REPORT:

Alameda County Eligibility and Enrollment Systems for Low-Income Health Coverage Programs

A collaborative project between Alameda County Social Services Agency and Alameda County Health Care Services Agency

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I. Summary

1.1 Introduction & Report Structure

This report provides an explanation of Alameda County's current eligibility determination and enrollment systems for the major health coverage programs available to low-income county residents without private insurance. The purpose of the report is two-fold. First, it aims to provide clarity for county policymakers and partner agencies about how the current complex enrollment and renewal systems for different benefits programs function. Second, it attempts to highlight some of the strengths and challenges of current systems, in order to guide future planning efforts around enrollment and retention. This report is written specifically in light of the upcoming expansion of Medi-Cal and changes to the Health Program of Alameda County (HealthPAC) expected through the Affordable Care Act, which offer an opportunity for innovations and improvements in the county's current eligibility, enrollment and renewal systems for benefit programs.

Currently in Alameda County, there are two major health programs for low-income residents:

1)   Medi-Cal, eligibility and enrollment administered by Alameda County Social Services Agency (SSA), and
2)   HealthPAC, administered by Alameda County Health Care Services Agency (HCSA), the county's indigent care program for adults and children who do not qualify for a federal program.

Two additional major coverage programs have existed for eligible low-income <u>children</u> only in Alameda County in recent years: Healthy Families, California's State Children's Health Insurance Program (SCHIP), which as of January 1, 2013 has begun to undergo a transition from state management to county SSA-managed Medi-Cal as the "Targeted Low-income Children's Program" (TLICP), and the Kaiser Child Health Plan, a private, low-premium insurance option for children from lower income households who do not qualify for Medi-Cal or Healthy Families.

One of the most notable benefits of the current low-income health coverage programs in Alameda County is that an option exists for all lower income residents, regardless of citizenship status. Low or no-cost programs currently exist for all adults who make less than 200% of the federal poverty level (FPL), and for all children in households earning under 300% FPL who lack private insurance. The challenge for county and community-based organizations in terms of eligibility, enrollment and retention, therefore, is to assist lower income residents without private health coverage to 1) determine eligibility for programs, 2) successfully enroll in applicable programs and link to a health home, and 3) sustain coverage over renewal periods. These tasks often involve navigating complex enrollment requirements, and submitting application(s) through multiple community-based, county and/or state agencies to receive benefits and maintain coverage over time.

In light of changes to eligibility and enrollment systems coming with the Affordable Care Act, this report aims to highlight opportunities for improvement across the county's eligibility and enrollment systems by providing a detailed explanation of how each system currently works. Section Two provides a brief overview of the four major health programs for low-income residents in the county, their

respective administrative agencies, and eligibility requirements. Section Three provides an overview of the four major eligibility and enrollment systems used in the county for the health programs described in Section Two. These systems include: 1) CalWIN, 2) One-e-App, 3) Health-e-App, and 4) the automated enrollment procedure Alameda County Behavioral Health Care Services (BHCS) has developed to fast-track enrollment of clients into HealthPAC. Finally, Sections Four, Five, Six and Seven provide a detailed explanation of the pathway(s) a resident may take to apply for or renew benefits through the systems explained in Section Three. Research for Sections Three through Seven was collected primarily through direct interviews with managers from county and community-based organizations directing eligibility and enrollment services, as well as shadows with eligibility specialists and health insurance technicians in different settings (see bibliography for a full list of references). Sections Four through Seven are also paired with system maps in Appendix D, which attempt to provide some visual clarity to the complex systems and pathways for enrollment.

1.2 Summary Findings: Challenges, Opportunities, and Possible Next Steps

While details of the findings below are included in the body of this report, three major opportunities stand out for consideration as county agencies and community-based organizations aim to improve enrollment and retention efforts for low-income residents:

- *An Opportunity to Increase Cross-Agency Coordination Among County Eligibility Staff, and Among County Eligibility Staff and Community-based Organization Providers*

    Each major health program for low-income Alameda County residents — Medi-Cal, Healthy Families[1], HealthPAC and the Kaiser Child Health Plan – is managed by separate administrative agencies that maintain different application and renewal requirements. Moving forward, an opportunity exists to strengthen coordination mechanisms between agencies administering health programs for low-income residents and other major low-income benefit programs.

    Many county residents eligible for health coverage programs, for example, are also eligible for other public benefits programs such as CalFresh, CalWORKS and General Assistance—managed by Alameda County SSA— or Social Security benefits (SSI/SSDI), managed by the Social Security Administration. Currently, recipients of one of the above programs are not automatically assessed for all of the health coverage program(s) they may be eligible for due to the absence of a universal screening tool for all available public assistance benefits. Likewise, recipients of low-income health coverage programs are not always automatically assessed for the respective public benefits for which they may qualify. While one universal <u>preliminary</u> eligibility determination tool exists for health coverage programs only (One-e-App), this tool is not universally available nor used throughout the county, and cannot perform final eligibility determination for Medi-Cal. One-e-App in Alameda County also does not assess eligibility for other benefit programs such as CalFresh. In light of the fact that families often have different household members eligible or enrolled in different benefits programs, the lack of coordination among administrative systems often means more cumbersome enrollment and renewal processes with redundant requirements for eligibility determination.

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[1] Healthy Families, formerly administered by Maximus under DHCS states, will be transitioning to local county Social Service Administration management as the Medi-Cal TLICP. More details about this transition are expected to be forthcoming in future months.

In some situations, however, eligibility specialists from different county agencies and community-based organizations frequently and effectively communicate and coordinate around clients' pending applications. These situations are highlighted in the body of this report. Moving forward, there is an opportunity to increase the communication and coordination among eligibility specialists across county agencies and application assistors in the community to ensure that applicants are assessed initially for all major benefits programs that may be available to them, and assisted to successfully apply or renew benefits through the most streamlined path available.

- *An Opportunity for Increased Automated Enrollment and Shared Data Across Agencies*

Currently, documents such as proof of income or citizenship that an applicant may supply to show eligibility for one program are not always transferable to fast-track eligibility or renewal in other programs they may apply for later. Moving forward, it may be worthwhile to consider how to increase data sharing across county administrative agencies to build automatic enrollment or renewals in multiple programs. Two notable positive examples of data sharing are the CalWORKS program, which also automatically enrolls all recipients in Medi-Cal, and the collaboration between Alameda County Health Care Services Agency (HCSA) and Alameda County Social Services Administration (SSA) that has resulted in an automated enrollment process for General Assistance recipients.

