have an outstationed CAA, Eligibility Worker or both at their site. All the county clinics have a full-time CAA who assists all uninsured children and families with the application process from collecting documentation, completing the One-e-App and explaining coverage and benefits. The application assistants also work after-hours, including weekends and evenings, at the clinics to assist families who cannot attend daytime appointments. All the sites have daily drop-in enrollment assistance hours. The application assistants have built trusting relationships with families by providing good customer service, guiding families through the application process, and following up with families to ensure enrollment and utilization of services. As a result, clients often refer their families and friends. According to application assistants in the county, satisfied customers are the best marketing tool for the CHI.





One of the partner clinics revised their system to include a schedule template for their application assistants. The registration and front desk clerks automatically schedule appointments for uninsured patients instead of just conducting verbal referrals. Other clinics generate reports of all their uninsured families and then have the application assistant follow-up with the family and screen them for eligibility. Clinic assistants are funded by county funds and participate in the annual CHI evaluation.

**TULARE** – In Tulare County, both CAAs and Eligibility Workers are outstationed at clinics, and CAAs are also outstationed at Women Infants and Children sites and work with Certified Application Assistants at Healthy Starts. Partnerships with WIC, Healthy Start, and a food distribution program have allowed the CAAs to access parents in non-traditional settings with evening and weekend hours available. One contracted CAA group with five CAAs rotates about the county.

CAAs began in-reach at five WIC locations in July 2004. The number of families at WIC sites with uninsured children was lower than expected, and of those, a small number were actually eligible for Medi-Cal or Healthy Families. Five hundred children were enrolled into Medi-Cal and Healthy Families in the first 12 months at those sites. After eight months, less time was spent at these sites in order to access other locations, going from approximately 48 to 24 half-day sessions.

The in-reach did provide the CHI with relationship-building opportunities for contracted CAAs. CHDP provider trainings were conducted at two locations in the county to increase knowledge and contact with CHDP providers in spring 2005. The trainings were successful both in increasing knowledge level for providers and in educating CHDP about how much their providers actually did not know compared to what they thought they knew.



**Strategy 5.4 – Conduct community outreach events to educate and provide general information and resources for assistance to families.**

**ALAMEDA** – Alameda County partners participate in various outreach events in the community and schools throughout the county.

**FRESNO** – The OERU Collaborative Coalition partners in Fresno County participate in at least one monthly outreach event. October is very busy with Binational Health Week, and the OERU Collaborative routinely participates in at least 4 events that month. Binational Health Week is a mobilization effort to improve the health and well-being of underserved immigrants and migrants of Mexican and Latin American origin living in the United States, Canada, and Mexico. It includes a weeklong series of health promotion and health education activities with workshops, insurance referrals, and medical screenings.

Outreach events are used to enroll many children at once and to gain contacts. Some possible locations include schools, health fairs, faith-based institutions’ events, emergency rooms, sporting events, Healthy Kids events, kindergarten round-ups, and any events exclusively for enrollment such as the CHI *Launch* event.

**KERN** – Outreach events in Kern County are used as a platform to gain contacts for future application assistance. Application assistants have found that health fairs and employer fairs are not conducive to completing applications because time constraints and issues with confidentiality interfere. While some successes have resulted from making follow-up calls from information gathered at events, many families fail to respond to a CAA’s efforts to follow-up after an event. Kern County still participates in outreach events, but now sets up private areas where CAAs can start the enrollment process on the spot. Not only does this speed up the application, it also helps secure the family’s commitment to follow through and gives the CAA one-on-one time to reinforce the benefits of insured children. Presentations at Family Resource Centers and Head Start programs are particularly effective.

**RIVERSIDE/SAN BERNARDINO** – In Riverside/San Bernardino, outreach events in the community occur at health fairs, schools, and faith-based organizations. Outreach is also conducted at school open-house events, school family nights, kindergarten registration, and district enrollment offices. The Inland Empire Health Plan (IEHP) also coordinates Healthy Kids outreach at quarterly Medi-Cal Administrative Activities meetings at school districts.



**TULARE** – The Tulare Children’s Health Initiative is in the planning stages for its enrollment launch and is developing a plan for *mass enrollment appointments* that will include large events across the county targeting the current database of those interested. The CHI expects the events to take place on weekends over a two-month period.



***Strategy 5.5 – Create a marketing campaign and incentives to message and target specific communities and the community at large.***

**FRESNO** – The Fresno Children’s Health Initiative plans to create a public relations campaign around children’s health insurance and use local media to reach the family demographics of interest. Preliminary research into campaign messages will explore the most common barriers to insurance enrollment, retention and appropriate utilization—such as fears of “public charge,” eligibility misunderstandings, transportation, language access, confidentiality—and how to overcome them. Any such campaign would be coordinated with Fresno First 5 and its existing communication and social marketing strategies. Outlets might include Fresno’s KVPT public television station, Radio Bilingual, commercial TV stations, newspapers, billboards and bus-stop advertisements. Specific radio strategies could include mini-dramas, talk shows, roundtables, educational and promotional messages. The marketing campaign would include messages about the availability of insurance for all children, basic eligibility requirements and costs, and enrollment sites and times. First 5 Fresno County released a request for proposal for a social marketing campaign in September 2005 and is currently negotiating a contract with a public relations firm.

**LOS ANGELES** – The Los Angeles Children’s Health Initiative outreach campaign uses the targeted message “*There is a health insurance program for every child in LA County.*” The Los Angeles CHI has developed materials to enable the Los Angeles Unified School District (LAUSD) to spread the message. LAUSD’s CHAMP number is on the materials and CHAMP staff are trained in and able to assist family members to enroll in all health coverage programs.

