

# Alameda County Board of Supervisors Health Committee's Community Dialogue on Preparing for Health Reform

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## Session 5: Laying the Foundation of Strong Eligibility and Enrollment Systems

March 26, 2012

This session explored essential issues for building a strong enrollment system for the roughly 56,000 Alameda County residents who will be newly eligible for the Medi-Cal expansion in 2014. This hearing was part of a [13-month series](#) on how the Patient Protection and Affordable Care Act (ACA) could impact Alameda County. The speakers for this session included:

- **Rachel Klein**, Executive Director of Enroll America
- **Catherine Teare**, Senior Program Officer, Health Reform and Public Programs, California Health Care Foundation (CHCF)
- **Cathy Senderling-McDonald**, Deputy Executive Director, County Welfare Directors Association for California
- **Lori Jones**, Agency Director and **Randy Morris**, Assistant Agency Director, Alameda County Social Services Agency

### Enrolling America

Rachel Klein described her organization's approach to ensuring that all eligible Americans get enrolled and stay enrolled in health coverage. [Enroll America](#) issued a [checklist](#) to preparing for enrollment that promotes seven concrete steps.

1. **Take Advantage of Federal Financing.** California and other states should begin upgrading their existing computer systems to prepare for the challenge ahead. In the future, the enrollment system needs to be online and will need to connect with the state Health Insurance Exchange's computer system. Federal funding exists to support states in these system upgrades.

2. **Develop an effective outreach plan.** States need to understand who their uninsured residents are and develop tailored approaches to reach them through channels and messengers that resonate with them.
3. **Automate enrollment whenever possible.** Many sub-groups of the uninsured are already “known” populations, such as parents of children enrolled in the Children’s Health Insurance Program (CHIP) and adults who receive Supplemental Nutrition Assistance Program (SNAP) benefits. The State should use existing data to develop strategies to reach these groups.
4. **Minimize documentation requirements.** The State should design a system that relies on existing data and filings with various government programs to verify eligibility. The burden shouldn’t be on the individual. The process should be user friendly.
5. **Promote data-driven, integrated eligibility systems.** Policy makers and planners should consider how the health insurance eligibility system will integrate with other human services agency systems so the systems can “talk” to each other.
6. **Redouble consumer assistance.** The new system will require one-on-one assistance through navigators and just because the applications will be online doesn’t mean that personal assistance won’t be needed. Culturally sensitive assistance that is consumer driven will be essential.
7. **Ensure readability and understandability of materials.** Readability isn’t just about grade level. Materials must be culturally apt and designed for specific target audiences.

## Consumers’ Enrollment Experience

Next up, Catherine Teare spoke about [the research](#) the California HealthCare Foundation has supported around the enrollment experience. “We know a lot about what works,” Teare said.

First, she said, customer service matters. Enrollment and eligibility offices need to publicize the multiple pathways to enrollment, including office visits and online applications. Completing the process in person at a county office made it seem “more official,” which was important to Latino applicants. But many people felt hesitant to ask questions and left wanting more information and education. The downsides of enrolling through the county offices included long waits, inhospitable reception and a lack of signage and translation for non-English speaking applicants.

People reported appreciating the convenience of online applications, including the ability to fill it out after regular business hours. Online applications, however, are a much less common way to apply for public programs. People less familiar with using the Internet struggled with the process, and many people reported concerns about security.

“Online enrollment is not going to be an answer for everyone,” Teare said. “Most people have never applied for a health plan online. And the people most likely not to be comfortable applying online include the less educated, Latinos, people in fair and poor health, the uninsured, and low-income. These are the key populations that need to be enrolled.”

A lot of future work and research will be needed around making the online enrollment experience user friendly. Teare mentioned a national project working to develop a “human-centered” design approach to an online user experience. States may adopt this front-end system and build out the back ends for their unique data systems.

## The Counties’ Role

Cathy Senderling-McDonald discussed the county eligibility workers’ roles in initial and ongoing eligibility determination. “California is lucky and well positioned compared to other states,” she said. “Our systems are more modern than other states. We have online applications and can communicate with clients electronically.”

California’s Health Benefit Exchange has been meeting for more than a year, and the county welfare offices are engaged in these discussions. Largely, the Exchange has focused so far on the future information technology platforms. Now, it is turning toward questions around operations.

California can build on its early Medi-Cal expansion through the Low-Income Health Insurance Programs (LIHPs) organized by the counties. This provides an opportunity to pre-enroll adults into Medi-Cal prior to January 1, 2014. These people already will have an insurance card and health plan. They will be familiar with the system. Another opportunity for pre-enrollment could be the 340,000 CalFRESH recipients who might be eligible for expanded coverage.

California’s counties want health care reform to be a success and want to reduce complexity across program, Senderling-McDonald said. Counties need to think about how to provide the best in-person and phone service possible to ensure people at all income levels feel comfortable. Additionally, counties can work with the state to develop effective outreach plans. “The urgency cannot be overstated here,” she said. “I’m so excited you’re starting these conversations early in Alameda County.”

## Preparations in Alameda County

Randy Morris provided an overview of county residents currently enrolled in various public health insurance programs and those who will be eligible in the future. Today, about 360,000 county residents are enrolled in public health coverage. Still, about 200,000 to 250,000 residents remain uninsured. Starting in 2014, about 113,000 residents are estimated to be eligible for purchasing private insurance through the exchange, and 56,000 people will be newly eligible for Medi-Cal. About 60,000 people will remain uninsured.

The county Social Services Agency is preparing for health reform. The agency re-organized to better serve segmented population groups, such as families or elderly adults. Additionally, the agency has focused on placing eligibility staff in the community to increase the convenience for residents, such as clinics and schools. These efforts have helped enroll nearly 36,000 people into the county's LIHP — called HealthPAC — since July 2011.

One of the main lessons learned so far, Morris, said is that greater attention needs to be paid to smoothing the renewal process so retention rates are higher. Additionally, the data systems need to be better coordinated locally and between the county and the state. Planning for future staff needs and training will remain an ongoing challenge and priority, he said.