- *Easing the Burden of Annual Renewals*

Once enrolled in a benefits program, maintaining coverage over time can be a challenging task for families, especially those with limited transportation to office appointments, frequent changes of address, and/or a limited ability to understand mailed notices. Settings where benefit recipients are able to renew benefits annually through their health home, and receive support as necessary from clinic staff, appear to show the most promise for easing the burden of the benefits renewal process and ensuring the client maintains both health coverage and access to care over time. However, increased ways to submit benefits renewal information, particularly Medi-Cal renewal information, could further improve and streamline the system for clients seeking to maintain their coverage over time.

Finally, each of the county's current eligibility and enrollment systems has both strengths and challenges to its design. While each system was designed to serve slightly different purposes, and are therefore difficult to directly compare, the paragraphs below summarize some key findings about the three major tools for eligibility screening and enrollment in the county. All systems are described in greater depth in Section Three, Four, and Five of this report.

Benefits CalWIN (BCW)

BCW provides a valuable platform where an individual or family can submit an application to SSA for three major county benefits programs: Medi-Cal, CalFresh and CalWORKS. The application(s) are then processed at SSA, with CalFresh and CalWORKS requiring follow-up interviews. A major benefit of this system is the option it gives families to apply for CalFresh and/or CalWORKS in addition to Medi-Cal. BCW will also assess an entire family's eligibility for benefits, not just a single individual. The application registration process for applicants is also streamlined through BCW, as it eliminates the

need for SSA to transcribe paper application information into CalWIN before reviewing the application for final eligibility determination.

Three major challenges exist with BCW. First, while it assesses whole family eligibility for health programs and eligibility for some other public benefits programs, it does not perform a preliminary eligibility assessment for HealthPAC or the Kaiser Child Health Plan. A family who is ultimately denied Medi-Cal for eligibility reasons after submitting an application through BCW, or who qualifies with a high share of cost, will need to apply separately for HealthPAC. While SSA mails information about the HealthPAC program to clients denied for eligibility reasons from Medi-Cal, it is unclear how aware all applicants are of HealthPAC as another coverage option. BCW applicants also cannot benefit from the option provided in One-e-App which simultaneously submits a HealthPAC application with the same filing date as the Medi-Cal application — a plus for restricted Medi-Cal applicants or those anticipating a high share of cost.

Second, at the moment BCW is not built for an application assistor to file an application for the applicant, and Medi-Cal, CalFresh and CalWORKS applications remain extensive applications requiring scanned supporting documentation. An applicant could seek assistance from someone sitting side by side with them, but it is not designed for an application assistor to log-on to check on the progress or status of an application. A benefit of the Health-e-App platform, for example, is that it is designed for <u>both</u> an applicant and a registered application assistor to log on to complete and check the status of application. An applicant may self-complete an application if they choose, or they may also seek out an assistor to take the lead in the process.

As a final (although temporary) challenge, BCW is not currently able to process renewals. Benefit recipients must renew through a paper Medi-Cal renewal application. This feature, however, is forthcoming on BCW, and many interviewed through this research expressed enthusiasm for an electronic platform that would allow benefit recipients to complete Medi-Cal renewals online. Renewals on BCW would also allow an applicant to secure the filing date for the renewal and avoid lengthy wait times at an SSA office to gain a receipt for dropping off their renewal application.

One-e-App

One-e-App's most notable strength is its role as a universal screening tool for individual and family eligibility for all current major low-income health programs in Alameda County. By allowing an applicant to simultaneously file applications for Medi-Cal and HealthPAC, it streamlines the process for applicants eligible for multiple programs and allows them to enroll in health benefits at a "one-stop" shop. Like BCW, it also evaluates an entire family's eligibility and can easily submit applications for different family members to the different entities performing final eligibility. For residents who are determined eligible for HealthPAC, the selection of a health provider is a feature built into One-e-App through the initial application process. Ideally, this increases an applicant's ability to select a health home that is convenient and comfortable for them.

One-e-App, however, does not assess eligibility for the two other major public benefits programs BCW screens for – CalFresh and CalWORKS. While some community clinics will encourage applicants to complete paper applications for CalFresh if the applicant appears eligible, this function is not activated in Alameda County's version of One-e-App. If the CalFresh feature was activated in One-e-App and expanded to include CalWORKS, it would further simplify and streamline the process for low-income families seeking health and social services benefits.

One-e-App's design as a tool for assistor-only use is both a benefit and a challenge of the system. Its design for use by an assistor increases the likelihood that applicants will complete an application for all programs in one sitting. Electronic signature pads and scanners also necessitate the participation of an assistor at some point in the application process. However, unlike BCW, an applicant cannot use One-e-App independently. Opportunities for an applicant to use this platform alone or with an assistor, like Health-e-App, could again ease enrollment and renewals in some situations.

Finally, a major challenge to the One-e-App system is the disconnect between One-e-App assistors and Eligibility Technicians (ETs) at SSA offices. Once a Medi-Cal application is sent to SSA via One-e-App, the original assistor usually has little to no contact with the ET. An exception exists, however, at clinic sites with outreach ETs, and to some extent Alameda County Medical Center (ACMC) sites who have some supervisor communication with SSA's Hospital Intake Unit. Increased coordination between ETs assigned to process all One-e-App Medi-Cal applications and assistors submitting applications on an applicant's behalf could streamline coordination when additional application information is required. San Mateo County, for example, has set up a system where One-e-App Medi-Cal application submissions are assigned to a designated, single clerical worker at Human Services Agency, who assigns it to the same unit with a single supervisor. This supervisor meets with a One-e-App coordinator from San Mateo Health System and certified application assistant supervisors as a regular coordination team to clarify issues, troubleshoot, and identify areas for improvement in the cross-agency collaboration.

Health-e-App

While Health-e-App's future use is currently unclear given the Healthy Families transition to a Medi-Cal program, one of the greatest benefits of Health-e-App is that applicants receive accelerated enrollment in Medi-Cal if they appear to be Medi-Cal eligible. This substantially decreases the amount of time it may take a child to gain their benefits information (BIC) card. Moving forward, there is an opportunity to explore how accelerated enrollment might be used for similar children's Medi-Cal applications passing through county SSA offices. Finally, like One-e-App, the Health-e-App system appears to be better able to assist a client to select a health home in the application process rather than during or after eligibility determination (the usual case for Medi-Cal applicants).