**SANTA CRUZ** – The Santa Cruz County Human Services Agency and the Healthy Kids Community Relations Committee market health coverage programs by publicizing the county’s *Health Care Access Line* and supporting other Healthy Kids efforts. The county looks for opportunities for families to provide testimonials for media pieces. A media packet was developed that provides basic information and key messages about the CHI Coalition and the Healthy Kids program. The county also distributes incentives to CAAs for outreach at events. They maintain a stock of incentives with the Healthy Kids logo, tag line, and Health Care Access Line phone numbers on band-aids, incentive bags, pencils, pens, yoyos, and rulers that are distributed to contractors and at events.

**TULARE** – In Tulare County, all messaging is coordinated for the Children’s Health Initiative and Healthy Kids program in conjunction with the CHI Steering Committee and Outreach Committee. A marketing consultant is utilized to assist with materials development. Tulare County’s CHI message was altered halfway through the year from *Health Insurance for All Children* to *Health Care for All Children* based on feedback from a fundraising consultant. The consultant indicated that people understand health care over health insurance. The new tag line is particularly important for fundraising and will be utilized as a consistent message on all materials.

The CHI gives *I’m Covered* picture frame magnets to families during enrollment and has adjusted the copy and size to accommodate information on all three coverage programs. The CAA contractor distributes binders that include appointment books and holders for important papers once Healthy Families eligibility determination is approved. The CHI is ordering outreach incentives including Frisbees for kids and car sun shades for parents. Frisbees will be available at health fairs and sun shades for targeted events.



### **Strategy 5.6 – Expand the role of county Eligibility Workers to assist families beyond the Medi-Cal program.**

**ALAMEDA** – Alameda County has implemented a *No Wrong Door* approach that has transformed the traditional role of the county’s Social Services Agency so Eligibility Workers can help individuals and families complete health coverage applications and serve as links to other coverage programs. *No Wrong Door* eliminates the maze of complicated enrollment procedures and eligibility requirements, which involves multiple applications to multiple programs. Using a team approach, social services agency staff work together to streamline and expedite enrollment into Healthy Families and available county and local programs. The process allows the Eligibility Worker to arrive at a final decision sooner than traditionally possible since applications are complete and accurate, and do not require additional follow-up with families. This coordinated outreach and enrollment assistance model gives families access to all available programs through a single contact at a range of social service venues (the model is operational at six different social service sites in the county). Social Service staff have been trained and a Healthy Families unit has been designated at the Social Services office to process the Healthy Families applications.

**KERN** – Kern County has implemented a *No Wrong Door* approach that has transformed the traditional role of the county’s Department of Human Services Agency. Eligibility Workers from the Department of Health Services (DHS) have not traditionally taken on the role of assisting families with Healthy Families applications. Under their existing contract for the CHI, DHS Eligibility Workers assist families with Healthy Families applications and forward to MRMIB for processing. They also track the outcomes for all Healthy Families applications forwarded by their department. DHS already had an existing relationship with a local community health clinic that was awarded a contract under the CHI.

DHS has outstationed Eligibility Workers in each of the community clinics to streamline the Medi-Cal application process for those families seeking health care services at the clinic. Using a team approach, DHS Eligibility Workers act together with the application assistants to streamline and expedite enrollment of all available county and local programs. The process allows the Eligibility Worker to arrive at a final decision sooner than traditionally possible because applications are complete and accurate, and do not require additional follow-up with families. This coordinated outreach and enrollment assistance model allows families to access all available programs through a single contact at a range of social service venues and community settings. Without this coordinated model, families would have to work through a confusing and time-consuming labyrinth of programs and redundant processes to receive specialized application assistance for separate programs.

**TULARE** – In Tulare County, the Children’s Health Initiative and Medi-Cal office have partnered by designating Eligibility Workers for CHI CAAs to hand off applications and expedite determination. There is a designated manager at the Health & Human Services Agency that the CHI CAA supervisor can access for problems and to double-check MEDS. The procedure is handled informally rather than through a formal memorandum of understanding. Tulare County currently wants to maintain a paper system, as developing an electronic application process would be very costly.





# **UNIT 6: FULL COMPLEMENT OF OERU SERVICES**

## UNIT 6: FULL COMPLEMENT OF OERU SERVICES

A full spectrum of OERU services has developed beyond the original outreach to families and helping them complete applications. Unit 6 describes the different strategies organizations have utilized to provide a full complement of OERU services and implement this component of the Framework.



### **Strategy 6.1 – Conduct consumer education to tell families about programs, benefits and resources.**

**ALAMEDA** – In Alameda County, Certified Application Assistants conduct consumer education with families by appointment and at community outreach events to complete applications and provide one-on-one assistance. Materials include the *Evidence of Coverage* booklet available in three languages, articles on grievance procedures and managed care rights in the Member Newsletter, and information posted on the Alameda Alliance for Health website (available in English, Spanish, Chinese and Vietnamese).

**FRESNO** – Fresno County plans to provide consumer education by developing and distributing materials to families with information on the available public and subsidized insurance programs, eligibility requirements, benefits, enrollment locations and toll-free phone numbers. These materials would also address retention, annual renewal requirements, and the benefits of insurance to promote appropriate utilization. They will be printed in English, Spanish, Hmong and other languages appropriate for the target populations. A bilingual English/Spanish tri-fold brochure is printed and will be distributed when the Healthy Kids program launches.

The CHI plans to use health newsletters and educational materials. The materials would be brightly colored and given to families upon enrollment, at specific intervals during enrollment, and during *promotora* visits with families. They would include information about the importance of insurance, the services offered, appointment making and keeping, and routine primary care at a “medical home”; Health “passports” with eligibility renewal dates, benefit information, medical “home” information, appropriate phone numbers, CAA names; orientation materials for the first office visit and the importance of routine and continuous visits to a

primary care provider. The CHI plans to work with the health plans to develop and implement these strategies.

