



Helping Individuals Obtain Health Coverage Under the Affordable Care Act

Outreach and Enrollment Strategies
for California Hospitals



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*Outreach and Enrollment Strategies for
California Hospitals*

*Prepared for California Hospital Association
by Kaufman, Hall & Associates, Inc.*

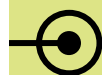
July 2013

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Hospitals and health systems that contributed to this guidebook include:

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Preface

The purpose of this guidebook is to support California hospitals in their efforts to develop and implement initiatives to help Californians obtain health coverage through Covered California's exchange-based offerings and the Medi-Cal program.

The guidebook starts out by providing background information on the uninsured in California, followed by enrollment projections as health care reform is implemented in California. It then describes the role hospitals may choose to play with regard to the Covered California Enrollment Assistance Program — a program designed as a one-stop marketplace for obtaining health coverage — and also provides the process in which hospitals and their enrollment assistance staff may become registered and certified participants.

In addition, the guidebook provides information on the new California Healthcare Eligibility, Enrollment and Retention System (CalHEERS). CalHEERS is the online application portal for determining eligibility and enrolling Californians in Medi-Cal, as well as subsidized and unsubsidized Qualified Health Plans (QHPs) offered by Covered California. Though hospital participation in the Covered California Enrollment Assistance Program is optional, electing to participate presents an opportunity for hospitals to help expand coverage and access to care for all eligible Californians.

To facilitate these goals, the Strategies Section provides eight distinct outreach and enrollment practices that are successfully being used in hospitals across the state. These eight strategies provide hospitals with mechanisms to help eligible, uninsured individuals enroll in Medi-Cal and other programs available through Covered California.

As we go to press with this guidebook, rapid changes are taking place as the state prepares to launch both Covered California and the CalHEERS online application portal. As changes evolve that impact hospitals, CHA will alert members via the association's daily newsletter, *CHA News*, and other avenues. Additionally, we have included a list of helpful websites as Appendix 1 in the Resources Section at the back of the guidebook.

INTERVIEW-BASED APPROACH

Research for the Strategies Section was conducted through interviews with key hospital management and supervisory staff responsible for patient registration, admissions services, access and financial counseling, as well as eligibility services. Individuals interviewed represent the diversity of California's hospitals and health systems, including community hospitals, safety-net hospitals, and multihospital and multistate systems. Hospitals interviewed were from various geographic locations, ranging from rural communities to some of California's largest cities (*see Figure 1 on the following page*). Staffing resources dedicated to patient eligibility functions varied in size from one

to nearly 150 employees, depending on the hospital and the patient volume. These individuals identified what they considered to be key strategies for determining eligibility and enrolling individuals into health coverage programs. We combined these strategies into common categories.

Figure 1. Location of Hospitals and Health Systems Interviewed



Information contained in this guidebook should not be construed as legal advice or used to resolve legal problems by health care facilities or practitioners without consulting legal counsel. Hospital participation in the eligibility and enrollment programs described in this guidebook is optional. As such, a decision to participate in the Covered California Enrollment Assistance Program, or the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS), should be made in consultation with legal counsel and the hospital's board of trustees.

Improving Access to Health Coverage in California

Consistent with California's leadership in advancing health care reform, California is at the forefront nationally in implementing the 2010 Patient Protection and Affordable Care Act (ACA). California was the first state to enact a law to create a health benefit exchange, just six months following the passage of the ACA.

California has an estimated 7.1 million uninsured residents under age 65, the largest number of uninsured individuals of any state in the nation representing over 21 percent of California's population.¹

On Jan. 1, 2014:

- 2.6 million Californians will qualify for subsidies through Covered California, California's Health Benefit Exchange
- 2.7 million Californians will not qualify for subsidies but will benefit from guaranteed health coverage through Covered California or in the individual market
- 1.4 million Californians will be newly eligible for Medi-Cal²

The ACA provides federal support for health coverage affordability programs to provide coverage to currently uninsured individuals as part of its "Triple Aim" goals of improving population health, enhancing the patient care experience and reducing care costs.

Providing access to health coverage is essential to improving population health in California. Being uninsured is a significant barrier to accessing needed health care services in a cost-effective manner, including receiving appropriate preventive care and managing and coordinating treatment for chronic conditions. The uninsured may delay or forgo needed tests, treatments and physician visits, which may potentially lead to more costly care including hospitalizations.

The strategies described in this guidebook address how hospitals may facilitate enrollment for the uninsured in health coverage programs. Understanding who these individuals are will help guide and target hospitals' outreach and enrollment initiatives.

1 California HealthCare Foundation.
www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/C/PDF%20CaliforniaUninsured2012.pdf

2 Covered California website, www.CoveredCa.com.

Who Are California's Uninsured?

- They comprise 21.6 percent of California's population.
- 25 percent are employed personnel.
- 25 percent are between the ages of 25 and 34.
- 40 percent have annual family incomes less than \$25,000, 30 percent have incomes between \$25,000 and \$49,999, and 30 percent have incomes of \$50,000 or more.
- 59 percent are Latino, 23 percent are White, 11 percent are Asian, 5 percent are African American, and 2 percent are other.

Source: California HealthCare Foundation: "California Health Care Almanac: California's Uninsured: Treading Water" December 2012; and "California's Uninsured: California Health Care Almanac Quick Reference Guide" 2012.

The mechanisms utilized to expand coverage include individual and employer mandates, federal subsidies in the form of advance premium tax credits and cost-sharing reductions, tax credits to employers and changes in eligibility for Medi-Cal. Some of the provisions include:

- Expansion of Medi-Cal income eligibility to individuals and families with incomes up to 133 percent of the federal poverty level (FPL), plus a 5 percentage point "income disregard," or 138 percent of the FPL. Eligibility changes also include eliminating the asset test for all but seniors and persons with disabilities; and
- Premium tax credit subsidies available to individuals and families above 138 percent and up to 400 percent of the FPL if they choose to purchase health coverage through health coverage exchanges.

COVERED CALIFORNIA

The ACA provides for health benefit exchanges, which are marketplaces where individuals and companies can compare prices and health plan options and purchase coverage with or without subsidies. California's health benefit exchange is called Covered California. California is one of the 17 states plus the District of Columbia that chose to create a state-based exchange. Other states chose to operate a state-federal partnership exchange or default to a federally-facilitated exchange.

Covered California

Vision. The vision of Covered California is to improve the health of all Californians by assuring their access to affordable, high quality care.

Mission. The mission of Covered California is to increase the number of insured Californians, improve health care quality, lower costs and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

Source: Covered California website, www.CoveredCa.com

Enrollment Goals

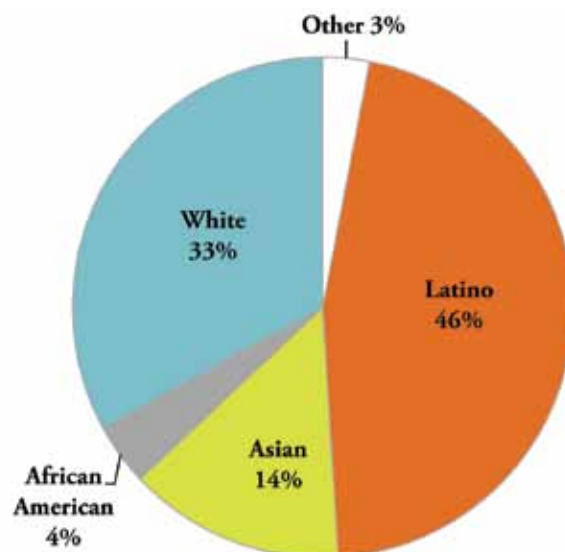
The long-term goal of Covered California's marketing and outreach efforts is to provide coverage to 5.3 million of California's residents. It will take many years to achieve this goal.

The goals for enrollment of individuals in subsidized coverage through the Covered California marketplace, or to purchase health coverage without subsidies in the individual market for the next few years, are as follows:

- 1.4 million by 2015
- 1.9 million by 2016
- 2.3 million by 2017

Since California's uninsured population is large and diverse, implementing the state's coverage initiatives will be a big task requiring significant resources. Timing is tight. Some of the key consumer barriers to accessing health coverage, which are addressed by hospitals through the strategies described in this guidebook, include the following:

- Many Californians are unaware of, or misinformed about, available programs and/or requirements.
- English is not the primary language of 42 percent of the population.
- Transportation issues exist across California's 163,000 square miles.

Figure 2. Ethnic Mix of Californians Eligible for an Exchange Subsidy

Source: *Covered California: Report by the California Health Benefit Exchange to the Governor and Legislature*, p. 27, January 2013.

MEDI-CAL EXPANSION

Implementation of the Optional Medi-Cal Expansion

The Supreme Court's June 2012 ruling made optional for states the key Medi-Cal expansion provision of the ACA which extends Medi-Cal coverage to lawfully-present adults (including childless adults). As mentioned earlier, it is estimated that more than 1.4 million Californians will be eligible for California's Medi-Cal expansion.

Governor Edmund G. Brown, Jr., adopted the optional Medi-Cal expansion and the Department of Health Care Services (DHCS) has already begun implementation. Much of the progress toward expansion was facilitated by California's "Bridge to Reform," through a Section 1115 Medi-Cal Demonstration Waiver in 2010, by providing federal funding for the Low Income Health Program (LIHP), a coverage program for low-income uninsured adults in California. Planning is currently under way to ensure a seamless transition of LIHP enrollees into Medi-Cal for lower-income individuals and into Covered California with federal subsidies for higher-income individuals.

Newly Eligible for Medi-Cal and Already Eligible for Medi-Cal but Not Enrolled

Researchers at the UC Berkeley Center for Labor Research and Education and the UCLA Center for Health Policy Research developed the California Simulation of Insurance Markets (CalSIM) to provide estimates for eligibility and enrollment in health coverage including Covered California and Medi-Cal.

Table 1 on the following page provides CalSIM projections for expected Medi-Cal enrollment in 2014, 2016 and 2019. These projections include Californians newly eligible for Medi-Cal and Californians already eligible for Medi-Cal but not enrolled.

The “enhanced scenario” projections assume a 75 percent “take-up” (or enrollment) of Medi-Cal for the newly-eligible individuals and a 40 percent take-up for the already eligible, but not enrolled. The “base scenario” projections are more conservative, assuming significantly lower take-up rates.

Table 1. Predicted Increase in Medi-Cal Enrollment of Californians under Age 65 under the Affordable Care Act

	Scenario	Newly Eligible	Already Eligible	Total
2014	Base	480,000	200,000	680,000
	Enhanced	780,000	440,000	1,220,000
2016	Base	630,000	230,000	860,000
	Enhanced	880,000	490,000	1,370,000
2019	Base	750,000	240,000	990,000
	Enhanced	910,000	510,000	1,420,000

Source: UC Berkeley-UCLA CalSIM model, Version 1.8 as appeared in CalSIM: “Medi-Cal Expansion under the Affordable Care Act: Significant Increase in Coverage with Minimal Cost to the State,” p.7, January 2013.

Characteristics of the Newly-Eligible Medi-Cal Population

Socio-demographic characteristics of the newly-eligible Medi-Cal population include:³

- The majority of the newly-eligible are young, male, single and working.
- About one-half are covered by employment-based insurance.
- Latinos constitute the largest ethnic/racial group.
- Most are healthy (with 73 percent reporting no chronic conditions), but many have slightly higher blood pressure and more prevalent rates of smoking and being overweight than the general population.



³ Pourat, N., Martinez, A.E., and Kominski, G.F.: “Californians Newly Eligible for Medi-Cal under Health Care Reform.” Health Policy Brief, UCLA Center for Health Policy Research, May 2011.

***A TOOL FOR ENROLLING INDIVIDUALS IN HEALTH COVERAGE:
THE CALHEERS ONLINE APPLICATION PORTAL***

The ACA requires that states provide a “no-wrong-door” approach to applying for, and enrolling in, health coverage affordability programs. Designed to be user-friendly, the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) and Covered California Enrollment Assistance Program will help individuals make informed choices about health plan options. This includes the ability for consumers to apply online, in person, by phone and by mail. Moreover, the ACA requires a single, streamlined application that allows consumers to apply for any applicable health coverage affordability program (i.e., Medi-Cal, Children’s Health Insurance Program), and advance premium tax credits to purchase health coverage in the exchange marketplace. The goal is to improve Californians’ access to affordable health coverage.

CalHEERS, jointly administered by Covered California and the Department of Health Care Services, is the online “one-stop” portal through which individuals and families can apply, be determined eligible for, and make a health plan selection for:

- Medi-Cal; and/or
- Advance premium tax credits and cost-sharing reductions for a Covered California Qualified Health Plan (QHP).

The CalHEERS online application portal will also enable:

- Employees of participating businesses to select among small group coverage options; and
- Individuals over 400 percent FPL to purchase unsubsidized coverage from a QHP.

CalHEERS online application portal’s key functions include eligibility determination, intake and application processing, verification, plan comparison, selection and enrollment, renewals, appeals, exemptions and disenrollment.

Access to this online application and enrollment system is via the Covered California website (www.CoveredCa.com) which is available in English and Spanish. There will also be “web chat” for those applying online who need assistance. The Covered California website will offer fact sheets in Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Lao, Russian, Tagalog and Vietnamese. Covered California call centers will be located throughout the state and will be staffed with customer service representatives fluent in 12 languages to guide Californians through the enrollment process.

California’s county-based Medi-Cal eligibility personnel will also assist consumers that apply for, and enroll in, all health coverage affordability options, including Covered California QHPs. County eligibility personnel will support consumers applying in-person, by phone and by mail.

Open enrollment begins Oct. 1, 2013, with health coverage commencing Jan. 1, 2014.