2. Overview of Major Low-income Health Programs in Alameda County

Figure 1: Typical Alameda County Resident Eligibility for Low-Income Health Programs

<table>
<tr><td rowspan="2"></td><td rowspan="2"></td><td colspan="5" align="center">Income range</td></tr>
<tr><td>0-100%</td><td>100-133%</td><td>133-200%</td><td>200-250%</td><td>251-300%</td></tr>
<tr><td rowspan="8">Age</td><td>Child Age 0-1</td><td>Medi-Cal</td><td>Medi-Cal</td><td>Medi-Cal</td><td>Healthy Families*</td><td>Kaiser CHP</td></tr>
<tr><td>Child Age 1-6</td><td>Medi-Cal</td><td>Medi-Cal</td><td>Healthy Families*</td><td>Healthy Families*</td><td>Kaiser CHP</td></tr>
<tr><td>Child Age 6-19</td><td>Medi-Cal</td><td>Healthy Families*</td><td>Healthy Families*</td><td>Healthy Families*</td><td>Kaiser CHP</td></tr>
<tr><td>Undocumented Children 0-19</td><td>HealthPAC or Kaiser CHP; Restricted Medi-Cal</td><td>HealthPAC or Kaiser CHP; Restricted Medi-Cal</td><td>HealthPAC or Kaiser CHP; Restricted Medi-Cal</td><td>Kaiser CHP</td><td>Kaiser CHP</td></tr>
<tr><td>Adults 19-64</td><td>Medi-Cal through Linkage OR HealthPAC</td><td>Medi-Cal through Linkage OR HealthPAC</td><td>Medi-Cal through Linkage OR HealthPAC</td><td>--</td><td>--</td></tr>
<tr><td>Adults 19-64 <small>(No Medi-Cal linkage)</small></td><td>HealthPAC</td><td>HealthPAC</td><td>HealthPAC</td><td>--</td><td>--</td></tr>
<tr><td>Pregnant Women</td><td>Medi-Cal</td><td>Medi-Cal</td><td>Medi-Cal</td><td>AIM</td><td>AIM</td></tr>
</table>

*transitioning as of 1/1/13 to Medi-Cal Program 156, "Targeted Low-Income Children's Program"

2.1 Medi-Cal

Medi-Cal is the county's largest source of publicly funded low-income health insurance, and is composed of a variety of different programs. Final eligibility and enrollment determination for all Medi-Cal programs in Alameda County is done through Alameda County Social Service Administration (SSA), through their CalWIN system. "Full-scope" Medi-Cal provides comprehensive health, dental, vision and mental health coverage, and is available to only qualifying citizens, legal permanent residents and refugees. "Restricted" Medi-Cal, sometimes also referred to as "Emergency Medi-Cal," refers to limited emergency and prenatal, delivery and postpartum care available to California residents without legal status[2].

Generally, children from birth to age one are eligible for Medi-Cal with family incomes up to 200% FPL, children from age one to six are eligible with family incomes up to 133% FPL, and children from age six through nineteen are eligible if family income falls below 100% of the FPL. Parents and/or adult caretakers of Medi-Cal eligible children may also be eligible for Full-Scope (with or without a Share of Cost) or Restricted Medi-Cal through "linkage" with their Medi-Cal eligible child. Finally, disabled and blind adults also may be eligible for Medi-Cal, and other specific groups such as recently arrived refugee

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[2] See SSA Brochure "Medi-Cal and You" for more information about Full Scope vs. Restricted Medi-Cal benefits.

families[3]. Medi-Cal, in either its full-scope or restricted form, may come with a share of cost for individuals depending on their income and assets.

2.2 Healthy Families* Overview (*transitioning as of 1/1/13 to Medi-Cal Program 156, "Targeted Low-Income Children's Program")

Healthy Families, which has begun to transition to Medi-Cal Program 156 as of January 1, 2013, has been a federally funded program for citizen or legal permanent resident children ages 0-19 with family income at 100-250% FPL. Healthy Families has a low monthly premium cost for families and provides preventative, primary, dental, vision, mental health and emergency care in a similar format to full-scope Medi-Cal, although there are some important differences in the available provider networks for each program that will not be discussed in the scope of this report. Under the new Targeted Low Income Children's Program (TLICP), children with income up to 250% of the FPL with or without assets are potentially eligible for the program. Families with income above 150% FPL will have low monthly premium costs.

Healthy Families has been administered by Maximus, a Sacramento-based vendor overseen by the state Department of Health Care Services (DHCS) and the Managed Risk Medical Insurance Board (MRMIB). All applications have been processed in Sacramento at site referred to as the Single Point of Entry (SPE). Full logistics around Healthy Families' transition to a county-administered Medi-Cal program are forthcoming. However, it appears that Health-e-App, the web-based application submission tool for the SPE, will remain open post-transition to provide initial application screening for Healthy Families under its new TLICP Medi-Cal form. Ultimately, it appears that this program merger will eventually eliminate the transitioning between Healthy Families and Medi-Cal that children with family incomes in the 100-200%FPL range have traditionally undergone.

2.3 Health Program of Alameda County (HealthPAC) Overview

HealthPAC is Alameda County's indigent care program, providing preventative, primary and emergency care to eligible low-income children and adults and who do not qualify for full-scope Medi-Cal or Healthy Families. Alameda County Health Care Services Agency (HCSA) administers the HealthPAC program, using the web-based system One-e-App as a screening and final eligibility determination tool, as well as its system of record.

Primary care services are available for HealthPAC recipients through the eight federally qualified health clinics in the Alameda Health Consortium[4], four Alameda County Medical Center (ACMC) primary care clinics[5], and the Healthy Communities, Inc. clinic in Oakland. Any child or adult who is an Alameda County resident with a family income under 200% FPL is eligible for HealthPAC if they do not qualify for full-scope Medi-Cal or Healthy Families. However, citizen or legal resident applicants who

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[3] See SSA Brochure "Medi-Cal and You" for more information about qualification requirements.
[4] Alameda Health Consortium clinics include: Asian Health Services (Oakland), Axis Community Health (Pleasanton), La Clinica de la Raza (Oakland), Lifelong Medical (Berkeley/Oakland), Native American Health Center (Oakland), Tiburcio Vasquez Health Center (Union City), Tri-City Health Center (Fremont), and West Oakland Health Council (Oakland).
[5] The four primary care clinics in the Alameda County Medical Center system are: Highland Hospital (Oakland), Eastmont Wellness Clinic (Oakland), Newark Wellness Clinic (Newark), and Winton Wellness Center (Hayward).

appear to have preliminary full-scope Medi-Cal eligibility must apply for Medi-Cal before they can receive HealthPAC benefits. Additionally, blind or disabled Medi-Cal applicants awaiting disability determination by state Disability Determination Service Division (DDSD) may enroll in HealthPAC while awaiting disability determination. HealthPAC is composed of three different program types: MCE (Medicaid Coverage Expansion, for citizen or legal permanent resident adults with incomes between 0-133% FPL), HCCI (Health Care Coverage Initiative, for citizen or legal permanent resident adults with incomes between 133%-200% FPL), and County HealthPAC, for adults or children with incomes between 0-200% without citizenship or legal permanent resident documentation, or who have Medi-Cal share of cost or are awaiting a disability Medi-Cal determination.