**KERN** – Kern County application assistants and Department of Human Services Eligibility Workers provide one-on-one education with families at the time of application enrollment. Additionally, follow-up education sessions are being held monthly by the CHI Education/Utilization Committee. Education events are held at various locations throughout the county. Notices of these events are sent to all families with children enrolled in Healthy Kids Kern County in the immediate vicinity and are posted in nearby Family Resource Centers. Topics include understanding your health plan, the benefits to children of preventive care, and Questions & Answers. All low-income families are welcome to attend, regardless of insurance status. Application assistants are available to help families with uninsured children apply for Medi-Cal, Healthy Families, and Healthy Kids Kern County.

**LOS ANGELES** – One agency offers locally-available family workshops to educate families about coverage programs, benefits and utilization information. Topics include utilizing medical benefits, “what’s next” after receiving your enrollment package, and patient’s rights. Information regarding workshops is distributed when the application is submitted. Another agency offers utilization workshops on what to do after a family has received their enrollment packet. This workshop also incorporates a client satisfaction survey.

**RIVERSIDE/SAN BERNARDINO** – Consumer education is conducted during the face-to-face enrollment process in Riverside and San Bernardino counties. Healthy Kids applicants receive a provider directory, benefits brochure, and *Evidence of Coverage* booklet upon approval into the program.

**SAN JOAQUIN** – Group and individual consumer educational sessions are offered by community-based organizations and the Health Plan of San Joaquin (HPSJ). As a part of outreach activities targeting families, CBOs provide information on managed care, eligibility, and rights. In these group or individual activities, the CBOs educate families on the process of selecting and changing a primary care physician, inform them of potential co-pays, emphasize the importance of scheduling an initial assessment, and provide contact information for assistance through HPSJ’s member services. Contracted CBOs provide culturally-appropriate information to families on the importance of preventive services, their insurance coverage, and using their insurance. CBOs work to educate families on how to utilize insurance for preventive care instead of using emergency care. They teach families how to select a provider who will meet their needs including language, ethnicity, location, specialty, and gender. They also educate the insured on how to call for an appointment, how to locate the provider, the transportation available to access providers and how to interpret the communication they receive from the provider. Each applicant insured through HPSJ receives an *Evidence of Coverage* (EOC) booklet with the new member packet within 10 days of enrollment in the health plan.

**SAN MATEO** – The San Mateo Children’s Health Initiative conducts consumer education at the time of enrollment assistance. The CHI created a new member packet that CAAs use to go over important coverage information with applicants. The packet includes information on preventive care, retroactive services, physical exams, immunizations, important health records, after-hours care, accessing services, benefits, important phone numbers, the renewal process, and accessing medical, dental, vision and mental health services. Four different types of packets have been created: Medi-Cal only packet, Healthy Families only packet, Healthy Kids only packet and one with all three coverage programs for families with children on two different programs. The packets are available in English and Spanish and copies are distributed to families by the CAAs. The packet was designed in-house by the County Health Department CHI staff. Application assistants review the *New Member Packet* tool with families at the time of enrollment assistance.

**TULARE** – The Tulare Children’s Health Initiative incorporates one-on-one parent education during the enrollment process. They are planning to develop a *What Is Managed Care?* handout. Parents will complete the handout to reinforce learning rather than having the application assistants provide the information in a lecture-type format. The CHI also plans to give parents copies of the children’s Healthy Kids ID benefit cards and review the cards with parents.



**Strategy 6.2 – Assess family eligibility for all available coverage programs and assist with the enrollment process.**

**ALAMEDA** – Applicants are verified for eligibility in public programs before enrollment in Healthy Kids. Application assistance is provided to families at various locations throughout the county.

**KERN** – In Kern County, application assistants are funded to help determine family eligibility for various programs including Medi-Cal, Healthy Families, and Healthy Kids Kern County. The CHI holds regular sessions throughout the county to offer refresher training and updates for CAAs on all three health insurance programs. The county also offers *public charge* training to tell CAAs and community residents about their legal rights regarding access to public programs. Department of Health Services workers will eventually screen families for all social service programs including WIC, food stamps, and TANF.

**LOS ANGELES** – The Los Angeles Department of Health Services contracted training agency offers instruction in the full range of health coverage programs for all family members including adults.

**SAN JOAQUIN** – The Health Plan of San Joaquin ensures that application assistants understand the importance of reviewing all families for eligibility in each of the three programs. HPSJ provides training on eligibility criteria for all staff of contracted community-based organizations. CBO staff assess every family as a whole to ensure that each member is placed in the correct program based on family composition, income, property, and citizenship status.



### **Strategy 6.3 – Maintain communication with families to ensure enrollment, utilization and retention of services.**

**ALAMEDA** – Alameda County application assistants maintain communication with families. They follow up with clients whose applications are incomplete and with clients seeking renewal via postcard or phone. Families receive reminder correspondence in advance of their renewal date, and application assistants are available to help families complete their applications.

**FRESNO** – Fresno CHI community partners are developing comprehensive case management capacity to help families with incomplete applications, follow-up needs and appeals. Fresno OERU Collaborative members will be encouraged to develop their case management capacity through direct and frequent contact with families and the use of the One-e-App enrollment system.

Community partners will also develop or enhance retention strategies such as One-e-App initiated reminders to CAAs and Eligibility Workers, including frequent postcard prompts that are colorful and easy to recognize. Other retention strategies include *promotora* or CAA visits to families with information several months before the annual renewal. Strategies may include identifying children who are moving out of the county and giving their families information about continuing coverage options. Provider-initiated reminders during clinic or other visits may also be effective with information given to families about insurance alternatives (when eligibility changes), premium assistance and payment grace periods when appropriate. These strategies are not being used at present but will remain on the radar for the near future.

The CHI also intends to strategize with their community partners and health plan to enhance case management capacity to support appropriate utilization. The CHI will work with the health plan to develop and implement a strategy.