The Role of Hospitals

California's hospitals will continue to provide leadership in helping Californians enroll, and stay enrolled, in health coverage. As noted in a recent American Hospital Association letter to the Centers for Medicare & Medicaid Services:

America's hospitals play a vital role in their communities, providing not only access to needed health care services but also connections to health coverage. Providing consumer education and assistance about the benefits of the ACA, as well as coverage and financial assistance options available to low-income individuals and families, will require an 'all-hands-on-deck' approach combining as broad a cross-section of stakeholders as can be mustered.¹

Hospitals have trusted relationships in their communities as employers and care providers committed to delivering the right care, at the right time, at the right place. Hospitals are experienced in providing culturally and linguistically competent outreach, education, and eligibility and enrollment assistance — and will continue to serve in these important roles.

SHARED GOALS

A strategic and collaborative approach between hospitals, Covered California, DHCS, counties and local communities is critical to expanding enrollment to individuals newly eligible for health coverage through Covered California and the Medi-Cal program. The “no-wrong-door” approach is fundamental to promote a culture of coverage.

The approach is meant to encourage individuals to enroll in health coverage before they need care and to maintain that coverage. While coverage for newly-eligible Medi-Cal patients is retroactive to the month of application, health coverage obtained through Covered California's commercial offerings is not; thus making early enrollment of the exchange-eligible population particularly vital to ensuring individuals' coverage.

Also, the ACA's expanded health coverage will help minimize uncompensated care costs for California hospitals. These costs totaled \$13.8 billion in 2011, up from \$12.9 billion in 2010.²

1 American Hospital Association: “Re: CMS-9955-P Patient Protection and Affordable Care Act; Exchange Functions; Standards for Navigators and Non-Navigator Assistance Personnel.” Letter to Marilyn Tavenner, May 3, 2013. www.aha.org/advocacy-issues/letter/2013/130503-cl-navigatorstds.pdf (accessed May 12, 2013).

2 OSHPD Quarterly Data Files: 2008-2011. www.oshpd.ca.gov/HID/Products/Hospitals/AnnFinanData/PivotProfiles/default.asp; and California Hospital Association DataSuite.

THE COVERED CALIFORNIA ENROLLMENT ASSISTANCE PROGRAM

To achieve the shared goals of expanded health coverage and reduced uncompensated care, hospitals and their staff are encouraged to participate in the Covered California Enrollment Assistance Program and become proficient in use of the CalHEERS online application portal. It is important to note that 70 percent of the newly-eligible individuals have indicated they would like in-person assistance to apply for benefits.

To begin enrolling individuals in Covered California, hospitals must first become registered as a Certified Enrollment Entity (CEE), complete the required training for the CEE, and ensure that their eligibility and enrollment staff become Certified Enrollment Counselors (CEC). Covered California estimates that it will recruit 3,200 CEE organizations and 20,000 individual CECs statewide. Hospitals and their staff will likely represent a significant portion of that group.

The objectives of the Enrollment Assistance Program are to:

1. Engage organizations to help consumers learn, navigate and apply for qualified health plans (QHPs) offered by Covered California.
2. Motivate consumers to enroll in Covered California.
3. Provide one-on-one, in-person assistance to help California's diverse population learn about their health coverage options.
4. Provide assistance in culturally and linguistically appropriate manners.

NOTE: As we go to press with this guidebook, the CEE and CEC applications referenced below are not yet available. CHA will announce in *CHA News* when they have been released by Covered California. Given the short timeframe between now and the Oct. 1 open enrollment period, hospitals interested in participating in the program will want to move quickly to complete the processes outlined below.

Certified Enrollment Entities

Certified Enrollment Entities (CEE) are organizations trained and registered to provide in-person assistance and help consumers apply for Covered California QHPs.

A CEE's roles and responsibilities are to:

1. Conduct public education activities to raise awareness of the availability of Covered California products.
2. Distribute fair and impartial information concerning enrollment into QHPs.
3. Facilitate enrollment into QHPs available through Covered California.
4. Provide referrals to Consumer Assistance Programs.
5. Provide information that is culturally and linguistically appropriate.

Any organization interested in participating in the Enrollment Assistance Program must go through an approval and registration process with Covered California to demonstrate their eligibility to become a CEE.

To qualify to be a CEE, an organization must:

1. Demonstrate that they have existing relationships, or could easily establish relationships, with consumers or self-employed individuals likely to be eligible for enrollment in a Covered California QHP.
2. Meet any licensing, certification or other standards prescribed by the state or Covered California.
3. Not have a conflict of interest.
4. Comply with the privacy and security standards adopted by Covered California as required in accordance with 45 CFR Section 155.260.

Steps for a Hospital to Become a Certified Enrollment Entity

1. **Complete the online CEE Interest Form** (see <https://assisters.ccgrantsandassisters.org> or *Appendix 2 in the Resources Section at the back of this guidebook*). Covered California will contact interested hospitals once the CEE application is available later this summer and provide additional information and details about the Enrollment Assistance Program. CHA will also announce the release of the application in *CHA News*.
2. **Submit the CEE application.** Covered California will review applications and approve hospitals that meet eligibility requirements for Covered California training.
3. **Complete CEE training.** Once the hospital completes training, it will be registered as a CEE. The hospital training must be completed before the hospital can send eligible staff to the CEC training.

Certified Enrollment Counselors

A Certified Enrollment Counselor (CEC) is an individual who is affiliated with a CEE that is registered in the Enrollment Assistance Program, and trained and certified by Covered California. CECs will play an important role as patient educators. Both in-person assistance and use of the CalHEERS online application portal by hospital staff who become CECs will be critical to enrollment success. (See *Figure 3 on page 10 for Covered California's estimates of how consumers will likely enroll.*)

A CEC's roles and responsibilities are to:

1. Assist individuals seeking application assistance, regardless of what type of program they qualify for.
2. Describe health coverage options available to uninsured individuals.
3. Provide material related to health coverage options.
4. Assist the consumer with exploring and applying for coverage through the use of the CalHEERS online application portal.

Patient registration, hospital enrollment assistance staff, and other staff interested in becoming a CEC must:

1. Be affiliated with a hospital CEE.
2. Not have a conflict of interest.
3. Comply with the privacy and security standards adopted by Covered California as required in accordance with 45 CFR Section 155.260.

Steps for Hospital Staff to Enroll as Certified Enrollment Counselors (CEC)

1. Complete and submit a CEC application, available later this summer from Covered California.
2. Pass individual fingerprinting and a criminal record check.
3. Register for and complete required Covered California training.
4. Pass the certification exam administered by Covered California.

(For additional information on training and certification, see “Proposed Training Curriculum for Certification as a CEC” on page 20.)

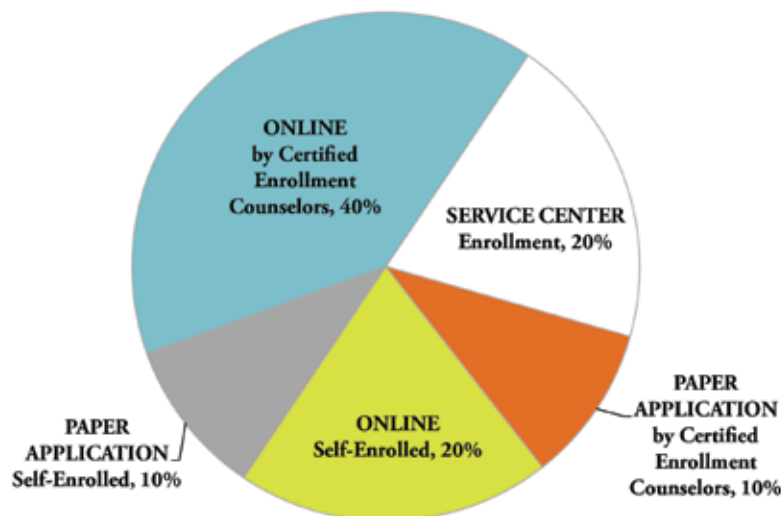
Program Timeline

Certified Enrollment Entity Application Release	Summer 2013
Certified Enrollment Counselor Application Release	Summer 2013
Certified Enrollment Entity Training Begins	Summer 2013
Certified Enrollment Counselor Training and Certification Begins	August 2013
Open Enrollment Begins	Oct. 1, 2013
Health Coverage Begins	Jan. 1, 2014

Additional Information

For questions about the Covered California Enrollment Assistance Program, visit the Covered California website at www.healthexchange.ca.gov/pages/assistersprogram.aspx.

Figure 3. Helping Consumers Enroll: Application Pathway Estimates



Source: Covered California website: www.CoveredCa.com

Introduction to the Strategies

The remainder of this guidebook describes proven strategies and practices currently used by interviewed hospitals across the state to assist individuals with enrolling in health coverage. Many of these strategies will become more sophisticated as hospitals gain experience as Certified Enrollment Entities (CEEs) and their staff participate as Certified Enrollment Counselors (CECs). Hospitals are encouraged to build upon these strategies over time and as new tools are developed.

The eight strategies described here are interrelated, and aligned to support California hospitals' key role in expanding health coverage and access to care to all eligible individuals in California.



Strategy 1: Design Effective Enrollment Procedures and Practices

Hospitals interviewed for this guidebook identified a wide range of information and ideas on health coverage eligibility screening, verification and enrollment of the uninsured. Common characteristics emerged. What became abundantly clear is that a key component to successful enrollment of eligible individuals is designing a process that is transparent, consistent and supported by effective tools. A description of each follows.

TRANSPARENT PROCEDURES

Hospitals must have thorough written procedures that address the various steps and processes used to enroll uninsured patients in appropriate programs. These written procedures serve as a guide for staff activities and create a framework for accountability. They are most effective when jointly developed and maintained by the patient access/registration department, the patient financial services department and other appropriate departments that interface with patients.

The most effective procedures will incorporate the following components:

- Reflect the organizational mission, vision and values to meet care needs in the community.
- Harmonize and reflect compliance with current law or regulation, including the Charity Care and Discount Payment Law of 2006 (AB 774).
- Include any technical aspects required to implement new processes, procedures or tools, including any technology or software used for various functions.
- Describe in detail the operational aspects of using the process, and include cross references to staffing roles and responsibilities required to implement and operate the process. Weave in details about any additional requirements or persons involved, and how to access additional resources needed for support (i.e., training, certification, vendors).
- Include the sequence of transactions necessary, including those related to accounting and reporting.
- Provide for routine and periodic evaluation and revisions as needed.
- Provide a clear description of key terms.

Additionally, it is important for hospitals to ensure that their processes are consistent with the criteria outlined in CHA's *Hospital Charity Care & Discount Policies: A Handbook on How to Comply with the Law*. Visit www.calhospital.org/charity-care-handbook to learn more about this publication.

CONSISTENT PROCESSES AND PRACTICES

Organizations interviewed reinforced that the goal of current processes and practices is to ensure every single patient that accesses the organization's facilities is appropriately screened, interviewed, educated and provided with coverage enrollment information at the appropriate time. This goal will not change, and is optimized by having consistent processes and practices in place.

Defining Roles and Responsibilities

Ensuring consistent processes and practices requires clearly defined roles and responsibilities. This is particularly important because many individuals may be involved in helping the patient access health coverage while at the hospital. These individuals may include employees, independent contractors and nonemployees, and others such as county Medi-Cal eligibility personnel and third-party eligibility vendors.

Clearly defined roles are critical, given they will likely differ by organization. For example, some hospitals utilize employed staff to complete the eligibility screening, secure the application and necessary verifications from the patient, then forward the information to county Medi-Cal eligibility personnel to complete enrollment. Typically, county Medi-Cal eligibility personnel are assigned to the hospitals and either come to the campus or offer a specific meeting location for patients who need to meet with them. A limited number of hospitals perform the entire screening and eligibility process for uninsured individuals; many others choose to use staff employed by eligibility and enrollment services vendors.

With this level of variability, clearly defined roles and responsibilities will be integral to successful eligibility and enrollment processes.

Ensuring Enrollment Processes are Sensitive to Each Individual Patient's Condition

Most hospitals interviewed generally described using one of two different paths to help a patient access health coverage. Choice of pathway depends on the patient's condition and the entry point that the individual accessed hospital services.

Patients that Enter Through the Emergency Department

Patients that present in the emergency department must first receive appropriate medical screening and care. Only after receiving a medical screening exam and determined stable can the eligibility screening process begin. Given the dynamic and unique environment in the hospital emergency department, the enrollment screening process must be designed to occur quickly, and without disruption to the environment or patient care needs. The process must also be sensitive to a patient's emotional needs to ensure that the patient is ready to have the conversation required for the eligibility screening process.

Once cleared by the qualified health care professional, patients generally leave the emergency department quickly. This can make it particularly challenging to follow up with individual patients for appropriate screening and enrollment. Therefore, the process used in the emergency depart-

ment must be designed so that screening and enrollment staff provide each patient with a Medi-Cal application, information on financial assistance available through the hospital's charity care and discount program(s) (and its application), and other health care program information.

Once released, the hospital process should include telephone follow up, either by hospital staff, contractors or vendors, to assist the patient through the process of collecting the necessary documentation required to apply for Medi-Cal.

Even patients seeking urgent or routine care in a hospital emergency department must follow the same process. The process for patients seeking urgent care in locations other than a dedicated emergency department can generally allow for additional time to go through the screening, verification and follow-up process.

Patients that Access Care by Direct Admission, Outpatient Departments or Clinics

For patients admitted to the hospital or those scheduled to be seen in outpatient departments or clinics, organizations typically use a detailed, multi-stage process.

Typically, registration staff have already determined the coverage status of uninsured patients by telephone or mail before they come into the facility. If this is not the case, staff may talk with the patient at registration, at the bedside or elsewhere, to determine whether or not he or she requires enrollment assistance.

Also, since hospital census reports typically capture coverage status, a vendor hired by the hospital may assume eligibility and enrollment responsibility for specific programs when the patient's financial need is identified.

The processes evaluated were designed to emphasize identifying and making contact with uninsured patients within 24 hours of inpatient admission.

Hospitals should anticipate that going forward, the hospital enrollment processes and practices will likely integrate CECs' activities and use of the CalHEERS online application portal.