2.4 Kaiser Child Health Plan

The Kaiser Child Health Plan is a private insurance program for low-income children who are ineligible for full-scope Medi-Cal or Healthy Families. The program covers children in families with incomes up to 300% FPL. The plan has premiums of either $8 or $15 a month per child, depending on income. Therefore, this is the only low-income insurance program available for children living in families with incomes between 251-300% FPL, and the only low-income insurance option for undocumented children in the county with incomes between 200-300% FPL. This program is administered by Kaiser Permanente, which handles all final enrollment and renewals. Children are eligible for twenty-four months before families must renew benefits by submitting a renewal application and showing proof of income.

2.5 Multiple Eligibility & Changing Eligibility

Due to qualification requirements that vary depending on age, income and legal status, many low-income Alameda County families seeking affordable health services may find that different members of their household qualify for different insurance or coverage programs. Furthermore, individual family members' eligibility may change over time with changes in age and/or fluctuating household income. An infant, for example, in a household with 150% FPL will be eligible for full-scope Medi-Cal, while an eight year old in the same house may be eligible for Healthy Families, and the adult caretaker may be eligible for restricted Medi-Cal (covering emergency services) and HealthPAC for primary care. Complicating matters further, *where* a family applies for benefits or accesses services often affects what low-income health programs they are screened for, how complete the application is for any one program at the time of submission, and the length of time it takes to receive final eligibility determination.

3. Overview of Major Eligibility Determination and Enrollment Systems for County Low-Income Health Coverage Programs

3.1 CalWIN

CalWIN is a database administered by Alameda County Social Services Administration (SSA) and is the only final eligibility and enrollment system in the county for all Medi-Cal programs. CalWIN is also the system for final eligibility and enrollment in other public benefits programs including CalFresh, CalWORKS and General Assistance. It is an internal system used by SSA staff, and part of the SAWS System (Statewide Automated Welfare System). CalWIN is also used by social services agencies in eighteen other counties in the state. In Alameda County, a new companion website Benefits CalWIN (BCW) is designed as an applicant interface with CalWIN and allows applicants to complete Medi-Cal, CalFresh, CalWORKS and Refugee Assistance applications online. In addition to this online option, SSA staff receive Medi-Cal applications for entry into CalWIN through four other portals: paper applications, "walk-in" applications (where an applicant completes an application through a scheduled interview at SSA), mailed applications from the Single Point of Entry, and electronically transferred applications from One-e-App in Alameda County, which are then printed, file cleared, and entered in the CalWIN system. MEDS, the statewide database, acts as the system of record for all applications that receive final eligibility and enrollment approval through the CalWIN System. CalWIN has the functionality to determine eligibility for the Low Income Health Program; however, this functionality is not turned on in Alameda County at this time.

Summary Table: CalWIN Capabilities

Preliminary Eligibility Determination	Final Eligibility Determination	Length of Time for Final Eligibility Determination	System of Record	Entry Points for Applications
Medi-Cal (all programs)	Medi-Cal (all programs)	Up to 45 days	MEDS	• Paper Application (phone, fax, mailed, dropped-off at SSA, Completed at Clinic with SSA worker)
CalFresh	CalFresh		MEDS	• Benefits CalWIN
General Assistance	General Assistance		MEDS	• Electronic submission via One-e-App
CalWORKS	CalWORKS (automatically includes Medi-Cal enrollment)		MEDS	• Paper mail-in from SPE, via original submission from Health-e-App

3.2 One-e-App

The second major eligibility and enrollment system in the county, One-e-App, is an eligibility and enrollment tool administered by Alameda County Health Care Services Agency (HCSA) under the

management of a vendor, Social Interest Solutions. One-e-App is a tool designed to be used by a trained application assistant (the "user") side by side with an applicant. There are approximately three hundred One-e-App users in Alameda County. They are located at clinics in the Alameda Health Consortium, select mental health clinic sites in the county, ACMC sites, Healthy Communities, Inc., and HCSA's Health Insurance Technician (HIT) Unit at its1000 San Leandro office.

As a tool, One-e-App serves four major purposes: 1) screening preliminary eligibility for Medi-Cal, Healthy Families, HealthPAC and the Kaiser Child Health Plan (HCSA HIT Unit only), 2) as an electronic application submission tool for Medi-Cal, Healthy Families and HealthPAC benefits, 3) as a final eligibility and enrollment tool for HealthPAC, and 4) as the System of Record for HealthPAC. One-e-App, therefore, can assess applicant eligibility for all of the low-income health programs in Alameda County, but can only perform final eligibility and enrollment in HealthPAC. It sends complete or near-complete applications, depending on the One-e-App user, to Alameda County's SSA Enterprise office (for Medi-Cal applications) or the Single Point of Entry in Sacramento (for Healthy Families applications). At HCSA's HIT Unit, where One-e-App is activated to assess preliminary eligibility for Kaiser Child Health Plan, a paper application for the program is completed and then mailed. One-e-App does not perform assessment for CalFresh, CalWORKS or General Assistance eligibility, although it could potentially have the option to do so with further software development.

Summary Table: One-e-App Capabilities

Preliminary Eligibility Determination	Final Eligibility Determination	Length of Time for Final Eligibility Determination	System of Record	Entry Points for Applications
HealthPAC (all programs)	HealthPAC (all programs)	~5 days	One-e-App	✓ One-e-App at HIT, ACMC Sites, HealthPAC network, select mental health clinics
Medi-Cal (all programs)				✓ Paper HealthPAC Applications from Community Advocates
Kaiser Child Health Plan (HIT only)				✓ Policy transfer (HealthPAC only) from INSYST at BHCS
Healthy Families*				

As an eligibility and enrollment system, the primary differences between One-e-App and CalWIN are 1) its role as a preliminary eligibility screening tool and application submission tool for multiple low-income health programs, and 2) its design as a side-by-side tool to be used by an applicant and application assistant rather than a technician-only system to be used after an application is submitted. As an eligibility and enrollment tool, One-e-App functions slightly differently in each of the three settings

it is used in (HealthPAC network clinics, ACMC sites, and the HIT Unit at San Leandro). ACMC sites and HealthPAC network clinics do not have assessment for Kaiser activated in their One-e-App, and therefore qualifying undocumented children will be screened into HealthPAC instead. Additionally, all One-e-App users have CalWIN-viewing access that they use simultaneously with One-e-App to verify whether or not an applicant has an open Medi-Cal or Healthy Families case prior to starting a new One-e-App application. However, the HIT Unit users have MEDS viewing access as well, which allows them to see additional details about any past applications a client may have.