**KERN** – In Kern County, application assistants provide follow up services to ensure that families are enrolled in a coverage program. The Education/Utilization Committee schedules monthly sessions in group settings and quarterly seasonal mailings to families to increase utilization rates. Renewals are required annually. Renewal notices are mailed 60 days before the child's program expiration date, and lists of clients due for renewal are sent to the original enrolling entity. Enrolling entities attempt to make phone contact with the family. If, after three weeks, no contact is made, the CHI office mails a postcard to the family indicating that their child's insurance is about to expire. The family is given both the enrolling entity's phone number and the CHI phone number for more information or assistance.

**LOS ANGELES** – In Los Angeles County, contracted OERU agencies are required to conduct follow-up on family cases. They verify enrollment on all applications they facilitate to make sure families are successfully enrolled. CAAs use a variety of methods, including checking MEDS, AEVS, calling the Healthy Families 1-800 number, and calling families themselves.

**SAN JOAQUIN** – Health Plan of San Joaquin communicates with families to give advance notice of coverage expirations and to help with renewals for all three insurance programs. HPSJ notifies the family and the CBO that previously assisted them 60 days before a renewal is required. The notice tells the family when renewal must be completed to ensure continuous coverage. The CBO also telephones the family to schedule an appointment to help with renewal paperwork. CBOs are required to track renewal dates of individuals they help enroll in programs offered by health plans other than HPSJ because the health plan does not have this information.

**SAN MATEO** – The Health Plan of San Mateo employs a Retention Specialist to maintain communication with Healthy Kids members who have not utilized their benefits within the first 120 days of coverage. The Specialist assists the member in accessing services, reviews their benefits, emphasizes the importance of preventive care and answers any questions they may have.



**TULARE** – First 5 Tulare and all contracted CAAs provide case management and follow-up to families. If certified only and not contracted, a Healthy Kids CAA assists with enrollment and provides information about approvals for all three coverage programs to First 5. Case management is defined more broadly: it goes beyond the application process to include follow-up throughout the year to promote better health care utilization and identify problems early. Case management tracks whether the client received their health insurance card; selected a medical home; underwent a wellness exam; had emergency room visits, premium payment problems, or needed a hardship fund; whether a binder/appointment book was provided; and if the client was helped with any problems. The CHI developed a form that reflects expanded telephone contact and includes a targeted health care utilization topic for each call at 1 month, 4 months, 7 months, and 10 months. A database including fields and drop-downs will be used to allow CAAs to track this information. A database prototype is available and the final product will be available at the end of October or early November 2005.

The CHI also sends address update cards quarterly to families and collects reports from contracted CAAs on their activity levels. The CHI is incorporating all follow-up activities in the training for application assistants. Handouts and flow charts show where different aspects in the enrollment process should be highlighted and how to incorporate adult learning techniques with families. For example, to promote a change in perception about avoidable emergency room use and utilization of after hours help, CAAs and parents call the Health Net Nurse Advice Line to demonstrate where the telephone number is found on the ID card, how easy it is to use, experience making a call and interact with the help-line nurse.





**UNIT 7:  
EASY AND TRANSPARENT APPLICATION  
AND RENEWAL PROCESS**

## UNIT 7: EASY AND TRANSPARENT APPLICATION AND RENEWAL PROCESS

Simplified application and renewal forms and processes are essential to reduce barriers for families and create easier access to coverage. Unit 7 describes the different strategies organizations have developed to create an easy and transparent application and renewal process to implement this component of the Framework.



### *Strategy 7.1 – Simplify and coordinate applications and renewals to ease the process for families.*

**ALAMEDA** – The Healthy Kids application was simplified and is available in three languages. One-e-App is used for public programs.

**KERN** – In Kern County, the Medi-Cal 210 application is used for both Medi-Cal and Healthy Families. A two-page addendum was added to the application to facilitate its use in applying for the Healthy Kids program. The application may be mailed to the enrollment entity along with necessary documentation for processing, where it is screened for eligibility in Medi-Cal, Healthy Families, and Healthy Kids, in that order. All applications for Healthy Kids’ children ages 0 to 5 and their siblings are processed by the Kern County Department of Human Services, the local agency responsible for processing all Medi-Cal applications. If the client is eligible for Healthy Families, the Department of Human Services forwards the application to MRMIB for processing. If the child is eligible for Healthy Kids, the Department of Human Services processes the application and forwards electronic enrollment data to the health plan. If the child is 6 to 18 years, the application is forwarded to the local CHI office for processing and transmission to the health plan. All children enrolled in Healthy Kids are also signed up for restricted scope Medi-Cal. This coverage serves as a safety net should the family allow their Healthy Kids enrollment to lapse.

The eligibility staff at the Department of Health Services handles renewals for the Healthy Kids program. Healthy Kids renewals match the Medi-Cal renewal date. The CHI uses a one-page renewal form that certifies all information has remained the same. The form is similar to the Healthy Families renewal form.

**LOS ANGELES** – In an effort to help coordinate and simplify the Healthy Kids program in Los Angeles, the CHI *Program Integration Workgroup* focused on all children enrolled in restricted scope Medi-Cal that are likely eligible for the Healthy Kids program. LA County Departments of Health Services (DHS) and Public Social Services (DPSS) mailed information on the Healthy Kids program to all families of 0-5 year olds on restricted Medi-Cal. The mailing resulted in calls to OERU contractors and a surge in Healthy Kids enrollments for this age group. DHS is now working with DPSS and LA Care on a process for information generated from the restricted Medi-Cal application to serve—with the family’s consent—as the Healthy Kids application.

The Los Angeles Healthy Kids program renewal form is pre-populated, requiring families to mark only where the family’s information has changed. The form pre-prints all basic family data including contact information, names, birth dates, etc.

**RIVERSIDE/SAN BERNARDINO** – The CHI uses a separate application for the Healthy Kids program. The information for the initial application is gathered during phone conversations with the family on the Inland Empire Health Plan toll-free Telecenter enrollment system. The renewal form contains data from the initial application. The family is asked to read the application, verify the information is correct, sign the form, and mail it back to Inland Empire Health Plan with the appropriate documents. The CHI also sends Healthy Kids beneficiaries a pre-populated renewal form to complete.