EFFECTIVE TOOLS

Results of the study show wide use of electronic systems and software for eligibility screening and enrollment purposes. Hospital processes often include electronic access to public databases (federal, state and county) to remain current on specific program eligibility requirements and benefits. These tools also helped identify patients that could not recall that they are already enrolled in specific programs. Consequently, some hospitals routinely check across a variety of programs and systems. Hospitals also report using commercially available software tools for real-time payer verification to validate coverage in Medi-Cal and other programs. Hospitals should note that the CalHEERS online application portal is intended to provide similar capabilities, thereby greatly streamlining the enrollment process.

Many organizations report using registration software to capture eligibility information throughout the admission interview. The software can help identify potential eligible individuals and link to sources of coverage.



Integration with Host System

Numerous organizations have fully integrated their eligibility processes into the hospital's information systems. This process builds in expanded capabilities including the following:

- Using the census as the starting point for identifying patients in the self-pay category who require follow-up.
- Communicating with potentially eligible Medi-Cal patients to determine if the patient or their family may need assistance with completing the application.
- Engaging in regular communications regarding program enrollment with discharged patients who are eligible for coverage.

Information Transfer

Throughout the interviews, hospitals indicated that their systems and software support easy sharing of eligibility and enrollment information both internally with the hospital's staff, and externally with vendors, in accordance with existing business associate agreements.

A system-based mechanism to identify uninsured patients typically enables data sharing with vendors requiring the information to perform the agreed-upon steps in the eligibility/enrollment process.

Information is typically transmitted seamlessly, and in compliance with federal and state patient confidentiality laws. For example, when a patient registers in one participating hospital, his/her record is given a code that identifies him/her as "pending," which means the patient is potentially eligible for some type of coverage.

Whether the hospital's vendor is on-site or not, the vendor has electronic access to the needed information. One hospital interviewed reported using a paper-based process only eight years ago. Today, with advanced technology vendors can run pre-approved real-time reports from the hospital's host system to identify uninsured patients and screen for those whose coverage status is still pending.

In another hospital, vendors interview the patients at entry points. If this does not occur, the vendor can still access that information through the hospital's host system and follow up with the patient after discharge.

Ongoing Assessment of Eligibility and Enrollment Status

Building in an ongoing assessment system that tracks eligibility data over time increases the probability that eligible patients will gain access to available coverage. Such tracking provides increased opportunity to communicate with the patient, and furthers the ability to have a more informed conversation when that patient accesses the hospital services at some point in the future.

Interviewed organizations also have robust practices to encourage patient re-enrollment in coverage programs. Reminder letters are a common approach, particularly with programs that require annual re-enrollment.

New information systems already in use may also prove to be useful tools. For example, one interviewee cited a new cloud-based database system that helps organizations maintain regular communication with patients to encourage them to re-enroll.

CALHEERS AS A CRITICAL TOOL

The functionality offered by the CalHEERS online application portal will be a very helpful tool for hospitals. As CEEs, hospitals will work closely with Covered California to ensure the portal's full integration with the hospital enrollment processes.

How CalHEERS Will Work

The basic parameters are as follows:

- The CalHEERS online application portal provides consolidated system support for eligibility, enrollment and retention for Covered California and Medi-Cal.
- The system will determine eligibility and facilitate plan enrollment for consumers.

Individual User Eligibility and Enrollment Scenario for Covered California

Start: The consumer initiates the process online by setting up an account, identifying/inputting household members, personal data, income and other information for eligibility determination.

Eligibility Status: The CalHEERS online application portal verifies income and determines any applicable subsidy amount (advanced premium tax credit).

Enrollment into QHP: The consumer compares, sorts/prioritizes and selects a health plan based on consumer preferences. To aid this process:

- The system completes a “smart sort” based on monthly premium, deductible, out-of-pocket expense, and medical usage expectations.
- The system also includes a cost calculator and an additional filter functionality for consumer prioritization (for example, selection of plans with quality indicators of four stars or higher) is in development now.

An application on CalHEERS can be saved by the user at any time and accessed later. The consumer eligibility and enrollment processes are estimated to take 30 to 45 minutes.

Project Timing/Status of Key Eligibility Determination Systems

The CalHEERS online application portal is expected to be up and running by Oct. 1, 2013, with full eligibility determination functionality for the open enrollment period.

During open enrollment, the CalHEERS online application portal should be used for individuals newly eligible under the Medi-Cal expansion. Those eligible under existing Medi-Cal eligibility rules and wanting immediate coverage during the open enrollment period need to use existing Medi-Cal eligibility channels.

Eligibility/Certified Enrollment Counselors will need to be trained in both systems prior to the open enrollment period.

Strategy 2: Optimize Staffing and Support for Maximum Effectiveness

To ensure an effective eligibility/enrollment process, hospitals should determine the optimum level of staffing and support necessary to ensure maximum effectiveness.

Clinical staffing in hospitals will have a direct impact on the patient experience, care outcomes, and the quality and safety of care. Effective staffing for outreach, eligibility and enrollment can dovetail with the clinical staff, to significantly improve access to health coverage for uninsured individuals, by helping patients navigate the system and enroll in appropriate programs.

This section addresses three key components identified by interviewed organizations:

1. Staffing characteristics and needs;
2. Training, ongoing education, and assessment; and
3. Specific staff-education with a focus on patient education communications.

STAFFING

Interviewed organizations emphasized the importance of thoughtful consideration of the required qualifications, number and the ongoing support of staff involved in the registration process.

Multilingual Staff

Thorough knowledge of the socio-demographic characteristics of the organization's patient community is critical to the success of coverage eligibility screening and enrollment efforts. Because many languages are spoken in California, hospitals interviewed said having a multilingual staff is both beneficial and necessary.

In some communities, this can be particularly challenging. One multihospital system reported that 10 different languages are commonly spoken by their patients. This organization has multilingual registration staff and makes extensive use of translation services that can be accessed by telephone or the Internet. This emphasis on multilingual staff and translation services is consistent with meeting the needs of California's diverse populations, language assistance requirements, and the multilingual staffing objectives of Covered California.

Staff Functions

Titles of staff with eligibility screening and enrollment responsibilities vary significantly among the interviewed organizations. Examples of various titles include eligibilists, navigators, financial counselors and financial caregivers, among others.

Hospitals interviewed acknowledged the benefits that result from identifying or hiring staff with background or experience in health coverage programs, and the eligibility and enrollment processes. This includes prior experience with public and commercial programs. More than one organization had financial counselors who were former county eligibility personnel.

Eligibility screening and enrollment staffing hours varied by hospital. Some hospitals have staff available 24/7/365; others staff for 7 days a week, but not 24 hours a day; still others have staff available during the typically busiest hours Monday through Friday.

PROPOSED TRAINING CURRICULUM FOR CERTIFICATION AS A CEC

Hospital enrollment and eligibility staff interested in becoming CECs must complete the required Covered California training and certification. Hospital staff approved for training need to register and complete the two to three day initial Covered California training program for CECs. Training is scheduled to begin August 2013. This program will be either instructor-based or computer-based. Initial training by Covered California will be followed by refresher courses and annual recertification training.

The proposed curriculum for the initial CEC training includes:

- ACA/Covered California/Medi-Cal
- Enrollment Assistance Program overview, guidelines and responsibilities; monitoring reporting and evaluation procedures
- Covered California marketing and outreach program overview
- Covered California's enrollment targets
- Compliance standards
- Protected consumer information
- Code of ethics
- Eligibility: Understanding open enrollment; program overview and eligibility for Medi-Cal programs and Covered California products; subsidy requirements; advance premium tax credits; cost sharing reductions; monthly premiums; Native American/ Alaska Native Special Populations; non-subsidy requirements; verification process; annual re-determination process; special enrollment; appeals process; information about Consumer Assistance Programs
- Plan Options (including Medi-Cal program options)
- Supporting consumers through their decision-making
- Enrollment support
- Post enrollment
- Program system training (CalHEERS)

Upon successful completion of all modules and testing, designated hospital staff will be certified and receive a certification number that will allow CECs to help consumers apply for health coverage and access the CalHEERS online application portal.

TRAINING, ONGOING EDUCATION AND ASSESSMENT

Training Practices

Staff members who are responsible for coverage eligibility and enrollment functions at interviewed organizations currently receive training on the hospital's registration processes and systems. Staff education includes eligibility policies, procedures and protocols.

All registration staff members typically are trained by others in the organization. For example:

- In one hospital, registration staff are provided with 80 hours of training followed by an assessment. Further mentoring by a supervisor is provided until the staff member is comfortable with their duties, usually lasting about one month.
- In another organization, patient access training is five days, covering the systems used and the general business flow of operations. Trainees “shadow” financial counselors. Refresher courses are provided to staff to update their knowledge of changes in coverage programs. Quality assurance is conducted weekly to identify inaccuracies that could be caused by knowledge gaps.
- Another hospital uses one-on-one training of registration staff. Trainees are then supported by a supervisor. Quality checks and individual feedback are provided regularly.

Knowledge of Programs for the Uninsured

Eligibility and enrollment staff receive education and training on specific programs available to the uninsured.

Training related to Medi-Cal is extensive. Hospital staff are educated on the rules and regulations for Medi-Cal eligibility and enrollment.

“Our financial counselors are expected to be experts on what qualifies a patient for Medi-Cal, restricted Medi-Cal, Pediatric Medi-Cal, Emergency Medi-Cal, and all of the rest of the programs,” notes one interviewee. Staff knows exactly which questions to ask to determine eligibility and what information the patient needs to provide because the hospital has provided the training and resources necessary.

Numerous hospitals cite the benefits of training staff to assist patients with Medi-Cal applications. This enables the hospital to help patients directly, and mitigates the effects of county staffing limitations. County eligibility personnel are good sources for hospital staff training.

Additionally, it is beneficial for hospital staff to be trained in all federal, state and county health coverage programs so that patients who are not Medi-Cal eligible may be informed of other coverage resources.

Organizations make broad use of programs offered by county agencies for ongoing staff training. One hospital regularly invites representatives of county indigent health programs to provide in-service education sessions to its staff.

Ongoing Training

Hospitals should provide enrollment and financial counseling staff with ongoing training to ensure effectiveness. For example, one hospital developed a patient navigator “orientation pathway” that includes key knowledge objectives, teaching strategies, and an outcome evaluation (Figure 4). The following is a sample page; the complete document can be found as Appendix 3 in the Resources Section.

Figure 4. Emergency Department Patient Navigator Orientation Pathway

Competency/ Objective	Teaching Strategies	Completion Date		Outcome Evaluation	Results	Comment	Signature
		Req.	Actual				
COMPETENCY 1 EFFECTIVE PATIENT CARE							
Demonstrate ability to aggregate gathered data from initial interview and assessment	<ul style="list-style-type: none">Review and discuss ED process<ul style="list-style-type: none">– patient inflow and outflowOrientation on the process of identifying Medi-Cal Managed Care, Self Pay, other payersSaves Insurance Eligibility websites to favorites. Knowledge of running Medi-Cal and Medi-Cal Managed CareUnderstands eligibility; including PCP/IPA information	Week 1		Demonstrates proper identification of Medi-Cal Managed Care and self-pay patients vs. Medi-Cal patients			

Source: Document reproduced with the permission of Community Hospital of San Bernardino, a Dignity Health Member, and St. Bernardine Medical Center, a Dignity Health Member.

FOCUS ON STAFF-PATIENT COMMUNICATION

The interviewed hospitals are thoughtful and deliberate about staff-patient communication related to coverage eligibility and enrollment. Their ability to achieve maximum staffing effectiveness depends upon their success in educating staff about how to positively interact with patients. This includes learning how to ask the right questions about a patient's circumstances, and how to respond to potential questions.

Numerous organizations have scripting tools for their staff to use in educating the patient and reviewing coverage options. The scripts include such items as how to explain to patients what their coverage options are, and what their financial responsibility will be (Figure 5). The sample script can also be found as Appendix 4 in the Resources Section.

“Communication is a big focus, and scripting is our best practice in this area. Scripts cover the conversation with patients to confirm whether they have health coverage, and making sure that we get the appropriate demographic information,” notes one organization.

Scripting tools often are integrated with the organization's electronic registration system and have fields that staff cannot bypass or leave blank. This ensures all critical information is collected.

With the integration of the CalHEERS online application portal into their registration processes, hospitals likely will need to revise their scripting tools.



Figure 5. Sample Patient Access Walk-in Script

Sample Patient Access Walk-In Script

The following script **MUST** be used when greeting all walk-in clients at Patient Access Central. The intent of the script is to identify and assist the client and to determine which program they might be eligible for. ALL representatives should use a pleasant and friendly voice when at the front desk/windows.

“Welcome to Patient Access, how may I help you?”

Client Response Example: “I need to sign up for a financial assistance program” or “I just got out of the emergency room and they gave me a bill.”

“Let me ask you a few questions:”

1. Do you have a Medical Record Number?
2. Do you live in Santa Clara County? If yes continue with the screening. If NO redirect client to their own County.
3. Do you have any health coverage now?
4. Have you applied for any of the following programs in the last three months? (Medi-Cal, Valley Care II, APD, Healthy Family, Healthy Kids)

“Please complete this Financial Assistance Application. If you find there are some questions that do not apply to you, place an N/A instead of leaving it blank.”

Give client a document list and specify you must submit the following:

- Proof of US citizenship
- Proof of Identity
- Proof of residency
- Proof of income and proof of assets

*****HIGHLIGHT SECTIONS FOR CLIENT, HAND THEM THE LIST*****

Inform client that if there is any missing documentation, the application will not be processed.

Once your application packet is complete, with all the required documentation, you may drop it off here, at 770 S. Bascom Avenue, Suite A. If you have any questions, please call us at 1-866-555-5555

Closing statement:

“Thank you for coming into Patient Access. Should you need further assistance, do not hesitate to call us or walk-in.”

Source: Santa Clara Valley Medical Center. Reprinted with permission.