3.3 Health-e-App

Health-e-App is an eligibility and application submission tool that has been used for preliminary eligibility for Healthy Families, Medi-Cal for pregnant women and children, and the Access for Infants and Mothers Program (AIM)[6]. It is available for use by individuals or by certified application assistors (CAAs) who play a similar role to the "user" in One-e-App. Its future as Healthy Families transitions to Medi-Cal is somewhat unclear but as of now Health-e-App is currently still in use to receive Medi-Cal applications. Health-E-App is also built in as an electronic interface with One-e-App; when One-e-App assesses preliminary eligibility for Healthy Families it will automatically direct the user and applicant into Health-e-App and transfer application information.

In the past, applicants who have been determined to have final eligibility for Healthy Families or AIM have been processed at the Single Point of Entry (SPE) in Sacramento by the vendor Maximus, recorded in MEDS. They receive their health benefits information shortly thereafter. As Healthy Families transitions to Medi-Cal Program 156, it is unclear what role that Health-e-App or the SPE will continue to play in processing applications. However, it appears that both will remain open for the foreseeable future as a portal children's Medi-Cal applications may pass through to gain accelerated full-scope Medi-Cal benefits (See Section 3.1.3).

Summary Table: Health-e-App Capabilities

Preliminary Eligibility Determination	Final Eligibility Determination	System of Record	Entry Points for Applications
Healthy Families Medi-Cal (Children & Pregnant Women) AIM	Healthy Families AIM	MEDS	• www.Health-e-App.net • Electronic submission via One-e-App

3.4 INSYST: Automated HealthPAC Enrollment

Finally, Behavioral Health Care Services (BHCS) maintains another electronic process to automatically enroll clients into HealthPAC. Although BHCS Health Insurance Technicians (HITs) have access to One-e-App and view-only CalWIN and MEDS, they screen BHCS patients receiving mental health services through INSYST, their practice management/billing system. Many, though not all, BHCS clients are Medi-Cal eligible and already in the CalWIN or MEDS system due to past eligibility for

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[6] See Appendix A for more information on AIM.

benefits. However, for HealthPAC-eligible applicants, BHCS HITs normally provide data elements required for enrollment to One-e-App via a flat file from INSYST[7]. This can pertain to BHCS clients ineligible for Medi-Cal, and/or clients eligible for Medi-Cal pending a disability determination, who will be enrolled on HealthPAC as they await final disability determination from the state.

In addition, SSA's General Assistance program contains a waiver allowing eligible clients to be enrolled in HealthPAC (almost all GA clients are eligible for HealthPAC). Through a data-sharing arrangement with CalWIN, BHCS also checks for all county residents enrolled in General Assistance and automatically generates a similar flat file interface to One-e-App. This process was designed originally to automatically enroll as many eligible BHCS clients as possible in HealthPAC using citizenship and income documentation they may have already provided to BHCS or SSA for other benefits.

4. Medi-Cal: Application Portals, Enrollment, and Renewals

4.1 Ways to Submit a Medi-Cal Application

4.1.1 Paper Medi-Cal Applications

Paper Medi-Cal applications are available in a variety of locations across the county, including all Social Service Self-Sufficiency Centers and Outstations[8], many community-based organization locations, and downloadable from the internet. Individuals may also begin the process by calling SSA's hotline to request an application be mailed to them to complete. Paper applications for Medi-Cal, submitted either through walk-in at an SSA office or mail, are the primary source of new applications for Medi-Cal that SSA processes each month. Once an applicant has completed a paper application, he/she may mail, fax, or drop-off their application at an SSA Self-Sufficiency Center or Outstation. Clerical workers will then perform a "file clearance" to ascertain whether or not the applicant has a previous record in the CalWIN or MEDS system. In the case of a new applicant, they will enter data into CalWIN to create a new client record and start the eligibility assessment process.

In their paper form, Medi-Cal applications are lengthy documents with a variety of supporting materials which an applicant may or may not need assistance completing. Limited application assistance is available for walk-in applicants at SSA locations. Applicants who are unable to fully complete a paper application themselves may submit partially completed applications, securing their filing date. They may need to return or provide additional documentation or information via mail or fax once their application

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[7] In some special cases, such as when clients are screened at BHCS's North and South County Crisis locations, the BHCS HIT will use One-e-App rather than the INSYST automated process for HealthPAC enrollment. BHCS HITs are also licensed One-e-App users.

[8] The six SSA Self-Sufficiency Centers & Outstations are: North County Multi-Service Center (Oakland), Eastmont Self-Sufficiency Center (Oakland), Eden Area Multi-Service Center (Hayward), Fremont Outstation, Livermore Outstation and Enterprise Office (Oakland).

has received initial processing with a clerical staff or assigned eligibility technician (ET). The challenge of completing a paper Medi-Cal application can be alleviated at community-based locations offering application assistance, especially those with visiting outreach ETs (see Appendix B for a full list of locations).

4.1.2 Benefits CalWIN

Benefits CalWIN (BCW), launched in 2012, is a web-based interface with CalWIN that allows individuals to self-perform preliminary eligibility determination for Medi-Cal, and submit an application and supporting documents online. BCW is designed for an individual to self-complete and submit an application. While a clinic, hospital or community-based organization provider could offer assistance to the person during the application completion process, the system is not designed for an application assistor to log-in and check on the status of an application after it has been submitted, or add additional information to the application on behalf of the client. Applicants must scan and electronically send in required documentation when prompted, or mail in to an SSA office and/or present copies of required documentation at a later date after prompting (partial applications are acceptable to submit, and will secure the filing date[9]).

As a platform, BCW also allows an applicant to submit applications for Medi-Cal, CalFresh, CalWORKS and Refugee Cash Assistance in one session. Applicants may complete an initial "Am I Eligible" section to assess possible eligibility for CalWORKS, CalFresh or Medi-Cal before completing an electronic application. BCW will populate application(s) for the different programs an applicant has elected to apply for but will not automatically submit applications for all programs for which the applicant may be eligible. It is important to note that CalWORKS automatically enrolls clients in Medi-Cal, however this is the only application that will auto-enroll clients in the other benefits programs for which they are eligible. For example, if a client submits a Medi-Cal application via BCW and does not check that they would like to apply for CalFresh, BCW will not automatically generate an application for this program. CalWORKS and CalFresh (in some situations) will require an in-person interview at a county SSA office after the application has been received an initially processed. No interview is required for Medi-Cal. The website is available in English, Spanish, Chinese and Russian.