**SAN JOAQUIN** – The San Joaquin CHI developed and utilizes a simplified Healthy Kids insurance application. The Healthy Kids application was designed to be completed by most applicants with minimal assistance.



**TULARE** – In Tulare County, the Medi-Cal 210 (MC 210) application is used for both Medi-Cal and Healthy Families. With a two-page addendum, the application is also used for Healthy Kids. A subcommittee of the CHI Outreach Committee, which included the contracted CAA lead, Health and Human Services Agency Eligibility Manager, health plan and First 5 representatives, developed the addendum.

Only certified Healthy Kids CAAs can utilize the addendum. Community members are given a 1-800 number as an entry point. Information is taken and faxed to the appropriate CAA contractor to set up an appointment in the applicant’s locale. If a family has a Medi-Cal or Healthy Families enrollee with a Healthy Kids enrollee, the original MC 210 application (without the Healthy Kids supplemental pages) is sent to Single Point of Entry. A copy of the original MC 210 is mailed with the original Healthy Kids application to First 5. Healthy Kids interest cards are collected prior to enrollment. They are used to identify locations where kids are most likely to enroll and to help with fundraising efforts. They are also used to generate word-of-mouth interest at trusted sites like schools, clinics or family centers.





**UNIT 8:  
COMMUNICATE WITH AND SERVE  
DIVERSE POPULATIONS  
AND DEMONSTRATE  
CULTURAL AND LINGUISTIC COMPETENCY**

## UNIT 8: COMMUNICATE WITH AND SERVE DIVERSE POPULATIONS AND DEMONSTRATE CULTURAL AND LINGUISTIC COMPETENCY

OERU materials and service providers must reflect the linguistic and cultural composition of the families and communities they serve. Unit 8 describes the different strategies organizations have developed to implement this component of the Framework.



### ***Strategy 8.1 – Employ bilingual and bicultural staff to sufficiently serve diverse communities.***

**ALAMEDA** – Alameda Alliance for Health has multilingual Member Service Representatives. Eligibility Workers are bilingual.

**KERN** – Application assistants funded under the Kern CHI are bilingual in English and Spanish. Eligibility Workers at the Department of Health Services are bilingual in English and Spanish. Enrollment entities and the CHI office have access to a language line to assist families in whichever other language they prefer. Application forms are currently printed only in Spanish and English. Health Net, the Healthy Kids administrator, also has bilingual English-Spanish member service representatives and offers translation for additional languages.

**RIVERSIDE/SAN BERNARDINO** – All services provided by Inland Empire Health Plan, the Healthy Kids administrator, are given to families in the language of their choice, primarily Spanish or English.

**SAN JOAQUIN** – The Health Plan of San Joaquin member services staff provide access in the county's three threshold languages—English, Spanish and Cambodian.

**SAN MATEO** – Application assistants in San Mateo County speak a variety of languages including Spanish, Tagalog, Mandarin, Cantonese, Tongan and Russian. All CHI services that conduct OERU activities, including enrollment sites and phone hotlines, employ staff that understand the culture and speak the languages of the families they serve. OERU materials are also translated into these languages. Most clinics have Spanish-speaking Community Health Advocates since the majority of their patients are monolingual Spanish-speaking families.

County and CBO staff are recruited by various means including sending job descriptions through distribution lists of different organizations and collaboratives, through county government recruitment, current employee referrals, newspaper and website postings. County staff are required to take an official written and oral language competency exam. Language needs for staff were based on data collected from the county clinic, and Healthy Families and Medi-Cal populations. Since over eighty percent of Healthy Kids members are from Spanish-speaking households and a large number of Medi-Cal and Healthy Families members also are Spanish-speaking, some organizations and county departments require staff to be English-Spanish bilingual.

**TULARE** – Tulare County utilizes staff that are bilingual in both English and Spanish for all enrollments. The county monitors the number of bilingual CAAs when training and certifying CAAs. Contracted CAAs through community-based organizations must have at least 80% staff bilingual in Spanish and English. All posters are in English, Spanish, and Hmong for the Children's Health Initiative. Healthy Kids specific materials are in English/Spanish, including the website with a separate Spanish address.



### ***Strategy 8.2 – Provide written materials in threshold languages to ensure families have access to information in their primary language.***

**ALAMEDA** – The Alliance website and Medi-Cal materials are available in English, Spanish, Chinese and Vietnamese. Healthy Families materials are available in English, Chinese and Spanish. Healthy Kids materials are available in English and Spanish. The Alliance provides interpreters for members at no cost to the member or the provider in all programs it offers. In addition, the Alliance created bilingual *I Speak* cards for



its members to utilize when seeking interpreter services during medical and health education appointments. *I Speak* cards include information on how to access interpreter services in the member’s language as well as in English. The card gives members the information necessary to either call the Alliance to request an interpreter or to present the card at the provider’s office so that arrangements can be made for an interpreter to be present or available via telephone.

**RIVERSIDE/SAN BERNARDINO** – All materials provided by Inland Empire Health Plan (IEHP) are bilingual in both Spanish and English. Materials are written primarily at the sixth grade level. Materials are transcribed into Spanish rather than translated to assure cultural sensitivity. Materials are also distributed through IEHP outreach representatives, providers, CBOs, public agencies, and schools.

**TULARE** – In Tulare County, there is no formal policy on written materials, but it is understood that materials should be culturally appropriate and written at a lower literacy level. Written materials are checked by multiple sources to find agreement on translation. The CHI attempts to develop materials at the sixth grade reading level, although the CHI has found some medical and insurance concepts are difficult to write at that level. Materials are distributed through a variety of means and are available to First 5 School Readiness programs, CHI Outreach Committee members, schools as requested, community-based organizations, clinics, presentations, health fairs and wherever else requested. Applications are in English and Spanish.