Strategy 3: In Partnership, Educating the Patient



To enhance patient access to health coverage, hospital eligibility and enrollment staff members work to develop a partnership-like relationship with the patient. The goal is to create trust and engage the patient in a conversation about their health coverage options.

A VALUES-BASED APPROACH

Many of the interviewed organizations say organization-wide values influence how they approach the patient. Staff is trained to try to make the patient more comfortable discussing what can be sensitive information (for example, income or employment status).

One organization uses a simple acronym as a guideline for staff members to gain the trust of, and communicate with, individuals who are nervous, anxious and feeling vulnerable:

- CICARE (pronounced “See-I-Care”):
 - Connect with the patient or family member using Mr./Ms. or their preferred name.
 - Introduce yourself and your role.
 - Communicate what you are going to do, how it will affect the patient, and other needed information.
 - Ask for and anticipate patient and/or family needs, questions, or concerns.
 - Respond to patient and/or family questions and requests with immediacy.
 - Exit, courteously explaining what will come next or when you will return.

Use of the CICARE approach has improved patient satisfaction scores organization-wide, and also specifically with the financial counselor staff.

The interviewed hospitals recognize the importance of providing privacy and space in discussing sensitive issues with patients, such as financial information. Registration desks may not provide enough privacy, so numerous hospitals have or are considering larger dedicated areas in the care setting or waiting areas, to conduct eligibility screening. Computer kiosk-like structures might work for patients who are completing information online, but for many other patients, it is critical to have enough space for meaningful interpersonal interaction during the enrollment process.

UNINSURED OR UNINFORMED?

The eligibility process is complicated and confusing for most patients. Many patients who come to hospitals as uninsured are eligible for one or more coverage programs, but may not know it. This includes young adults ages 18–34, dependents under age 26, children under age 19, individuals with pre-existing conditions, immigrants awaiting legal status, low-income adults without dependents, and individuals who recently lost a job.¹

One multihospital health system uses a web-based eligibility search engine for real-time coverage program identification. The search engine currently includes all programs available to Californians. The patient or staff enters zip code, health coverage status, patient demographic data, income information, age, and health status. The software scans the available programs, and in 90 seconds produces a list of coverage options with contact information, costs, coverage summaries, sign-up checklists and up-to-date applications. The CalHEERS online application portal will have similar capabilities.

A 25-month study of 32,000 self-pay patients presenting in four of this health system's emergency departments found that 80.6 percent of patients were eligible for free or low-cost public health coverage, 16.6 percent were eligible for private coverage, and 2.8 percent were eligible for California's state and federal high-risk pool programs.²

Covered California is undertaking extensive marketing, education and outreach efforts to inform patients about their coverage options. Nonetheless, patients who are eligible for subsidized or non-subsidized health coverage will likely continue to seek care in hospital emergency departments as uninsured patients.

PATIENT ADVOCATE APPROACH TO INFORMATION NEEDS

Many hospitals find it helpful to use an advocacy, partnering, or financial caregiver approach in each patient eligibility/enrollment encounter. Such an approach creates a dignified experience, which engages the patient in a discussion of coverage in a non-threatening way. The focus is on education — on providing prompt and reliable information at the point-of-care (*see “Steps to Position Hospital as a Patient Advocate,” on page 28*).

1 Sevenikar, G., and Minoux, A.: “How Health Systems Can Improve Their Bottom Line & Relationships with Uninsured Patients.” Presentation at HIMSS Conference March 2013. <https://himss.learn.com/learncenter.asp?id=178409&DCT=1&sessionid=3-4C919674-F234-4AF8-BDF3-39EAD096439F&page=4&mode=show&command=listcourses> (accessed May 14, 2013).

2 Impact of Uninsured/Self-Pay Patients on U.S. Hospital ERs. PointCare Facts Sheet. www.pointcare/newsroom/facts-sheet (accessed May 14, 2013).

Written and Verbal Communications with Patients

Patients are provided with written educational materials in appropriate languages, as feasible. Brochures and information sheets describe federal, state and county programs, documentation required to apply, available financial assistance programs, and related topics.

Many patients prefer to learn about programs through conversations instead. If language is a barrier, staff may refer the patient to another staff member who speaks the language or use a translation service that allows two- or three-way conversations with a translator.

The Non-Compliant Patient

Hospitals sometimes counsel patients multiple times about coverage options available to them and how to apply, but for whatever reason, the patient chooses not to do so, or fails to supply the needed documents or information.

One strategy used by hospitals is persistence with educational efforts and procedures already in place. Staff should continue to treat the patient with respect and dignity, and repeat the same conversation every time he or she comes into the hospital, not leaving any gaps.

Consistency is important. Organizations may consider educating non-compliant patients about why the requested documents are needed.

“Patients may feel that providing their tax documents or bank statements is an invasion of their privacy. But we emphasize the importance to them of getting health coverage so that they can have continuity of care.” — Comment from Interviewee

Newly Eligible Exchange Population

As newly-eligible individuals consider their health coverage options, hospitals will need to provide additional education related to:

- Standardized benefits plans and the four nationally defined levels of coverage
- Types of plan design, whether Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), point of service, or other
- Cost-sharing, including premium, copay and coinsurance, deductibles and maximum out-of-pocket limits
- Pharmacy benefits
- And many other details related to included QHPs

Training through Covered California’s Enrollment Assistance Program will equip hospitals and their enrollment staff with the education and training needed to educate newly eligible individuals and enroll them in health coverage.

Patient education for the newly-eligible exchange population will need to cover not only the enrollment process, but coverage basics such as benefits, financial responsibilities, and potentially unfamiliar terminology such as “the individual mandate,” “advance premium tax credits,” “cost sharing reductions,” “minimum essential coverage,” “open enrollment,” “deductibles,” “out-of-pocket maximums,” and others. Strategies should be designed to ensure readiness to meet such needs.

The exchange population will also have educational needs related to the pricing and cost of medical services. As a greater share of health care costs shift to patients through higher deductibles, co-pays and co-insurance, patients are asking for much more detailed information regarding their responsibilities for paying these charges.

Health plans and employers are working quickly to provide consumers with out-of-pocket cost estimates. Some offer online “treatment cost estimators” and comparative data on costs for specific procedures. The CalHEERS online application portal will have a cost calculator and offer users the ability to sort plans by “best fitting preferences” related to premium, deductibles and out-of-pocket expenses.

Steps to Position Hospital as a Patient Advocate

- Leverage available technology to ensure first-touch success
- Commit to patient-friendly billing
- Encourage your staff to talk about resources and offer assistance
- Ensure there are adequate materials available and that your staff is educated on program options; online solutions can help provide this resource
- Simplify the process
- Help patients understand their responsibilities
- Provide a clear decision tree for hospital billing representatives with the necessary tools to ensure consistency

Source: Minoux, A.: “Identifying Patient Eligibility for Medi-Cal Programs Can Put a Big Dent in Hospitals’ Uncompensated Care Costs.” Becker Hospital Review, Jan. 30, 2013. Reprinted with permission.

Strategy 4: Positioning Trained Staff at Critical Access Points

Hospitals currently are one of the most important doors through which patients access health coverage. This will remain true going forward as the newly-eligible population increases through Covered California's exchange offerings and the expanded Medi-Cal program.

Hospitals may choose to have staff certified as CECs to enroll Californians in coverage through the use of the CalHEERS online application portal. This builds on the already strong practices and capabilities of hospitals, which place enrollment staff/counselors at critical locations where patients access care.



ACCESS POINTS

Hospital access points for the uninsured typically include inpatient admitting areas, emergency departments, obstetrics departments, pharmacies, laboratories, urgent care facilities, women's clinics, ambulatory surgical facilities and other outpatient sites.

Positioning enrollment staff in these access points is a key way in which hospitals build strong relationships with patients. All interviewed hospitals are purposeful about this approach. Using highly trained personnel at strategically identified sites ensures that the hospitals reach the greatest number of individuals requiring coverage eligibility and enrollment assistance.

For example, financial counselors in the emergency department can use laptops on wheeled carts to gather eligibility information once a patient is stabilized. The laptops enable counselors to interview patients at the bedside, in rooms and in the lobby, which is important because patients typically leave the facility quickly after discharge.

STAFF RESPONSIBILITIES

Staff responsibilities and training will vary by hospital and access points within the facility. Staff training designed for specific roles and needs are essential to effective enrollment functions. Many hospitals have dedicated staff members who specialize in specific coverage programs. Their titles include Medi-Cal Liaison, California Children's Services Assistant, and Child Health and Disability Prevention Counselor.

CENTRALIZED SUPPORT CENTERS

The coverage verification function may be centralized with staff that support financial counselors. Call centers have also proven helpful for initial eligibility screening and post-discharge patient follow up.

CLINICIAN EDUCATION

Many interviewed hospitals stated the importance of educating clinicians practicing in their facilities about the organization's enrollment assistance capabilities and financial assistance programs. Some hospitals choose to use "internal outreach" to educate nursing staff and physicians. Clinicians who understand that the organization has a robust process to help individuals access health coverage will know how and when to refer patients to financial counselors and other enrollment staff.



Strategy 5: Using Innovative Strategies to Reach Vulnerable Populations

Helping the uninsured enroll in health coverage is particularly challenging with vulnerable populations, including individuals who are homeless, who have a mental illness and/or substance-use disorder or who are undocumented. But it also is especially necessary because many of these individuals have limited financial resources and multiple chronic conditions.

All three hard-to-reach populations need the access to preventive and primary care that health coverage could provide. Without such coverage, they may use hospital emergency rooms as their primary care site or forgo treatment all together. Accessing health coverage often is a critical first step on the road to recovery for individuals with a mental illness and/or substance-use disorder.

The interviewed organizations focus significant energy on developing and using innovative strategies to enroll vulnerable populations. Completing the enrollment process is the major challenge; renewal of coverage and ongoing compliance are continuing challenges. Many of these individuals do not have a permanent mailing address, reliable transportation, or access to telephones or computers.

INDIVIDUALS WHO ARE HOMELESS

Many individuals who are homeless are eligible for Medi-Cal or may qualify for charity or discounted care.

Many hospitals have adopted innovative charity care programs. For example, one organization leases seven beds at the local homeless shelter for patients who physicians don't feel comfortable treating and releasing back to the streets. This gives the individuals who are homeless up to a three-day stay to have time to rest sprained ankles, get their glucose under control or other such needs.

Numerous hospitals interviewed have outreach programs with city-operated homeless programs.

Many of the hospitals use eligibility and enrollment services vendors to assist with enrolling this hard-to-reach population. Vendor employees are able to go out to shelters and other places where individuals who are homeless gather to locate specific patients and obtain the information necessary to enroll them in a health coverage program. Vendor strategies with this population include:

- Positioning staff in hospital emergency departments in order to make follow-up appointments for patients identified as homeless.

- Giving individuals who are homeless taxi vouchers and bus tokens to meet at the local shelter or other public places to obtain the information required for an application.
- Providing business cards and offering to help sign up individuals who are homeless for the CalFresh Program or other government assistance programs. (Gaining health coverage may not be a high priority for some individuals who are homeless, but they may appreciate help with nutrition assistance or early Social Security eligibility. Vendors who gain the individual's trust by providing this assistance may have a higher likelihood of cooperation related to enrolling the individual in health coverage.)
- Driving patients to their Medi-Cal appointments and to courthouses, the Department of Motor Vehicles, and other places to obtain copies of missing documentation.

Because vendors often work under contract for multiple hospitals in the community, they can access their own records to determine if they have initiated or completed a prior application for a patient through a different provider. This helps to reduce duplicated efforts.

INDIVIDUALS WITH MENTAL ILLNESS AND/OR SUBSTANCE-USE DISORDERS

Individuals with behavioral health issues often require similar strategies because their use of hospital emergency rooms is high and success in completing coverage applications is often low. At the same time, the patients' need for access to health coverage is great. Research indicates that adults with serious mental illness die 25 years earlier than other Americans, largely due to treatable medical conditions.¹

Hospitals might consider using financial counselors who are specifically trained to assist patients with behavioral health needs, including alcohol and other substance abuse. The counselors' scope of responsibility may include driving to behavioral health facilities to obtain the patient's coverage eligibility-related documentation.

Another option is the use of contracted eligibility vendors whose employees can obtain the needed enrollment/reenrollment information and documentation by contacting patients in person. Patients with mental health issues often do not answer letters and telephone calls, and address stability may be a problem. Contracted employees can set up appointments and meet with patients who come in for services/programs regularly.

INDIVIDUALS WHO ARE UNDOCUMENTED

Convincing individuals who are undocumented to seek enrollment in any health coverage program is challenging for a multitude of reasons, the least of which is the fear of deportation. Some communities have large populations of undocumented individuals, and like other uninsured populations, they often access hospital emergency departments when care is urgently needed. Many prefer to seek care at a specific hospital known by their families or friends. Hospitals provide the care and are not a threat to their immigration status, however, trust and fear remain significant barriers for patients.

¹ Manderscheid R, Druss B, Elsie Freeman E.: "Data to Manage the Mortality Crisis." International Journal of Mental Health 2008; 37(2):49–68.

It is important for hospitals to help eligibility and enrollment staff recognize and address the high level of fear they may encounter with patients who are undocumented. Having multilingual staff and/or translation services available are critical. To help develop the patient's trust, hospitals can develop training programs to teach their staff ways to approach these patients in a non-threatening, non-authoritarian manner.

Strategy 6: Outreach and Partnering with Key External Stakeholders

Covered California notes that the success of expanded coverage to millions of Californians will depend on “connecting with California’s diverse communities in a wide variety of ways to increase awareness of new options for health coverage, and provide the support individuals need to enroll.” Committed to an aggressive education, outreach and marketing effort, Covered California recently announced \$37 million in grants for outreach and education programs at 48 organizations. *(See below for information on two grant awardees that demonstrate the breadth of initiatives provider organizations are spearheading.)*

Getting Californians enrolled in health coverage requires a multifaceted approach by hospitals, focused both on internal enrollment efforts and building bridges with external stakeholders.