4.1.3 Mailed Submissions from MAXIMUS, Single Point of Entry in Sacramento

CalWIN performs final eligibility determination on a third form of application: mailed applications from the Single Point of Entry in Sacramento, administered by the vendor Maximus. It appears at this date that the SPE will receive applications for both the former Healthy Families Program and for children's Medi-Cal through Health-e-App up until December 31, 2013. Health-E-App can be accessed by certified application assistors, as an interface of One-e-App, or through individuals who choose to complete their own application through www.health-e-app.net. Alternately, individuals may also complete a shortened four page joint Healthy Families/Medi-Cal application, which is sent to and screened at the SPE rather than the county SSA office.

Upon arriving at the SPE, applications are screened for preliminary Medi-Cal eligibility, and if ineligible, in the past they were screened for Healthy Families. All children's Medi-Cal applications that

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[9] "Filing date" refers to the date that, if approved, the applicant will receive retroactive Medi-Cal coverage.

appear to qualify for full-scope Medi-Cal are then printed and mailed to the respective county processing office—SSA Enterprise in the case of Alameda County. These applications are assigned accelerated enrollment in full-scope Medi-Cal with no share of cost until final eligibility is assessed. The SPE activates these benefits in MEDS and a Benefits Identification Card (BIC) is sent to families as they await final eligibility determination. The accelerated enrollment allows the child to more easily access care during the processing time, which can take up to forty-five days after the application is received. At SSA Enterprise, the application is assigned an ET and processed for final eligibility in the same way as other Medi-Cal applications. In the case that the county office determines the child is ineligible for Medi-Cal, these accelerated enrollment benefits are terminated at the end of the month when the final determination is made. While there are clear benefits to receiving accelerated enrollment, occasionally this process may also be confusing to the family as they do receive a BIC card, and may not understand that they must finish the Medi-Cal determination process in order to continue benefits.

4.1.4 One-e-App Submissions from Alameda County Medical Center (ACMC) Sites, Alameda County Health Care Services Agency (HCSA) Health Insurance Technician Unit, and Alameda Health Consortium Clinics

Finally, applications may arrive at SSA Enterprise for final eligibility determination via One-e-App transfer to CalWIN. One-e-App allows all assistors to use the electronic platform to complete and submit a Medi-Cal application on behalf of an applicant directly to SSA Enterprise. One-e-App does not have a direct electronic interface with CalWIN; instead SSA clerical staff run a file clearance on these applications, print them, and manually re-enter them into CalWIN (either as a new client record or an update to an old client record). From there, the final eligibility determination process mirrors the procedure for paper applications, BCW applications and SPE mail-ins.

During an application session, if One-e-App determines preliminary Medi-Cal eligibility for any family member, the One-e-App screens will electronically complete the following built-in forms for a Medi-Cal Application:

- ✓ SAWS1
- ✓ 50-85 Language Preference Survey
- ✓ MC007 Medi-Cal General Property Limit
- ✓ MC210 Medi-Cal application signature
- ✓ MC219 Medi-Cal Rights and Reporting Responsibilities
- ✓ MC210A Retroactive Medi-Cal Application (if client chooses to submit)
- ✓ MC13 Statement of Citizenship, Alienage, and Immigration Status
- ✓ CW2.1Q Non-custodial Parent
- ✓ CW2.1A Agreement to Attach Absent Parent Information

If the client is a Citizen and can verify citizenship and identity:

- ✓ DHCS 0005 Receipt of Citizenship and Identity

If the client is eligible for Medi-Cal under a disability, the user can also assist them to electronically fill out the two major forms for Medi-Cal benefits due to disability:

- ✓ MC220: Authorization for Release of Information
- ✓ MC223: Statement of Facts Regarding Disability
- ✓ CW61: Authorization to Release Medical Information (Disability Short Form)

After completing required forms within One-e-App for each Medi-Cal eligible client, the user submits application electronically to SSA's Enterprise Office through an electronic sending option in One-e-App, and will fax all required supporting documentation using a fax cover sheet that One-e-App generates.

<u>Documents to be faxed to SSA with One-e-App include (not all apply in all cases):</u>

- ✓ DHCS 00005 Receipt of Citizenship and Identity Documents (if not verified through CA birth records)
- ✓ MC210PC Property Supplemental
- ✓ 40-2 Pregnancy Verification
- ✓ MC210S-1 Income in Kind Statement (or sworn statement of AIK)
- ✓ 56-1 Perjury Statement
- ✓ 80-7 Application Disposition
- ✓ 50-110 Voter Registration

The process then picks up with the eligibility assessment process detailed for Medi-Cal applications in Section 4.2.

4.2 Eligibility Determination for Medi-Cal Applications through CalWIN

Regardless of the different "portals" through which an applicant may complete a Medi-Cal application, all applications will eventually end up at an Alameda County SSA office for clerical review, final eligibility determination by an eligibility technician (ET), and recording in the MEDS system of record. In general, the deposition and recording process contains three major steps, and takes up to forty-five days. First, SSA clerical staff receive applications and perform "file clearance" in both CalWIN and MEDS so that the proper case number (CWIN and CIN number) is assigned to the client. If there is no known case number, a new case is opened in CalWIN. Next, a clerical staff member transcribes application information into CalWIN, and then assigns the application to an eligibility technician (ET), usually an ET2 classification. If the applicant has a current, active case in CalWIN, the application is sent to that ET of record (usually an ET3) for processing. If they have past, discontinued benefits, normally the applicant will be assigned an entirely new intake worker.

Finally, if the application is missing information or the ET requires more information, the ET will contact the applicant to gather the missing information, normally through written notice (however, see sections below on differences for applications processed through the SSA Hospital Intake Unit and applications processed by outreach ETs in community-based locations). The time an applicant has to respond to the written notice varies depending on how the application was received, but normally is up to forty-five days. If the ET does not receive missing information within this time frame the application is closed for failing to provide information, and a denial notice is issued to the applicant. If the ET does

receive missing information within the forty-five day window (or if the application was complete to begin with) the application is then deemed eligible for full-scope or restricted Medi-Cal, possibly with a share of cost, or it is denied based on ineligibility if final eligibility proves that the applicant does not qualify based on criteria.

Applicants awaiting Medi-Cal benefits approval due to disability may wait more than ninety days for their disability determination to be made at the state DDSD. Additionally, their application may require providing additional information to the assigned ET by mail or fax depending on how the application was submitted (for example, not all Consortium clinics will submit disability application forms through One-e-App).