**Strategy 8.3 – Collect and utilize demographic data to ensure staff, materials, and programs are addressing communities cultural and language needs.**

**KERN** – Kern County collects ethnicity and language needs of uninsured families on the Healthy Kids Kern County application. This information guides the expansion of language capacity within the OERU effort, and is reflected, as necessary, in printed materials and presentations.

**LOS ANGELES** – Los Angeles County CHI collects data regarding the ethnicity and language needs of uninsured families (target population) and of assisted families to determine their clientele’s needs and to predict the needs of unmet populations. There has been an expressed need for Korean language outreach and materials.

**TULARE** – Tulare County collects language preferred information beginning with Healthy Kids interest cards, ethnicity, and age on all phone and other contacts by contracted CAAs. There is not enough experience yet to show how this data is used to inform the project, with the exception of early focus groups conducted with parents.



**Strategy 8.4 – Utilize trusted community partnerships to increase capacity to provide culturally and linguistically appropriate services to families.**

**SAN JOAQUIN** – The Health Plan of San Joaquin (HPSJ) partners with well-respected organizations in the community to provide culturally and linguistically appropriate services. HPSJ contracts for OERU services with community-based organizations that have the capacity to communicate fluently in the most commonly spoken languages in the county. Applications are available in Spanish and English for Medi-Cal, Healthy Families and Healthy Kids and in three additional languages for Healthy Families.

**SAN MATEO** – To meet the needs of northern San Mateo County where large Filipino and Asian communities reside, the CHI works closely with a community-based organization whose primary focus is on conducting health-related outreach services to these communities. CBO staff are of Filipino and Asian heritage and speak Tagalog, Cantonese and Mandarin.



**UNIT 9:  
ACCESS TO TECHNOLOGY AND  
INFORMATION SYSTEMS**

## UNIT 9: ACCESS TO TECHNOLOGY AND INFORMATION SYSTEMS

All available technologies must be used to help families enroll in and renew health insurance and to track and evaluate OERU activities. Unit 9 describes the different strategies organizations have developed to implement this component of the Framework.



### **Strategy 9.1 – Utilize mobile technology to provide assistors with tools to more readily help families.**

**FRESNO** – The Fresno Children’s Health Initiative provides the mobility and tools for CAAs to effectively and expeditiously screen and enroll children at in-reach and outreach locations. Support includes wireless laptops with appropriate screening and enrollment software (e.g., One-e-App) and reimbursement for miles driven in personal vehicles to reach identified locations. The county’s local *Healthy Community Access Partner* is purchasing 10 laptop computers for OERU partners of the CHI.

**KERN** – In Kern County, application assistants have laptops and portable copiers to provide assistance to families wherever the client specifies. Assistance could take place at a home visit, a childcare provider, a local restaurant, or ethnic marketplace.

**TULARE** – Tulare County CAAs employ mobile technology by using their cell phones to practice calling the *Nurse Advice Hotline* with parents during the application process.



### **Strategy 9.2 – Create web-based applications for enrolling and renewing families and tracking OERU activities.**

**ALAMEDA** – The Alameda Children’s Health Initiative launched the web-based One-e-App pilot program in 2005. Types of applications processed include Medi-Cal, Healthy Families, and the County Medically-indigent Services Program (CMSP). User acceptance training is now in process. Partners involved in system development include front line staff, supervisors, and policy level administrators. Locations where One-e-App will be implemented include community health clinics and county hospitals. The procedure will require an initial appointment with the family to bring all necessary


documents for a complete application before treatment services are rendered.

**FRESNO** – The Fresno Children’s Health Initiative implemented the web-based One-e-App electronic enrollment tool for use by eligibility specialists and CAAs countywide to support simplified eligibility determination and enrollment into Medi-Cal, Healthy Families, the Kaiser Child Health Plan and Healthy Kids. To the degree possible, One-e-App should be integrated with other electronic gateways such as the CHDP Gateway and Express Lane Eligibility. In September 2005, all OERU partners began using One-e-App to access Medi-Cal and Healthy Families. Healthy Kids launched in 2006.

**LOS ANGELES** – Los Angeles County has an internet-based data collection system called the Children’s Health Outcomes Initiative (CHOI) that allows agencies to enter data and run reports as a reminder to call and follow-up with families. The data system allows contractors to input client-level data, receive automated reminders about follow-up, run in-house workload reports, run data cleaning reports to ensure accuracy of data, and submit monthly reports to the Department of Health Services electronically. Annual on-site audits review back-up documentation (including progress notes on clients) to ensure that the services provided and recorded in the data tracking system are rendered appropriately. Los Angeles is also currently in the feasibility and planning stages to institute *One-e-App* as a strategy to efficiently enroll all children and families in the programs for which they are eligible.

**SAN MATEO** – The San Mateo Children’s Health Initiative requires all application assistant subcontractors of the CHI to process applications via the One-e-App web-based system. The CHI budget allocates for One-e-App funding, and CAAs have been using the program since June 2003. Application assistants can screen individuals using One-e-App for Medi-Cal, Healthy Families,





Healthy Kids and the WELL Program, the county's medically-indigent program. One-e-App conducts all the necessary program eligibility and premium calculations to prevent application assistants from making any miscalculations. The system incorporates all the logic necessary to determine eligibility.

One-e-App has drop-down features that list the different answer options for the application assistant for ethnicities, California counties, states, countries, types of income, child's school, and relationships among family members. One-e-App is also designed to collect all pertinent information required for eligibility for the CHI/Healthy Kids program. It does not allow CAAs to proceed to the next screen until all required fields are answered. Hence, the rate of complete applications is higher when using One-e-App versus using paper applications.

CAAs only need to enter all the applicant information once and the system will screen for all the CHI programs. The program saves the CAA processing time. Due to the efficiency of processing the applications, Healthy Kids eligibility determination currently takes only 2 to 3 days from the time of submission.

One-e-App also allows for an easy Healthy Kids renewal process. CAAs simply review the previous year's application by verifying county residency and entering current income information. The only documentation requirements for renewal are proofs of income and county residency.