The interviewed hospitals commonly conduct extensive outreach and partnering initiatives with entities in surrounding communities. These include other health care organizations, physicians and other providers, state and county agencies, and other sites in the community such as schools and places of worship. A description of each follows.

Examples of Grant-Winning Community Outreach and Partnership Initiatives

The Community Clinic Association of San Bernardino County (San Bernardino, CA), in partnership with Loma Linda University Medical Center (Loma Linda, CA), was awarded \$990,000 by Covered California for outreach to a multiethnic, multiracial uninsured population in San Bernardino County. The outreach plan includes:

- Retail/product demonstrations
- Group meetings between the hospital and clinics
- Education for physicians and staff at hospitals and clinics
- Education for Healthy Communities organizations

St. Francis Medical Center of Lynwood Foundation was awarded \$750,000 by Covered California for outreach to multiethnic, multiracial populations in Los Angeles, San Mateo and Santa Clara counties. The outreach plan includes:

- Schools, colleges, churches, local markets and businesses
- Cultural and recreational community-based organizations

Source: Covered California: Outreach and Education Program: Notice of Intent to Award. May 14, 2013.

PARTNERING WITH PROVIDERS PRACTICING IN THE COMMUNITY

Hospitals often play a leadership role in educating community providers about public and private health coverage options available and the enrollment processes.

One interviewed organization uses training materials to inform physicians in the community about the hospital's eligibility and enrollment services. The materials address the hospital's financial assistance programs, eligibility and enrollment processes, and other topics.

Another organization sends a quarterly newsletter to local obstetricians with a list of the hospital's enrollment services and contact information. The purpose is to educate physicians so they can inform their uninsured patients about the services. The hospital is planning a similar outreach initiative to primary care physicians. Letters to providers will contain detailed information on the new options available to patients through Covered California and the expanded Medi-Cal program.

PARTNERING WITH OTHER PROVIDER ORGANIZATIONS

Given available staffing and resources, hospitals also can play a leadership role in helping smaller provider organizations increase health coverage access for the uninsured.

For example, one integrated health system trains the registration staff at partnering health centers and community clinics to process LIHP applications so patients don't have to travel to the regional medical center to apply. Clinic or health center staff complete the applications electronically, submitting them to the financial counselors at the regional medical center.

This organization also coordinates with community health personnel to follow up on documentation with patients in outpatient health centers. Patients can schedule a time to come in and deliver their documents to the community health workers, who make copies and scan them into the system so that the regional medical center can finalize the application process.

PARTNERING WITH THE COMMUNITY

Hospitals often conduct community outreach and education at other places considered by patients to be trustworthy sources of information such as schools, libraries, city halls and places of worship.

One organization sends bilingual community outreach workers who are familiar with the needs of target communities to county fairs, farmers markets, school registration nights, sporting events, churches, city halls and county parole department programs. The outreach workers are equipped with bilingual materials to give to individuals that explain the different health coverage programs and options.

PARTNERING WITH COUNTY AND STATE PERSONNEL

Public Health Programs

Uninsured individuals access numerous services through public health programs, so they often are targeted for hospital outreach efforts.

An integrated health system in one county describes its population-specific approach involving collaboration with the county public health program. “Promotoras,” who already are known and trusted in the community, are trained and employed by the system. They encourage residents to apply for health coverage programs and assist with enrollment. Their focus is primarily the Latino population. For African Americans, specially trained “Health Conductors” coordinate directly with the system’s financial counselors, helping patients obtain the documentation necessary to apply for health coverage programs.

Medi-Cal Eligibility Personnel

Given the essential role county eligibility personnel play in Medi-Cal and other government enrollment programs, building relationships with the staff of county social services agencies is a key focus of interviewed organizations. Some organizations have excellent interactions with county eligibility personnel, resulting in quicker coverage determinations for their coverage-eligible patients. Others hospitals struggle with counties whose varying staffing levels prevent efficient processing of applications due to budgetary constraints.

Developing trusted relationships with county and state personnel is an important strategy to enhance patient access to health coverage. One organization notes that onsite county eligibility personnel work side-by-side with hospital eligibility staff. The hospital staff monitor every patient whose paperwork has been turned into the state, and meets periodically with the county eligibility personnel to determine progress and status. Another organization noted that the county eligibility personnel assigned to the hospital provide the hospital with updates as soon as information is available.

Through an arrangement with a regional hospital association, one organization has two state Medi-Cal eligibility personnel dedicated to the hospital. One Medi-Cal eligibility specialist speaks Armenian (spoken by half of the hospital’s patient population) and the other speaks Spanish (spoken by 30 to 40 percent of the patient population). The eligibility personnel are onsite 40 hours a week, offering convenient Medi-Cal application assistance for patients. The hospital provides the eligibility personnel with space and access to necessary office equipment. At the appropriate time, the eligibility personnel are able to interview patients in the emergency department, let them know whether they are eligible for a health coverage program, and process applications onsite.

Strategy 7: Partnering with Service Vendors

Use of eligibility and enrollment service companies is widespread among interviewed organizations, whose staff consider such vendors important to timely patient enrollment in Medi-Cal and other health coverage programs. Assessment of capabilities and ensuring effective collaboration are two strategies in this area.

ASSESSMENT OF CAPABILITIES

Interviewed hospitals commonly assess organizational eligibility and enrollment functions and compare them to vendor capabilities. With the broad range of available programs and enrollment requirements, offering assistance for all types of applications and ensuring their timely completion can be challenging.

Many interviewed organizations would like to be able to conduct the entire process on their own. However, this requires experts who are knowledgeable about local, county, state, federal and private programs on all levels, and many “boots on the ground” to follow up with coverage program staff and patients to obtain required documents.

Completing an application is not a one-day process (however, the process should be significantly streamlined with future use of the CalHEERS online application portal). Organizations comment that vendors are equipped to build relationships with state and county program staff, ensuring that applications proceed smoothly through regular follow up. This follow up is particularly helpful when counties are backlogged in approving applications due to higher-than-usual volume or constrained staffing.

Determining when and how to use vendors are strategic, financial decisions for hospitals. Some interviewed organizations refer to vendors only for complex enrollment cases where patients are hard-to-reach or non-compliant. Other hospitals refer patient enrollment cases when vendors’ local knowledge of county-specific programs would enhance the hospital’s efforts.

One hospital notes that the hospital was obtaining approval of one to four Medi-Cal applications per month before contracting with an eligibility services company. With the vendor’s involvement, the hospital now is obtaining 50 to 75 approved applications per month.

EFFECTIVE COLLABORATION

For many interviewed hospitals, a collaborative approach with vendors has proved critical in their organization to complement their outreach and enrollment strategies. Particularly important considerations include selection of the company, alignment of goals, staffing times and locations, and effectiveness of patient referrals to the vendor.

Selection of the Company

In selecting vendors, organizations indicate that the most important criterion is the availability of employees who have significant experience working in the hospital's local market.

Those with an “established presence” have knowledge of local programs and the individuals staffing those programs. Knowledge of the local demographics and geography, including locations of homeless shelters and programs for individuals with behavioral health issues, is important.

Alignment of Goals

In contractual arrangements, both parties must agree that the most important goal is to help the greatest possible number of patients successfully enroll in health coverage. Typically a vendor will use an initial screening process to determine whether a patient is a candidate for the services. One interviewee comments that hospitals “must ensure that vendors are not too selective,” and only choose the least complex cases.

Vendor Staffing Times, Locations and a “Warm Handoff”

Similar to the processes described earlier for hospital staff, hospitals determine staffing hours and critical access points to position vendor staff. For example, some organizations find it most beneficial to have vendor personnel available in the emergency department during peak hours.

The transfer of patient enrollment cases from hospital staff to the vendor's staff optimally provides a “warm handoff,” including as much information as possible, such as the program(s) for which the person may be eligible.

Future Role

Interviewed hospitals indicate that they are carefully considering the vendors' role in helping the newly eligible obtain health coverage. A significant number of new vendors may be emerging to meet the enrollment needs of the exchange population. Vendor staff are likely to get certified through the Enrollment Assistance Program and can complement the enrollment efforts of the hospital's CECs.



Strategy 8: Assessing the New Environment

The ACA provisions aimed at increasing health coverage for individuals are a positive development for Californians and California hospitals. Although rules, regulations and plans are still taking shape, our study shows that hospitals are encouraged by the ACA goals of increased health coverage for the uninsured.

All of the interviewed organizations indicate that the ability to achieve real-time coverage eligibility determination through Covered California's CalHEERs online application portal will make enrollment easier for patients. If real-time determinations are not possible for some patients, hospitals are hopeful that the single streamlined application process will improve the speed of eligibility determinations for all programs.

Interviewed hospitals recognize the importance of assessing the impact of the newly-eligible population on their organizations. Hospitals must consider how to extend or enhance existing eligibility and enrollment resources, processes and practices, and develop new strategies to successfully enroll the uninsured.

ASSESSING THE IMPACT OF THE NEWLY-ELIGIBLE POPULATION

The number of individuals who will be seeking care at hospitals as uninsured but eligible for new coverage will be market-specific. Organizations should be taking steps to assess their patient populations and demographics to understand the impact of an expanded eligible population on their enrollment processes and staffing. The socio-demographics of primary patient service areas vary by organization. Different cultural, economic, ethnic/racial, educational and other characteristics impact patients' readiness to enroll in health coverage programs.

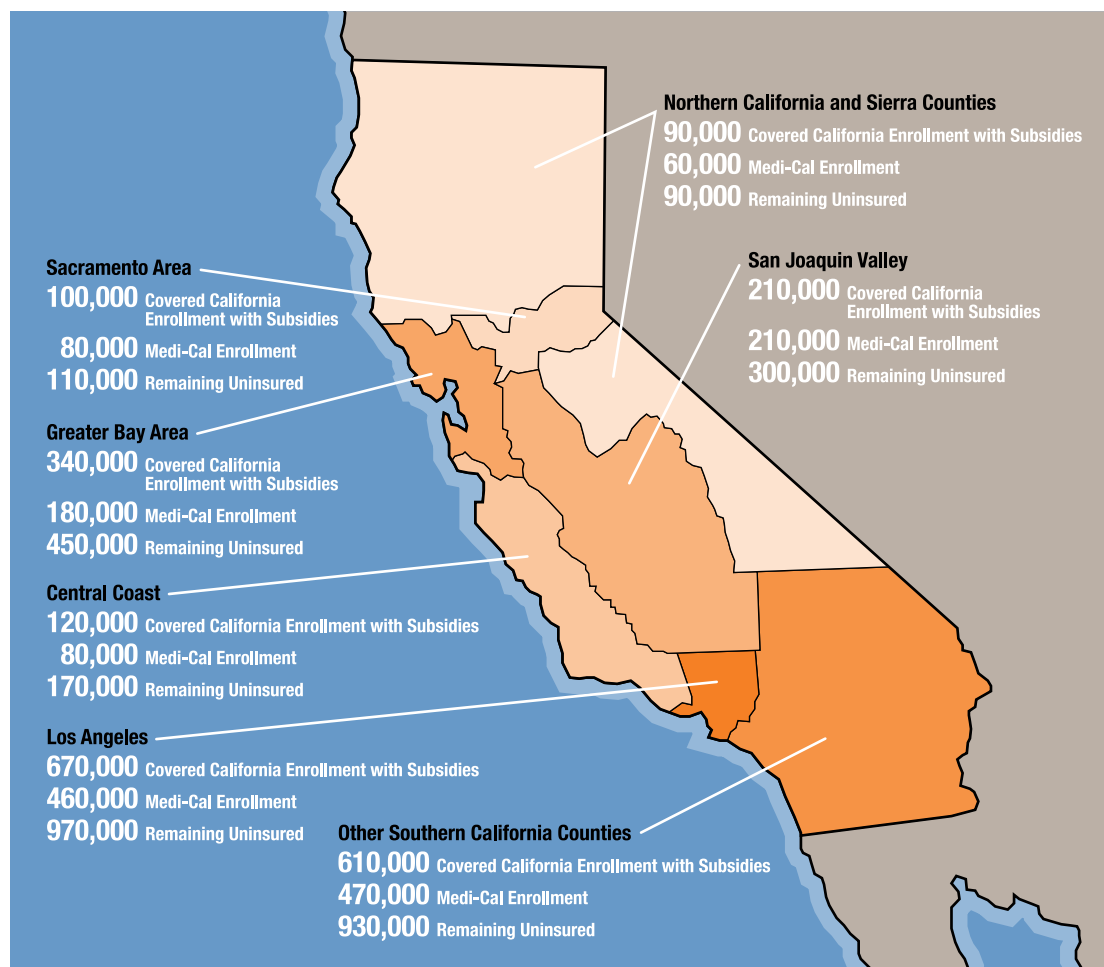
Estimates of Subsidy-Eligible Populations, Medi-Cal Eligible Population and the Remaining Uninsured

CalSIM estimates of the number of newly-eligible individuals expected to enroll in Covered California or the Medi-Cal program are listed in Figure 6 on the following page. Additional estimates can be found in Appendix 5-A in the Resources Section.

Hospital projections of the newly-eligible population should also take into account the following:

- The number of individuals who will move from county LIHPs into Covered California or Medi-Cal.
- The Cal MediConnect demonstration project, which will enroll 456,000 "dual eligible" (for Medicare and Medi-Cal) individuals beginning Jan. 1, 2014.

Figure 6. 2019 Predicted Enrollment, Regional and County Estimates



Source: UC Berkeley — UCLA CalSIM model, version 1.7 (Enhanced Scenarios).

Outreach Efforts

Covered California is embarking on a large outreach and education campaign to:

- Make the populations in diverse communities aware of the new health coverage options.
- Help them “sort out” their options.
- Give them the support they need to enroll.

Covered California indicates that reaching young adults, women, older adults, Latinos, and other specific ethnic/racial populations will be critical to success.