Variations in Medi-Cal Final Eligibility Determination Process for Applications Submitted by Behavioral Health Care Services (BHCS) Health Insurance Technicians (HITs) and Alameda County Medical Center (ACMC) Sites

Medi-Cal applications received from ACMC hospital sites or Behavioral Health Care Services (BHCS) HITs are assigned to a specific Hospital Intake Unit at SSA Enterprise, which maintains contact with either the BHCS HIT or ACMC manager who submitted the application when there are application issues (ACMC Medi-Cal applications are submitted through One-e-App, and BHCS HITs submit paper applications which are dropped off in group batches two to three times a month).

For example, BHCS HITs utilize paper applications to assist clients to apply for Medi-Cal. BHCS HITs are "authorized representatives" of their client on the Medi-Cal application, and once the application is submitted the BHCS HIT will receive all notices of action ("blue letters") from the SSA ET pertaining to any missing information or the status of the application.

ACMC eligibility specialists <u>are not</u> authorized representatives of the applicants they assist, but the Hospital Intake Unit supervisor may, in certain situations, communicate with ACMC staff to facilitate resolving any problems that arise with applications. Generally, this supervisor contacts the designated supervising liaisons at ACMC sites when there are issues with the application, such as an unsigned form, or lack of an original signature. The designated liaison on the ACMC side may then follow-up with the eligibility specialist ("PST") who originally worked with the patient to contact him/her. This provides an additional source of support for the applicant in ensuring the application is not denied for non-compliance. This cross-agency communication appears to help with troubleshooting application issues and insuring patient applications are processed and approved when possible. Some ACMC PSTs also appear to use the QIC (quick interoffice communication) system as a helpful way to send documents directly to the assigned SSA ET when necessary. Direct emails with SSA ETs (when assigned codes were available on CalWIN) also help with coordination around certain applications.

Variations in Assessment Process for Applications Submitted from Community-based Locations with Outreach SSA Eligibility Technicians

Regardless of the way an application is submitted (i.e., on paper or through One-e-App), if an application is submitted to SSA from a site with an outreach ET, the application will be assigned back to the ET for final eligibility determination on site (see Appendix B). This typically speeds up the determination and approval process considerably, as applications do not need to be mailed, faxed, or dropped-off at an SSA Self-Sufficiency Center. At these sites, a clinic liaison or community-based

organization provider often works closely with both the applicant and the ET to help the applicant complete the initial application, and facilitates any required follow-up around missing information. In these situations, an applicant often receives an in-person appointment with the ET to review the application face-to-face, and discuss other benefits, such as CalFresh, for which the applicant may qualify. Outreach ETs are able to process both Medi-Cal and CalFresh applications; they are not able to process CalWORKS applications which are handled by a different group of ETs.

4.3 Medi-Cal Application Recording & Health Home Selection

After an ET determines final eligibility for Medi-Cal, the applicant will receive a notice of action in the mail, and the applicant's information will be recorded in MEDS, the state-wide database and system of record for Medi-Cal and other public benefits programs administered through SSA. MEDS will generate a benefits identification card (BIC). The case is then transferred to a district eligibility technician (usually an "ET3") who will maintain the case and process renewals over time. ETs who perform initial enrollment, including outreach ETs, cannot process renewals for the same case the following year.

Health plan and health home selection for Medi-Cal recipients varies depending on how the applicant submitted the original application. Unlike the One-e-App HealthPAC application process, provider selection is not a part of the Medi-Cal application process. If the applicant dropped their original paper Medi-Cal application off at an SSA Office with a Health Care Options window (the vendor who assists with the assignment of Medi-Cal managed care plans and provider), they may have the opportunity to select a plan and provider before their benefits are approved by stopping to see the on-site representative. However, not all applicants are aware of this option. Alternatively, SSA generates reports of current applicants on a regular basis and sends the information to Health Care Options, which then calls applicants to assist them to select a plan and provider as soon as possible. They also mail a questionnaire requiring them to select a health plan and health home. However, if the applicant misses the phone calls or cannot respond to the letter within thirty days, he/she and eligible family members may default to a plan and provider based on Health Care Option's algorithm. This algorithm does not always guarantee that all members of the family will be assigned to the same provider or even health plan. In Alameda County, the current managed care health plans for Medi-Cal recipients are Blue Cross and the Alameda Alliance.

4.4 Medi-Cal Renewals

The annual process for renewing a Medi-Cal application can vary depending on where a benefits recipient chooses to submit renewal materials. Currently, there are fewer "portals" through which to submit a Medi-Cal renewal than there are for new Medi-Cal applications. All enrollees must complete an

annual MC210 Renewal Notice on paper and return it to SSA within thirty days of their benefit expiration date. At present date, there is no electronic submission option for Medi-Cal renewals through BCW, One-e-App, or Health-e-App (although this is planned through BCW). Renewal notices are generally mailed from SSA approximately sixty days prior to the enrollee's benefits expiration date (see system maps in Appendix D), with several reminder notices following. Enrollees may also complete MC210 Renewal forms at local clinics or hospitals. Some locations offering assistance with the paper application, such as the HIT Unit, encourage the client to deliver the renewal forms in person to the SSA office to receive a receipt. Alameda County Medical Center sites, using ET contact information in CalWIN, often send the forms directly to the district ET of record via interoffice mail (QIC) to expedite the process. BHCS also generates reports each month to identify their clients who have recently fallen off Medi-Cal coverage, so that they may provide support to help the client stay covered. The specific renewal support BHCS HITs provide varies somewhat unit to unit within BHCS; however, in general they support clients to complete and mail-in renewal forms and provide advocacy support if necessary. The Hospital Intake Unit does not process renewals—those are processed by the assigned ET3 who the application was transferred to after enrollment. Outreach ETs at clinics may pick-up and deliver renewals to SSA Self-Sufficiency Centers, but do not process them on-site.

In an ideal scenario, an enrollee will receive their renewal form in the mail within the time frame for renewal and return it completed, maintaining eligibility. In another scenario, the enrollee may not receive the form in the mail due to a change of address, but may receive a reminder from an automated voice reminder call from SSA or their health home. For example, the Alameda Health Consortium, through special grant funding, generates Medi-Cal renewal reminder letters for all its clinics to notify and remind patients when their benefits are due to expire. Several clinics within the Consortium have also experimented with automated calls to patients to remind them to renew their benefits. However, in other situations—especially for recipients who do not regularly visit their health provider—if they fail to realize they are due for renewal and do not renew within thirty days of the expiration date, they will lose benefits, and need to start the enrollment process from the beginning the next time they seek care.

Finally, adults receiving Medi-Cal through linkage must also submit a status report every six months. The process for submitting this mirrors the annual renewal process, except that benefit recipients have the option of submitting this brief update form through Benefits CalWIN if they choose to create a username.