One-e-App stores the client's permanent documentation (proof of birth, proof of citizenship/legal residency, etc.) in an archive that CAAs can access in the system at any time. In addition, if the Healthy Kids member is no longer eligible for Healthy Kids but eligible for Healthy Families and Medi-Cal, One-e-App allows the family to immediately apply for these other programs via the Health-e-App interface. One-e-App also compiles Healthy Kids renewals into a workload so CAAs can easily view if any of their clients are due.

Other beneficial features of One-e-App include the availability of screens in different languages such as Spanish and Mandarin; an application summary including all the applicant information listed in the system; a "notes" feature that allows CAAs to enter specific comments that might be helpful in determining eligibility. CAAs can easily process phone applications as applicants do not have to submit original documentation, but can fax their verifications. In July 2005, CHI staff assisted with about 40 phone applications.

One-e-App also organizes CAA application workloads. CAAs are easily able to manage their applications and CHI staff are able to track and monitor the services provided by the CAAs. One-e-App arranges a CAA's applications according to their status. For example, incomplete applications are placed under the "Applications in Progress" workload. At this level, CAAs have the ability to print applicant reminder and notification letters (letters are pre-populated with applicant's information), attach notes to applications and identify a reason for closing an application. After 14 days from the date of suspension (when the application was saved and suspended), these applications are considered expired and are then forwarded to the CAA's assigned supervisor.

Another useful tracking and monitoring tool is the CAA Supervisor Workload. This workload displays the number of pending and complete applications for the CAA. The applications are categorized by program and status. This process does not just allow a supervisor to track the CAA's performance but also to assess the CAA's enrollment location (one One-e-App feature is to require CAAs to identify their location for every enrollment session).

San Mateo County currently does not have a waiting list for Healthy Kids. However, the One-e-App program office has developed a process to address this issue should it arise.



**SANTA CRUZ** – The Santa Cruz Children’s Health Initiative utilizes the web-based One-e-App system and works with the One-e-App program office to produce a consistent and seamless process. The CHI participates in ongoing design sessions including expanding One-e-App with Cal-Win and maintenance functions; provides user acceptance testing; revisions of the training manual; and continues to provide training sessions and problem solving. One-e-App helps enroll children and families in Healthy Families, Healthy Kids, Medi-Cal for adults and children, and the county medically-indigent program. Users of One-e-App include Certified Application Assistants, health plan staff, and clinics.



***Strategy 9.3 – Utilize Telecenters for enrolling children and families by phone.***

**RIVERSIDE/SAN BERNARDINO** – Inland Empire Health Plan (IEHP), serving both Riverside and San Bernardino, has created a bilingual enrollment Telecenter with extended hours for application assistance for Healthy Kids, Healthy Families and Medi-Cal for children. The Telecenter has a *No Wrong Door* approach. Telecenter staff fill out the entire application for the family over the phone, which takes approximately 15 minutes. The application is then mailed to the family to sign and forward to the state (Single Point of Entry/Managed Risk Medical Insurance Board). Staff complete approximately 100 applications a day. IEHP also implemented a *Project Angel* program designed to help families with other needs (food banks, homeless shelters, emergency situations). In addition, key volunteers in zip codes that have a high percentage of potentially eligible Healthy Kids applicants assist families with the Healthy Kids application.



# **UNIT 10: ASSESS AND EVALUATE OERU SERVICES**

## UNIT 10: ASSESS AND EVALUATE OERU SERVICES

The capacity to assess and evaluate outreach, enrollment, retention and utilization (OERU) data in a timely and informative manner is essential to build knowledge and to program integrity, quality and efficiency. Unit 10 describes the different strategies organizations have developed to implement this component of the Framework.



### ***Strategy 10.1 – Establish an oversight body that can guide evaluation activities.***

**SAN JOAQUIN** – The San Joaquin Children’s Health Initiative assigns responsibility for oversight, evaluation, and monitoring of CHI OERU activities to specific personnel. With a combination of First 5 and HPSJ funding, Health Plan of San Joaquin hired a Healthy Kids Program Coordinator who is responsible for managing OERU contracts with community-based organizations and overseeing and evaluating the results of their activities. The Program Coordinator reports to upper management at HPSJ and the CHI Oversight Committee on a regular basis.

A specific case management framework including reporting and meeting formats and schedules has been created to guide the Healthy Kids Program Coordinator. The Coordinator reviews required monthly reports from CBOs to measure the number of children assisted, number enrolled, follow-up calls to educate families, encourage utilization, and report on annual and payment renewals. The Coordinator also monitors discontinuances so that HPSJ can formulate a plan to minimize this number. In addition to reviewing the reports and following-up with the CBOs on a case-by-case basis, the Program Coordinator holds regularly scheduled meetings with the CBOs.

**SAN MATEO** – In order to assess and evaluate OERU and the Children’s Health Initiative, the San Mateo CHI, which is composed of the contracted evaluators, health plan and health department staff, meets bi-monthly to address and discuss the various CHI evaluation components. Evaluation results are for all programs: Medi-Cal, Healthy Families, and Healthy Kids.

**TULARE** – In Tulare County, the CHI Steering Committee focuses on CHI evaluation components by reviewing monthly outreach and enrollment reports and providing

feedback to an outside evaluator on important topics. The committee is trying to build evaluation data collection points early in the implementation process.



### ***Strategy 10.2 – Conduct demographic mapping to identify target areas for reaching uninsured, eligible families.***

**FRESNO** – The Fresno Children’s Health Initiative will use demographic mapping and “geocoding” by asset location, census tract and school district to identify locations where target children are most likely found. This planning could be supported by existing First 5 geocoding expertise including LTG Associates, the Healthy Communities Access Project and the Central Valley Health Policy Institute. This data could also be used to evaluate OERU plan implementation. Fresno County Employment and Temporary Assistance has provided a geocoded map to target areas of outreach.