Hospitals expect their outreach efforts will complement and supplement this campaign. It may take a number of years for individuals to realize that they have health coverage options and to apply for health coverage. Proactive community outreach by hospitals to ensure that patients are informed, enrolled, and covered prior to needing and accessing care will be critical. One inter-

viewed organization indicates that it will be using the community outreach networks developed by its outpatient facilities to reach more uninsured individuals. Multi-year educational programs may be needed to encourage enrollment by individuals who may be initially reluctant to obtain health coverage.

Hospitals are considering strategies to partner with brokers and insurance agents in the community. When Covered California is up and running, new companies may emerge focusing on individual enrollment into QHPs offered through Covered California. New technology-focused companies also may develop the capabilities to identify, advise and enroll eligible individuals into exchange-based products.

To educate patients about Covered California, one interviewed organization is talking with a local payer about conducting collaborative outreach and marketing to the exchange-eligible population.

Patient Access and Education Implications

Interviewed organizations are starting to think about the best type of physical space needed for CECs to conduct eligibility screening and enrollment through the CalHEERS online application portal. A number of organizations are considering patient information kiosks and other more private spaces to facilitate screening and consideration of enrollment options with the help of CECs.

As described earlier, the educational needs of individuals eligible for coverage through Covered California may be more extensive and different than the education needs of Medi-Cal-eligible individuals. Patients will need to be educated about their financial cost-sharing responsibilities. Cost may be a factor for some segments of this population, particularly younger individuals.

RESEARCH STUDY: EFFECTIVE COMMUNICATION ABOUT IMPORTANT INSURANCE CONCEPTS

Covered California faces the challenge of clearly communicating a number of complex ideas and concepts to the newly-eligible population. In May 2013, the National Opinion Research Center (NORC) at the University of Chicago and Ogilvy West released a report entitled, “Effective Communication About Important Insurance Concepts: Results of Key Word Research.” The report, commissioned by Covered California, sought to identify which ideas are most challenging to communicate effectively, and then to develop and test possible solutions for explaining them. The report also sought to establish final recommendations about how best to communicate these complex concepts.

The project had the following specific objectives:

- Identify the most important and challenging concepts that will need to be effectively communicated;
- Identify existing best practices on how to communicate these ideas and concepts;
- Develop and test possible solutions with potential Covered California customers including those with little or no experience with health insurance; and
- Develop research-based recommendations about how to best communicate the concepts.

The five key concepts tested include:

- Background on Covered California
- Type of plans available and their quality
- Costs and incentives
- Enrollment and help available
- Penalties

In addition, researchers tested the focus group's reactions to:

- A short phrase describing Covered California
- Alternative terms for health insurance companies
- Alternative terms for professionals who assist others in signing up for health coverage

Thirteen focus groups were conducted in three cities (San Francisco, Sacramento and Los Angeles) with sessions conducted in both English and Spanish. Groups were formed around three distinct populations: consumers who currently had no health coverage or were privately insured, small business decision makers and those who will assist others with navigating the shopping and enrollment processes.

Through the focus groups, the researchers identified 32 specific recommendations that are included in the report. The report can be found by clicking on "NORC Keyword Report" at www.healthexchange.ca.gov/BoardMeetings/Pages/Meeting_Materials_for_June_20_2013.aspx. Covered California will incorporate the findings into its marketing, outreach and education efforts for individuals, small business decision makers and CECs.

"Having extra hands on deck to educate this different audience of patients will be important," says one interviewee. "We will need to spend more time discussing options and coverage terminology, with which individuals may not be familiar."



STAFFING AND TRAINING IMPLICATIONS

Interviewed hospitals are considering how to appropriately staff to provide screening and eligibility determination for the exchange-based population. Planning is critical. Numerous organizations indicate that they are not adding staff now, but can train and increase resources quickly during the enrollment period and early years of the expansion, if needed.

Some organizations are looking at increasing financial counseling staff and third-party vendor involvement because “at the end of the day, whichever programs are accessed, it takes lots of arms and legs on the ground to complete applications,” notes one organization.

Everyone who walks in a hospital and is uninsured can be assisted to apply for coverage through the CalHEERS online application portal. Hospitals can assist individuals eligible for Covered California, Medi-Cal or other programs.

Because the CalHEERS online application portal can be used by the hospital’s CECs for eligibility determination and assisting enrollment applications, organizations cite patient volume as a major consideration for staffing. CalHEERS is not yet operational and training of CECs has not started, but there is still much to be determined related to how hospitals will integrate use of CalHEERS into existing patient eligibility and enrollment processes.

Becoming CECs and learning to use the CalHEERS online application portal may be critical to a hospital’s ability to effectively enroll the uninsured.

Concluding Comments

The interviewed organizations believe that the principles behind the eight strategies for eligibility screening and enrollment described in this report will support hospitals' efforts as health care reform advances:

- Design effective enrollment procedures and practices
- Optimize staffing and support for maximum effectiveness
- In partnership, educating the patient
- Positioning trained staff at critical access points
- Using innovative strategies to reach vulnerable populations
- Outreach and partnering with key external stakeholders
- Partnering with service vendors, and
- Assessing the new environment

Hospitals will continue to be one door through which the uninsured pass. The shared goal of the “no-wrong-door” approach is to assist individuals to obtain health coverage, encourage them to enroll before they need care, and to maintain that coverage. Early enrollment of the Covered California-eligible population is particularly vital to ensure that individuals will have coverage for their next episode of care.

To improve population health, enhance the patient experience, and lower health care costs, California's hospitals are committed to the goal of enhanced access to health coverage for all Californians.



Resources

- 1. Helpful Websites**
- 2. Covered California Certified Enrollment Entity Interest Form**
- 3. Emergency Department Patient Navigator Orientation Pathway**
- 4. Sample Patient Access Walk-In Script**
- 5. CalSIM Regional and County Estimates**
 - A. Predicted Exchange Enrollment with Subsidies Under the Affordable Care Act:
Regional and County Estimates
 - B. Predicted Increase in Medi-Cal Enrollment Under the Affordable Care Act:
Regional and County Estimates
 - C. Remaining Uninsured in California Under the Affordable Care Act:
Regional and County Estimates
 - D. Definitions of Regions in California by County

Helpful Websites

ORGANIZATION	WEBSITE
Covered California <ul style="list-style-type: none"> The public interface for California's Health Benefit Exchange. Resources include cost estimation calculators, news and other tools for individuals, families and small businesses. 	www.CoveredCa.com
California Department of Health Care Services <ul style="list-style-type: none"> Information about eligibility requirements and applying for Medi-Cal. 	www.dhcs.ca.gov
California Health Benefit Exchange <ul style="list-style-type: none"> Background information about California's Health Benefit Exchange, as well as information about upcoming meetings and press releases. <p><i>California Healthcare Eligibility, Enrollment and Retention System (CalHEERS)</i></p> <p><i>Enrollment Assistance Program</i></p>	www.healthexchange.ca.gov www.healthexchange.ca.gov/Solicitations/Pages/HBEX4.aspx www.healthexchange.ca.gov/pages/assistersprogram.aspx
California HealthCare Foundation <ul style="list-style-type: none"> In-depth publications and other resources for California-specific health topics, including disease care, health reform and health policy. 	www.chcf.org
California Hospital Association <ul style="list-style-type: none"> CHA provides timely updates of new developments in health coverage under health care reform. 	www.calhospital.org/hcr-coverage
California Simulation of Insurance Markets (CalSIM) <ul style="list-style-type: none"> The UCLA Center for Health Policy Research and the UC Berkeley Center for Labor Research and Education created CalSIM, a micro-simulation model that can be used estimate the impact of various elements of the ACA. CalSIM uses a wide range of official data sources, including the California Health Interview Survey. 	www.healthpolicy.ucla.edu/calsim
Kaiser Family Foundation <ul style="list-style-type: none"> Analysis of health care topics including health reform and insurance. Resources include issue-specific reports, fact sheets and state-by-state data. 	www.kff.org
UCLA Center for Health Policy Research <ul style="list-style-type: none"> Resources include health policy publications and access to data from the California Health Interview Survey. 	www.healthpolicy.ucla.edu

Covered California Certified Enrollment Entity Interest Form

Source: Covered California, <https://assisters.ccgrantsandassisters.org>

Certified Enrollment Entity Interest Form



Complete this form to indicate the organization's interest in participating

When complete

- Send the Interest Form to the following address:
Covered California
Certified Enrollment Entity Interest Form
7755 N. Palm Ave., Suite 102-66
Fresno, CA 93711
-or-
Email: assisterinfo@ccgrantsandassisters.org

Use this Interest Form to notify Covered California of an intent to participate

- Covered California is seeking Certified Enrollment Entities (CEEs) to participate in the In-Person Assistance Program
- Assist uninsured and eligible consumers to enroll and retain coverage through Covered California
- Assisters will engage, educate and enroll eligible Californians

Information needed to complete this form

- General information about the entity, such as contact information, populations reached, and counties served
- All sub-site locations and hours of operations
- Number of anticipated Certified Enrollment Counselors

Complete this form online

➔ <http://assisters.ccgrantsandassisters.org> It's faster!

Please complete the information thoroughly

Need Help?

Call Covered California, Assisters Program Help Desk at (888) 402-0737
Call Monday through Friday, 8 a.m. to 5 p.m.
or email assisterinfo@ccgrantsandassisters.org

Certified Enrollment Entity Additional Information



Things to know

What is a Certified Enrollment Entity?

- Organizations eligible to be trained and registered to provide in-person assistance to consumers and help them apply for Covered California Health Plans
- Entities that have access to Covered California's targeted populations

Who can become a Certified Enrollment Entity?

- Organizations who can demonstrate to Covered California that they have existing relationships, or could easily establish relationships, with consumers or self-employed individuals likely to be eligible for enrollment in a Covered California Health Plan
- Meet any licensing, certification or other standards prescribed by the State or Exchange
- Not have a conflict of interest
- Comply with the privacy and security standards adopted by Covered California as required in accordance with 45 CFR §155.260

What are the roles and responsibilities of a Certified Enrollment Entities?

- Distribute fair and impartial information concerning enrollment into qualified health plans
- Facilitate enrollment into Qualified Health Plans available through Covered California
- Provide referrals to Consumer Assistance Programs
- Provide information that is culturally and linguistically appropriate

What is a Certified Enrollment Counselor?

- An individual who is affiliated with an Certified Enrollment Entity that is registered in the In-Person Assistance Program, and trained and certified by Covered California

How does an individual become a Certified Enrollment Counselor?

- Individual becomes affiliated with and submits an Application to an Certified Enrollment Entity (CEE)
- Individual receives LiveScan form and completes fingerprinting process
- Individual completes required training
- Not have a conflict of interest
- Comply with the privacy and security standards adopted by the Exchange as required in accordance with 45 CFR §155.260

Where can I get more information?

- Contact information for the Assisters Program Help Desk is found below
- For more detailed information, review the Assisters 101 PowerPoint presentation found at <http://www.healthexchange.ca.gov/Pages/AssistersProgram.aspx>

Need Help?

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Step 1:

Entity Information

Entity Name			Date Submitted
Business Legal Name			
Primary Mailing Address			Suite #
City	State	Zip Code	County
<input type="checkbox"/> Check here if the physical address is the same as the mailing address. If it is not the same , please provide the physical address below:			
Physical Address			Suite #
City	State	Zip Code	County
Primary Email Address			
Primary Phone Number ()		Secondary Phone Number ()	
Fax Number ()			
Preferred Method of Communication (Select only one) <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail			
What year was the entity established?			
Does the entity provide services to persons with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> Other (specify):			
Does the entity serve families of mixed immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of the County(ies) the entity will serve (please list all)			
Number of anticipated Certified Enrollment Counselors to be associated with this entity			

Step 2:

Primary Contact Information

First Name	Last Name	Suffix
Title/Position		
Email Address		
Primary Phone Number ()	Secondary Phone Number ()	
Preferred Method of Communication (Select only one) <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail		

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 or email assisterinfo@ccgrantsandassisters.org

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Step 3:

Additional Information

Organization Category

- | | |
|---|--|
| <input type="checkbox"/> American Indian Tribe or Tribal Organization | <input type="checkbox"/> Licensed attorney (e.g., family law attorneys who have clients that are experiencing life transitions) |
| <input type="checkbox"/> Chambers of Commerce | <input type="checkbox"/> Licensed health care institution |
| <input type="checkbox"/> City Government Agency | <input type="checkbox"/> Licensed health care provider |
| <input type="checkbox"/> Commercial fishing, industry organization | <input type="checkbox"/> Non-Profit Community Organization |
| <input type="checkbox"/> Community College or University | <input type="checkbox"/> Ranching and farming organization |
| <input type="checkbox"/> County department of public health, city health departments, or county departments that deliver health service | <input type="checkbox"/> Resource partner of a small business |
| <input type="checkbox"/> Faith-Based Organization | <input type="checkbox"/> School District |
| <input type="checkbox"/> Indian Health Services Facility | <input type="checkbox"/> Tax preparer as defined in Section 2225I ² (a) (I) (A) of the Business and Professions Code |
| <input type="checkbox"/> Insurance agent as defined in Section 31 ¹ of the Insurance Code, or broker as defined in Section 33 ¹ of the Insurance Code | <input type="checkbox"/> Trade, industry, and professional organization |
| <input type="checkbox"/> Labor Union | <input type="checkbox"/> Other public or private entities or individuals that meet the requirements of this article ³ |
| | <input type="checkbox"/> Other (specify): |

¹ Section 31 & 33 of the Insurance Code

² Section 2225I of the Business Professions Code

³ Proposed state regulations

Hours of Operation at the primary site:

Open

Closed

Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Spoken Language(s) at this location: (Check all that apply)

- | | | | | |
|------------------------------------|----------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> English | <input type="checkbox"/> Khmer | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tagalog | |

Written Language(s) at this location: (Check all that apply)

- | | | | | |
|-----------------------------------|--------------------------------|----------------------------------|---|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> English | <input type="checkbox"/> Khmer | <input type="checkbox"/> Spanish | <input type="checkbox"/> Traditional Chinese Characters | |

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Step 4:

County Specific Information (Refer to Instructions Page)

Complete this page for each county the entity serves.