**KERN** – The Kern Children’s Health Initiative Outreach and Enrollment Committee will be contracting with a local agency to provide GIS demographic mapping. The GIS map will include locations of community clinics; health plans; providers that accept Medi-Cal, Healthy Families, and Healthy Kids; CAA resources. The map will be used to guide the Outreach and Enrollment Committee in determining access gaps in the county.



### ***Strategy 10.3 – Conduct external and internal evaluations to ensure a broad scope, integrity, and examination of OERU services.***

**ALAMEDA** – The University of Michigan, with funding from the California HealthCare Foundation and Community Voices, conducted an external evaluation to assess the efficacy of Alliance Family Care. Alliance Family Care was a program that served low-income parents and their children up to 300% of the federal poverty level and was a precursor to the Healthy Kids



program that serves only children. The evaluation was conducted through telephone surveys of members (conducted in English, Spanish and Chinese), focus groups (also in multiple languages), and data review. The evaluation reviewed the first few years of the program and found positive results related to utilization of preventive services, access to Primary Care Providers (PCPs), decrease in emergency room use and overall member satisfaction. In addition, the *Healthcare Effectiveness Data and Information Set* (HEDIS) measures for Alliance Family Care were used to gauge the rate of childhood immunizations, access to PCPs, and other measures that served to guide and monitor the program. The *Consumer Assessment Health Plan Survey* (CAHPS) also provided useful information, including measures that surveyed patients on: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate with Patients, and Office Staff Courtesy and Helpfulness.

**KERN** – The Kern CHI utilizes an *independent evaluator* to assess all its health programs quarterly, including the OERU portion. Healthy Kids is evaluated in more depth than Medi-Cal and Healthy Families because of the more detailed data available for this program.

**LOS ANGELES** – The Los Angeles Department of Health Services is currently using outside evaluators for their OERU project.



**Strategy 10.4 – Utilize standardized definitions and measurements for data tracking and analysis.**

**KERN** – The Kern Children’s Health Initiative has a data collection and reporting system for OERU activities including for subcontractors and has established performance monitoring standards for OERU activities. This data tracking system is called *Outcomes Collection and Evaluation Reporting Services*, or OCERS, and it allows tracking of numerous indicators and strategies. Currently the CHI is collecting data for all programs (Medi-Cal, Healthy Families, AIM, Kaiser, and Healthy Kids) on the number of applications assisted, applications successfully completed, successful enrollments, disenrollments, renewals assisted, successful renewals and health services utilized (pending).

**LOS ANGELES** – The Los Angeles Department of Health Services (DHS) ensures that all OERU contractors funded through the local CHI utilize similar scopes of work and monitoring tools that reflect each service objective. They also conduct annual or more frequent site visits to OERU agencies to ensure compliance with scope of work and utilization of similar data capturing systems. DHS employs unbiased evaluators for this project. The Department utilizes a standardized database called the Children’s Health Initiative Outcomes to track and monitor clients and conduct samplings of clients to determine retention rates. Los Angeles DHS learned from past contracting experiences that agencies without a predefined scope of work including specific outcome goals and definitions of OERU terms will deliver inconsistent OERU results. Using one data collection system coupled with required trainings on using the system will yield consistent and comparable data.

LA County’s CHOI (Children’s Health Outreach Initiative) database collects demographic, service and referral information for uninsured adults who are and are not eligible for free, low-cost programs. CHOI also collects data on which programs children ultimately end up eligible for including Medi-Cal, Healthy Families, and Healthy Kids.

**SANTA CRUZ** – Santa Cruz County has developed a database for tracking OERU activities called the *Client Benefits Tracking* database (CBT). CBT produces evaluation results on enrollment and renewal outcomes for their contractors. CAAs also participate in the CBT reporting process

**TULARE** – The Tulare Children’s Health Initiative is working with a vendor to create a database that will be accessible via the web for CAAs and First 5 staff. The database will include a case management portion for periodic follow-up data collection. The program is cost effective and does not include labor and data entry costs. It includes a mini-budget unit calculator to verify income calculation needed for the county’s AB 495 contract. Families with multiple types of insurance in the same family that include Healthy Kids will be tracked. If the child is Healthy Families or Medi-Cal eligible only, the application will not be tracked at this time, other than for statistical reports on enrollment.



## FREQUENTLY USED ABBREVIATIONS

AEVS:	Automated Eligibility Verification System
AIM:	Access for Infants & Mothers Program
CAA:	Certified Application Assistant. The term used to identify the individuals who assist with the application process for health insurance in California has not yet been standardized, and different agencies employ different terms. In this report, we use Certified Applicant Assistants and application assistors interchangeably. All are individuals who have been trained to assist with the application process to outreach, enroll, retain, and encourage utilization for families in California.
CDHCS:	The California Department of Health Care Services
CHC:	Community Health Councils
CBO:	Community-based organization
CHAMP:	Children’s Health Access and Medical Program
CHDP:	Child Health & Disability Prevention program
CHI:	Children’s Health Initiative
CHOI:	Children’s Health Outcomes Initiative
CKF:	Covering Kids & Families
CMSP:	County Medically-indigent Services Program
DHS:	Department of Health Services
FPL:	Federal Poverty Level
FTE:	Full-time equivalent
HF:	Healthy Families program
HPSJ:	Health Plan of San Joaquin
HPSM:	Health Plan of San Mateo
IEHP:	Inland Empire Health Plan
KATCH:	Kern Access to Children’s Health
LAUSD:	Los Angeles Unified School District
MAA:	Medi-Cal Administrative Activities
MC 210:	Medi-Cal 210 application form
MEDS:	Medicaid Eligibility Data System
MRMIB:	Managed Risk Medical Insurance Board
OERU:	Outreach, enrollment, retention and utilization
PCP:	Primary Care Provider
SCHIP:	State Children’s Health Insurance Program
TANF:	Temporary Assistance for Needy Families



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