Name of County _____

Number of individuals served annually in this county _____

Language(s) served in this county, by percentage (must total 100%)

Arabic	_____ %	Hmong	_____ %	Spanish	_____ %
Armenian	_____ %	Khmer	_____ %	Tagalog	_____ %
Cantonese	_____ %	Korean	_____ %	Vietnamese	_____ %
English	_____ %	Mandarin	_____ %	Other (Specify):	_____ %
Farsi	_____ %	Russian	_____ %		

Ethnicity(ies) Served in this county, by percentage (must total 100%)

African	_____ %	Chinese	_____ %	Latino	_____ %
African American	_____ %	Filipino	_____ %	Middle Eastern	_____ %
American Indian or Alaska Native	_____ %	Hmong	_____ %	Russian	_____ %
Armenian	_____ %	Japanese	_____ %	Ukrainian	_____ %
Cambodian	_____ %	Korean	_____ %	Vietnamese	_____ %
Caucasian	_____ %	Laotian	_____ %	Other (Specify):	_____ %

Individual(s) Served for each age group, by percentage (must total 100%)

Under 18 years of age	_____ %
18 – 24 years of age	_____ %
25 – 34 years of age	_____ %
35 – 44 years of age	_____ %
45 – 54 years of age	_____ %
55 – 64 years of age	_____ %
65 years of age or older	_____ %

Industry(ies) Served, by percentage (must total 100%)

Animal Production	_____ %	Individual and Family Services	_____ %
Automotive Repair and Maintenance	_____ %	Investigation and Security Services	_____ %
Barber Shops	_____ %	K-12 Schools	_____ %
Beauty Salons	_____ %	Landscaping Services	_____ %
Car Washes	_____ %	Amusement, Gambling, and Recreation Industries	_____ %
Child Day Care Services	_____ %	Personal Household Goods, Repair, and Maintenance	_____ %
Clothing Stores	_____ %	Private Households	_____ %
Construction	_____ %	Real Estate	_____ %
Crop Production	_____ %	Restaurants and Other Food Services	_____ %
Cut and Sew Apparel Manufacturing	_____ %	Services to Buildings and Dwellings, Except Construction	_____ %
Department and Discount Stores	_____ %	Support Activities for Agriculture and Forestry	_____ %
Drinking places, Alcoholic Beverages	_____ %	Taxi and Limousine Service	_____ %
Employment Services	_____ %	Textile, Fabric Finishing, and Coating Mills	_____ %
Fabric Mills, except Knitting	_____ %	Textile Product Mills, Except Carpet and Rug	_____ %
Gasoline Stations	_____ %	Traveler Accommodation	_____ %
Grocery Stores	_____ %	Truck Transportation	_____ %
Hospitals	_____ %	Other (Specify):	_____ %
Artists and Related Industries	_____ %		

Need Help?

Call Covered California, Assisters Program Help Desk at (888) 402-0737
Call Monday through Friday, 8 a.m. to 5 p.m.
or email assisterinfo@ccgrantsandassisters.org

Complete this form online at: <http://assisters.ccgrantsandassisters.org> It's faster!

Step 5: Sub-Site(s) Information

Complete this page for each sub-site location

Sub-Site Name

Sub-Site Mailing Address

Suite #

City

State

Zip Code

County

☐ Check here if the sub-site's physical address is the same as the sub-site's mailing address.

If it is not the same, please provide the sub-site's physical address below:

Physical Address

Suite #

City

State

Zip Code

County

Contact Name

Primary Email Address

Primary Phone Number

()

Secondary Phone Number

()

Fax Number

()

Hours of Operation at the sub-site:

Open

Closed

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Spoken Language(s) at this location: (Check all that apply)

☐ Arabic

☐ English

☐ Khmer

☐ Russian

☐ Vietnamese

☐ Armenian

☐ Farsi

☐ Korean

☐ Spanish

☐ Other (Specify) _____

☐ Cantonese

☐ Hmong

☐ Mandarin

☐ Tagalog

Written Language(s) at this location: (Check all that apply)

☐ Arabic

☐ Farsi

☐ Korean

☐ Tagalog

☐ Other (Specify) _____

☐ Armenian

☐ Hmong

☐ Russian

☐ Vietnamese

☐ English

☐ Khmer

☐ Spanish

☐ Traditional Chinese Character

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Emergency Department Patient Navigator Orientation Pathway

Source: Document reproduced with the permission of Community Hospital of San Bernardino, a Dignity Health Member, and St. Bernardine Medical Center, a Dignity Health Member.

COMPETENCY/ OBJECTIVE	TEACHING STRATEGIES	COMPLETION DATE		OUTCOME EVALUATION	RESULTS	COMMENT	SIGNATURE
Req. Actual							
COMPETENCY 1 EFFECTIVE PATIENT CARE							
Demonstrate ability to aggregate gathered data from initial interview and assessment.	<ul style="list-style-type: none">Review and discuss Emergency Department process<ul style="list-style-type: none">– Patient inflow and outflowOrientation on the process of identifying Medi-Cal Managed Care, self pay, other payersSaves Insurance Eligibility web-sites to favorites; knowledge of running Medi-Cal and Medi-Cal Managed CareUnderstands eligibility, including PCP/IPA information	Week 1		Demonstrates proper identification of Medi-Cal Managed Care and self-pay patients vs. Medi-Cal patients			
COMPETENCY 2 SAFE PATIENT CARE							
Perform interventions according to patient’s plan of care and collaborate with interdisciplinary team.	<ul style="list-style-type: none">Familiarize with ED Triage/MSE ProcessOrient with completions of form and how to call providers for follow-up appointmentsFamiliarize with excel tools used for patient tracking	Week 1		Discuss EMTALA laws and regulations			
Demonstrate ability to properly assure patient and staff safety.	<ul style="list-style-type: none">De-escalation TrainingIdentify roles to perform during codes	Week 1		Competency Quiz			

COMPETENCY 3 ROLES AND SKILLS

Perform roles in a timely manner and within the scope of their duties and responsibilities. <i>(Continued on next page)</i>	<ul style="list-style-type: none"> • Recordkeeping of self pay and Medi-Cal Managed Care logs • Medi-Cal Managed Care log and surveys need to be faxed daily to Medi-Cal Managed Care's Right Fax • Self pay and Medi-Cal Managed Care logs have to be emailed daily to admitting supervisor, admitting manager, decision support and community benefits • All logs and surveys should be stored for future reference • A monthly log with the percentage of resources provided will be emailed on the first of every month to the admitting manager <i>(Continued on next page)</i>	Week 1		Verbal evaluation from preceptor and demonstrates Demonstrates completion of appropriate forms Surveys are completed and legible Completes follow-up appointments Demonstrate use of Excel program Documents resources given to the patient Follows PHI protocols			
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COMPETENCY 3 ROLES AND SKILLS

Perform roles in a timely manner and within the scope of their duties and responsibilities. (continued)	<ul style="list-style-type: none"> • For Medi-Cal Managed Care survey, emphasize appropriate answer as to why the patient sought care in ER vs. PCP • Complete the “Navigator Consulted” field in the legacy system to track the number of patients seen • Enters notes in the patients account as to what resources were given to the patient • Maintains a stock of resources in bulk and replaces when required • Provides resources for Medi-Cal Managed Care and self pay patients 	Week 1		<p>Verbal evaluation from preceptor and demonstrates</p> <p>Demonstrates completion of appropriate forms</p> <p>Surveys are completed and legible</p> <p>Completes follow-up appointments</p> <p>Demonstrate use of Excel program</p> <p>Documents resources given to the patient</p> <p>Follows PHI protocols</p>			
Perform interpersonal skills effectively and efficiently.	<ul style="list-style-type: none"> • Orientation with: <ul style="list-style-type: none"> – Phone system – Multi-line system – Fax machines – Copier machines – Legacy System • Discussion of time management and practices and techniques <ul style="list-style-type: none"> – AIDET – Acknowledge – Introduce – Duration – Explain – Thank you • Is able to identify a patient’s account in legacy system, enters notes and utilizes tracker to find patients 			Verbal evaluation from preceptor and demonstrates			

COMPETENCY 4 COLLABORATION WITH OTHER HEALTH CARE DISCIPLINE

Demonstrate the ability to communicate with other health care disciplines regarding patient's plan of care while maintaining patient's confidentiality.	HIPAA pamphlet	Week 1		Verbal evaluation from preceptor and demonstrates/ Quiz			
Medi-Cal Managed Care Resources	<ul style="list-style-type: none"> • Nurse advice line telephone number • List of assigned urgent care • Makes PCP follow up appointments • Contacts Medi-Cal Managed Care on behalf of the patient 	Week 1		Verbal evaluation from preceptor and demonstrates			

COMPETENCY 4 COLLABORATION WITH OTHER HEALTH CARE DISCIPLINE

Self Pay Resources	<ul style="list-style-type: none"> • Pathways to Success Program for the Community: Flyer containing <ul style="list-style-type: none"> – Resume building – Job search – GED/school assistance – Computer classes • Community Health Resources: Community Resource brochure containing primary care clinics/urgent care, telephone numbers to government assistance <ul style="list-style-type: none"> – Makes follow-up appointments – Gives directions to clinics • Provides the necessary applications: <ul style="list-style-type: none"> – Medi-Cal – Healthy Families – Financial Assistance • Refers patients to the on-site vendor for government program screening during the patients ER visit 	Week 1		Verbal evaluation from preceptor and demonstrates			
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WE HAVE DISCUSSED AND REVIEWED THIS EDUCATIONAL PATHWAY AND WE MUTUALLY AGREE WITH THE ABOVE REQUIREMENTS.

Orientee: _____

Educator: _____

Sample Patient Access Walk-In Script

Source: Reprinted with permission of Santa Clara Valley Medical Center

THE FOLLOWING SCRIPT MUST BE USED WHEN GREETING ALL WALK-IN CLIENTS AT PATIENT ACCESS CENTRAL. THE INTENT OF THE SCRIPT IS TO IDENTIFY AND ASSIST THE CLIENT AND TO DETERMINE WHICH PROGRAM THEY MIGHT BE ELIGIBLE FOR. ALL REPRESENTATIVES SHOULD USE A PLEASANT AND FRIENDLY VOICE WHEN AT THE FRONT DESK/WINDOWS.

“Welcome to Patient Access, How may I help you?”

Client Response Example: “I need to sign up for a financial assistance program” or “I just got out of the emergency room and they gave me a bill.”

“Let me ask you a few questions:”

1. Do you have a Medical Record Number?
2. Do you live in Santa Clara County? If yes, continue with the screening. If no, redirect client to their own County.
3. Do you have any health coverage now?
4. Have you applied for any of the following programs in the last three months?
(Medi-Cal, Valley Care II, APD, Healthy Family, Healthy Kids)

“Please complete this Financial Assistance Application. If you find there are some questions that do not apply to you, place a “N/A” instead of leaving it blank.”

(Give client a document list)

“You must submit the following:”

- Proof of US citizenship
- Proof of identity
- Proof of residency
- Proof of income and proof of assets

*****HIGHLIGHT SECTIONS FOR CLIENT, HAND THEM THE LIST*****

Inform client that if there is any missing documentation, the application will not be processed.

“Once your application packet is complete, with all the required documentation, you may drop it off here, at 770 S. Bascom Avenue, Suite A. If you have any questions, please call us at 1-866-967-4677”

Closing statement: “Thank you for coming into Patient Access. Should you need further assistance, do not hesitate to call us or walk-in.”

Predicted Exchange Enrollment with Subsidies Under the Affordable Care Act: Regional and County Estimates

Source: UC Berkeley-UCLA CalSIM version 1.7

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CalSIM California Simulation of Insurance Markets

The California Simulation of Insurance Markets (CalSIM) model is designed to estimate the impacts of various elements of the Affordable Care Act on employer decisions to offer insurance coverage and individual decisions to obtain coverage in California. It was developed by the UC Berkeley Center for Labor Research and Education and the UCLA Center for Health Policy Research, with generous funding provided by The California Endowment.

FACT SHEET • JUNE 2012

Predicted Exchange Enrollment with Subsidies under the Affordable Care Act: Regional and County Estimates

Between 1.8 and 2.1 million Californians will have subsidized health coverage in 2019 due to the Affordable Care Act

Ken Jacobs, Dave Graham-Squire, Gerald F. Kominski, Dylan H. Roby, Nadereh Pourat, Christina M. Kinane, Greg Watson, Daphna Gans, and Jack Needleman

The Affordable Care Act (ACA) will expand access to health coverage across California. Tax subsidies to purchase coverage will be available through the California Health Benefit Exchange (the Exchange) for eligible families with incomes up to 400 percent of the Federal Poverty Level (\$44,680 for an individual and \$92,200 for a family of four in 2012). Between 1.8 and 2.1 million Californians are expected to have subsidized coverage through the Exchange in 2019. (See [*Nine Out of Ten Non-Elderly Californians Will Be Insured When the Affordable Care Act is Fully Implemented*](#)).

Los Angeles will account for nearly one-third (31 percent) of the new subsidy eligible Exchange enrollees, with 550,000 to 670,000 participants depending on the level of enrollment. While Angelenos make up 27 percent of the state's population, they accounted for 32 percent of the uninsured in 2009. In contrast, the Greater Bay Area, which starts with a disproportionately smaller share of the uninsured (13 percent compared to 19 percent of the state's population), is expected to make up 16 percent of the subsidized Exchange participants. The remaining Southern California counties will account for 28 percent of the subsidized Exchange enrollees.

Data Sources and Methodology

We used the California Simulation of Insurance Markets (CalSIM) model, version 1.7, to predict changes in health coverage in California under the ACA. The model is designed to estimate the impacts of various elements of the ACA on employer decisions to offer insurance coverage and individual decisions to obtain coverage in California. For further information on the CalSIM methodology, please visit http://www.healthpolicy.ucla.edu/pubs/files/calsim_methods.pdf.

Exhibit 1. Predicted Exchange Enrollment with Subsidies, Californians under Age 65, by Region and County, 2019

Region/County	Eligible for Subsidies	Base Scenario		Enhanced Scenario	
		Predicted Enrollees	Percent of State Total	Predicted Enrollees	Percent of State Total
Northern California and Sierra Counties	120,000	80,000	4.5%	90,000	4.2%
Greater Bay Area	480,000	290,000	16.3%	340,000	15.9%
Santa Clara	100,000	60,000	3.4%	70,000	3.3%
Alameda	100,000	50,000	2.8%	60,000	2.8%
Sacramento Area	150,000	90,000	5.1%	100,000	4.7%
San Joaquin Valley	300,000	170,000	9.6%	210,000	9.8%
Fresno	70,000	40,000	2.2%	50,000	2.3%
Central Coast	170,000	100,000	5.6%	120,000	5.6%
Ventura	70,000	40,000	2.2%	50,000	2.3%
Los Angeles	930,000	550,000	30.9%	670,000	31.2%
Other Southern California	860,000	500,000	28.1%	610,000	28.4%
Orange	230,000	130,000	7.3%	160,000	7.5%
San Diego	220,000	140,000	7.9%	160,000	7.5%
San Bernardino	190,000	100,000	5.6%	130,000	6.1%
Riverside	200,000	120,000	6.7%	150,000	7.0%

Source: UC Berkeley–UCLA CalSIM model, version 1.7.

Note: Not all counties are listed due to sample sizes. For definitions of regions see Table 7-2 Regions in California, CHIS 2009 Methodology Report Series #5, page 7-7, http://www.chis.ucla.edu/pdf/CHIS2009_method5.pdf.

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Predicted Increase in Medi-Cal Enrollment Under the Affordable Care Act: Regional and County Estimates

Source: UC Berkeley-UCLA CalSIM version 1.7

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FACT SHEET • JUNE 2012

Predicted Increase in Medi-Cal Enrollment under the Affordable Care Act: Regional and County Estimates

Between 1.2 and 1.6 million more Californians will have coverage through Medi-Cal in 2019 due to the Affordable Care Act

Ken Jacobs, Dave Graham-Squire, Gerald F. Kominski, Dylan H. Roby, Nadereh Pourat, Christina M. Kinane, Greg Watson, Daphna Gans, and Jack Needleman

The Affordable Care Act (ACA) will expand access to health coverage across California. Californians with household incomes up to 138 percent of the Federal Poverty Level (\$15,415 for an individual and \$31,809 for a family of four in 2012) will be eligible for Medi-Cal starting in January 2014 under the law. Childless adults will be eligible for Medi-Cal for the first time based on income alone, while the income thresholds will be increased for parents and children ages 6–19. The new law will also significantly simplify program enrollment and retention, including eliminating asset tests for those who are eligible solely due to their income.¹ As a result, between 1.2 and 1.6 million more Californians are predicted to be enrolled in Medi-Cal in 2019 than otherwise would have been under current law. (See [*Nine Out of Ten Non-Elderly Californians Will Be Insured When the Affordable Care Act is Fully Implemented*](#)).

An estimated 1.4 million Californians under age 65 will be newly eligible for Medi-Cal in 2014 due to the ACA. Of the newly eligible, 730,000 are predicted to take up the program by 2019 under our base scenario, and 900,000 under our enhanced scenario, which involves extensive outreach and multiple consumer-friendly enrollment pathways. In addition, 1.3 million Californians are currently eligible for Medi-Cal, but not enrolled. About 100,000 of those currently eligible but not enrolled are predicted to take up coverage under our base scenario, while 300,000 will take up under our enhanced scenario.²

Medi-Cal enrollment will expand in every county across the state. Los Angeles and the remaining Southern California counties are predicted to each account for more than 30 percent of the new enrollees. The San Joaquin Valley will have a higher share of new enrollees (14 percent under the base scenario) compared to its population size (10.4 percent of the state's population), while the Greater Bay Area will have a smaller share of new enrollees (11.4 percent) compared to its size (19.3 percent of the state's population).

Exhibit 1. Predicted Increase in Medi-Cal Enrollment due to the ACA, Californians under Age 65, by Region and County, 2019

Region/County	Baseline Without Increases due to ACA	Increased Enrollment Base Scenario		Increased Enrollment Enhanced Scenario	
		Predicted Enrollees	Percent of State Total	Predicted Enrollees	Percent of State Total
Northern California and Sierra Counties	250,000	50,000	4.4%	60,000	3.9%
Greater Bay Area	740,000	130,000	11.4%	180,000	11.7%
Santa Clara	190,000	30,000	2.6%	40,000	2.6%
Alameda	190,000	30,000	2.6%	40,000	2.6%
Sacramento Area	250,000	60,000	5.2%	80,000	5.2%
San Joaquin Valley	990,000	160,000	14.0%	210,000	13.7%
Fresno	270,000	30,000	2.6%	40,000	2.6%
Central Coast	330,000	60,000	5.2%	80,000	5.2%
Ventura	90,000	30,000	2.6%	30,000	2.0%
Los Angeles	1,990,000	350,000	30.6%	460,000	30.0%
Other Southern California	1,330,000	350,000	30.6%	470,000	30.6%
Orange	410,000	90,000	7.9%	110,000	7.2%
San Diego	310,000	90,000	7.9%	120,000	7.8%
San Bernardino	340,000	80,000	7.0%	110,000	7.2%
Riverside	230,000	90,000	7.9%	110,000	7.2%

Source: UC Berkeley–UCLA CalSIM model, version 1.7.

Note: Not all counties are listed due to sample sizes. For definitions of regions see Table 7-2 Regions in California, CHIS 2009 Methodology Report Series #5, page 7-7, http://www.chis.ucla.edu/pdf/CHIS2009_method5.pdf.

Data Sources and Methodology

We used the California Simulation of Insurance Markets (CalSIM) model, version 1.7, to predict changes in health coverage in California under the ACA. The model is designed to estimate the impacts of various elements of the ACA on employer decisions to offer insurance coverage and individual decisions to obtain coverage in California. For further information on the CalSIM methodology, please visit http://www.healthpolicy.ucla.edu/pubs/files/calsim_methods.pdf.

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We would like to thank Peter Lee, Katie Marcellus, Laurel Lucia, and Len Finocchio for their helpful comments. Funding for this research was provided by the California Health Benefit Exchange. The California Simulation of Insurance Markets (CalSIM) model was developed with the generous support of The California Endowment.

Endnotes

¹ Asset tests remain for individuals applying for other Medicaid eligibility categories, including the elderly and disabled.

² For more details see Exhibits 12–17, Kominski et al., *Health Insurance Coverage in California under the Affordable Care Act*, June 2012.

Remaining Uninsured in California Under the Affordable Care Act: Regional and County Estimates

Source: UC Berkeley-UCLA CalSIM version 1.7

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CalSIM California Simulation of Insurance Markets

The California Simulation of Insurance Markets (CalSIM) model is designed to estimate the impacts of various elements of the Affordable Care Act on employer decisions to offer insurance coverage and individual decisions to obtain coverage in California. It was developed by the UC Berkeley Center for Labor Research and Education and the UCLA Center for Health Policy Research, with generous funding provided by The California Endowment.

FACT SHEET • JUNE 2012

Remaining Uninsured in California under the Affordable Care Act: Regional and County Estimates

Ken Jacobs, Dave Graham-Squire, Gerald F. Kominski, Dylan H. Roby, Nadereh Pourat, Christina M. Kinane, Greg Watson, Daphna Gans, and Jack Needleman

The Affordable Care Act (ACA) will significantly expand access to affordable health coverage in California, increasing the share of insured non-elderly Californians to nearly 90 percent. An estimated 3 to 4 million Californians are predicted to remain uninsured in 2019, depending on the extent of outreach and enrollment activities and ease of enrollment and retention. Of those who are predicted to remain uninsured, slightly more than 1 million will not be eligible for coverage options under the ACA due to immigration status. An estimated 800,000 to 1.2 million will be eligible for Medi-Cal or Healthy Families but not enrolled, and 400,000 to 800,000 will be eligible for subsidies in the California Health Benefit Exchange but not enrolled. Another 900,000 will be eligible for the Exchange without subsidies (See [*Nine Out of Ten Non-Elderly Californians Will Be Insured When the Affordable Care Act is Fully Implemented*](#)).

Nearly one-third (32.2 percent) of the remaining uninsured are predicted to reside in Los Angeles County, and a similar share (30.7 percent) in other Southern California counties under the base scenario (Exhibit 1). Focused efforts on these two regions alone could reduce the number of uninsured in the state by 580,000, more than half of that in Los Angeles County. Intensive outreach strategies could be expected to increase the number of people with health coverage in the San Joaquin Valley by 110,000 and by an equal amount in the Greater Bay Area.

Strategies to reduce the number of remaining uninsured following implementation of the ACA include simplified enrollment and re-determination systems, the use of presumptive eligibility and pre-enrollment of individuals in other state health and social service programs, language appropriate materials and outreach, and use of institutional connections to inform and enroll individuals who lose coverage due to life transitions.

Data Sources and Methodology

We used the California Simulation of Insurance Markets (CalSIM) model, version 1.7, to predict changes in health coverage in California under the ACA. The model is designed to estimate the impacts of various elements of the ACA on employer decisions to offer insurance coverage and individual decisions to obtain coverage in California. For further information on the CalSIM methodology, please visit http://www.healthpolicy.ucla.edu/pubs/files/calsim_methods.pdf.

Exhibit 1. Remaining Uninsured After Implementation of ACA, Californians under Age 65, by Region and County, 2019

Region/County	Baseline Without ACA	Base Scenario		Enhanced Scenario	
		Uninsured	Percent of State Total	Uninsured	Percent of State Total
Northern California and Sierra Counties	200,000	120,000	3.0%	90,000	3.0%
Greater Bay Area	770,000	560,000	14.2%	450,000	14.9%
Santa Clara	180,000	140,000	3.6%	110,000	3.6%
Alameda	160,000	110,000	2.8%	90,000	3.0%
Sacramento Area	230,000	150,000	3.8%	110,000	3.6%
San Joaquin Valley	620,000	410,000	10.4%	300,000	9.9%
Fresno	150,000	100,000	2.5%	70,000	2.3%
Central Coast	320,000	220,000	5.6%	170,000	5.6%
Ventura	100,000	70,000	1.8%	60,000	2.0%
Los Angeles	1,840,000	1,270,000	32.2%	970,000	32.0%
Other Southern California	1,820,000	1,210,000	30.7%	930,000	30.7%
Orange	530,000	370,000	9.4%	290,000	9.6%
San Diego	410,000	280,000	7.1%	220,000	7.3%
San Bernardino	430,000	270,000	6.9%	210,000	6.9%
Riverside	420,000	270,000	6.9%	200,000	6.6%

Source: UC Berkeley–UCLA CalSIM model, version 1.7.

Note: Not all counties are listed due to sample sizes. For definitions of regions see Table 7-2 Regions in California, CHIS 2009 Methodology Report Series #5, page 7-7, http://www.chis.ucla.edu/pdf/CHIS2009_method5.pdf.

Exhibit 2. Remaining Uninsured, Eligible for Public Programs or Exchange, Californians under Age 65, by Region and County, 2019

Region/County	Baseline Without ACA	Base Scenario		Enhanced Scenario	
		Uninsured	Percent of State Total	Uninsured	Percent of State Total
Northern California and Sierra Counties	170,000	100,000	2.5%	70,000	2.3%
Greater Bay Area	620,000	400,000	10.2%	300,000	9.9%
Santa Clara	140,000	90,000	2.3%	70,000	2.3%
Alameda	140,000	90,000	2.3%	70,000	2.3%
Sacramento Area	200,000	130,000	3.3%	90,000	3.0%
San Joaquin Valley	510,000	290,000	7.4%	190,000	6.3%
Fresno	120,000	70,000	1.8%	40,000	1.3%
Central Coast	240,000	150,000	3.8%	110,000	3.6%
Ventura	80,000	50,000	1.3%	40,000	1.3%
Los Angeles	1,460,000	890,000	22.6%	600,000	19.8%
Other Southern California	1,490,000	880,000	22.3%	620,000	20.5%
Orange	420,000	260,000	6.6%	180,000	5.9%
San Diego	340,000	210,000	5.3%	150,000	5.0%
San Bernardino	350,000	200,000	5.1%	130,000	4.3%
Riverside	350,000	190,000	4.8%	130,000	4.3%

Source: UC Berkeley–UCLA CalSIM model, version 1.7.

Note: Not all counties are listed due to sample sizes. For definitions of regions see Table 7-2 Regions in California, CHIS 2009 Methodology Report Series #5, page 7-7, http://www.chis.ucla.edu/pdf/CHIS2009_method5.pdf.

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Definitions of Regions in California by County

Source: UCLA Center for Health Policy Research, 2009 California Health Interview Survey

<i>REGION</i>	<i>COUNTIES</i>
Northern & Sierra Counties	Butte, Shasta, Humboldt, Lake, Mendocino, Yuba, Nevada, Sutter, Colusa-Glenn-Tehama, Del Norte-Lassen-Modoc-Plumas-Sierra-Siskiyou-Trinity, Alpine-Amador-Calaveras-Inyo-Mariposa-Mono-Tuolumne
Greater Bay Area	Santa Clara, Alameda, Contra Costa, San Francisco, San Mateo, Sonoma, Solano, Marin, Napa
Sacramento Area	Sacramento, Placer, Yolo, El Dorado
San Joaquin Valley	Fresno, Kern, San Joaquin, Stanislaus, Tulare, Merced, Kings, Madera
Central Coast	Ventura, Santa Barbara, Santa Cruz, San Luis Obispo, Monterey, San Benito
Los Angeles	Los Angeles
Other Southern California	San Diego, Orange, San Bernardino, Riverside, Imperial