5. Health Program of Alameda County (HealthPAC): Application Portals, Enrollment, and Renewals

5.1 HealthPAC Application Portals & Eligibility Determination

One-e-App serves as both the preliminary and final eligibility determination system for HealthPAC, the county indigent health program, as well as the system of record for this program. It is the primary way all HealthPAC applications are submitted, approved, and enrolled. As noted in Section 2.1, HealthPAC is available for county residents making under 200%FPL who do not qualify for full-scope Medi-Cal or Healthy Families, or who qualify with a high share of cost. One-e-App will assess an applicant and their family members' eligibility for HealthPAC as either primary or secondary coverage.

For applicants with no Medi-Cal eligibility, such as single adults under 65 with no linkage, One-e-App may assess them as having primary eligibility for HealthPAC if they meet the income and Alameda County residency requirements. One-e-App will then guide the user and applicant through HealthPAC application questions, required declarations and required documentation. The applicant will also select a health home as their primary care provider. After submission, the application will receive a county audit, and if approved, the application will be stored in One-e-App as the system of record. The policy will be transferred to the Alameda Alliance, the managed care plan that generates HealthPAC enrollment cards and mails them to benefits recipients. The approval time for these applications is generally within one week for those processed at HCSA—a considerably shorter amount of time in many cases than Medi-Cal application approval.

However, One-e-App may also assess an applicant as having secondary eligibility for HealthPAC, pending primary Full Scope Medi-Cal eligibility. All citizen or legal resident applicants who link preliminarily to Medi-Cal as their "primary coverage" must await the final Medi-Cal determination before they may enroll in HealthPAC. The assistor will almost always assist the applicant to submit a HealthPAC application simultaneously, but this HealthPAC coverage will not be activated until after the client has enrolled in Medi-Cal or been denied Medi-Cal for an eligibility reason (meaning they followed the process and were deemed ineligible for Medi-Cal benefits.) If the applicant is denied Medi-Cal because they did not comply with the Medi-Cal enrollment process they will also be denied HealthPAC. If an applicant is determined eligible for Full Scope Medi-Cal they will be denied HealthPAC. If an applicant is determined eligible for Full Scope Medi-Cal with a share of cost they can be enrolled in HealthPAC County as secondary coverage up to the share of cost.

One-e-App may also assess secondary HealthPAC eligibility if the client is undocumented and eligible for primary coverage through Restricted Medi-Cal (with or without a share of cost). However, because health services are limited to emergency services under restricted Medi-Cal, these applicants may submit a HealthPAC application simultaneously with the Medi-Cal application (or opt out of submitting the Medi-Cal application), and the applicant will receive HealthPAC coverage as soon as the application is audited and approved.

BHCS uses a slightly different system for determining HealthPAC eligibility and performing HealthPAC enrollment for their adult clients. BHCS HITs are stationed at several different county

locations[10] on a rotating basis, usually visiting locations anywhere for two times a week to twice a month. BHCS clients receive an appointment with at BHCS HIT through their case manager. During the appointment, if a client does <u>not</u> appear to be eligible for Medi-Cal, or is eligible for Medi-Cal pending a disability determination, a BHCS HIT will encourage them to enroll in HealthPAC. BHCS HITs have applicants complete 3 paper forms:

- Residency & Income Declaration Form
- Legal Status Declaration Form
- HealthPAC Application of Rights and Declarations

The BHSC HIT then uploads a policy into INSYST, the BHCS practice management/billing system, and keeps the rights and declarations on file. An internal transfer then takes place between INSYST and One-e-App to apply through One-e-App as the system of record. BHCS HITs also have access to One-e-App and can enroll clients through the standard One-e-App procedure in some situations. At the North and South County Crisis Centers, in particular, BHCS HITs normally use One-e-App to submit and complete a HealthPAC policy rather than the automated process.

BHCS has also trained some of their community-based organization contractors to perform enrollment in HealthPAC through the automated enrollment process[11]. At a community-based organization site, providers follow the above process but mail the HealthPAC forms to BHCS Provider Relations, where the policy is then uploaded by a BHCS Provider Relations HIT into INSYST and documents are kept on record

In addition to HealthPAC, all BHCS clients are also always screened for an UMDAP (Uniform Method of Determining Ability to Pay) upon benefits enrollment (see Appendix A for more information on this benefit).

5.2 HealthPAC Renewals

One-e-App is the only portal for processing HealthPAC renewals. Enrollees have their "Renewal Month" indicated on their HealthPAC card. If they choose to renew their HealthPAC through HCSA's HIT unit or an ACMC site, they must:

- ✓ Schedule an appointment
- ✓ Bring required income documentation

Enrollees may also renew through their health home at a clinic with One-e-App in the HealthPAC network. Clinic eligibility specialists will assist them to renew via One-e-App if they seek care around the time of renewal, even if a patient is unaware they were due for renewal. HCSA generates reminder notices for all HealthPAC recipients prior to annual benefits expiration to remind them to renew.

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[10] BHCS HITs currently work at Tri-City Clinic, North and South County Crisis, Valley Clinic, Authorization Services, ACCESS, Oakland Clinic, Schumann-Lilles Clinic, Eden Clinic, Alameda Clinic, Villa at Fairmont and the Cove Embarcadero Office.

[11] See Appendix C for a list of all CBOs trained through BCHS to do HealthPAC enrollment via the automated system.

6. Healthy Families: Application Portals, Enrollment, and Renewals

The BHCS automated process does not process HealthPAC renewals. One-e-App administrators instead require that clients enrolled through this automated upload process with INSYST renew through the regular One-e-App system, which collects a complete HealthPAC application and links HealthPAC enrollees more closely to their primary care medical home.

As previously mentioned, Healthy Families is currently transitioning to a Medi-Cal program. At the moment, however, Health-e-App remains open along with the Single Point of Entry for Medi-Cal applications.

In the past, all applications for Healthy Families deemed eligible at the SPE were recorded in MEDS, and Benefits Information Cards (BIC) were subsequently generated and mailed to families. Healthy Families beneficiaries pre-selected health homes as part of the application process in Health-e-App. If One-e-App determined that any child in the family appeared to have preliminary eligibility for Healthy Families, One-e-App initiated an electronic interface with Health-e-App, the web-based tool detailed in Section 3.3 that also serves as a stand-alone eligibility and application submission tool for the Healthy Families program.

As an interface with One-e-App, Health-e-App populates information from One-e-App, and takes the user through several additional questions, including the selection of a health plan and health provider, entry of premium payment information, and the Medi-Cal and Healthy Families Rights and Declarations (clients are asked to electronically sign the Medi-Cal rights and declaration in addition to the Healthy families declaration in case they are re-assessed at the SPE and found to have Medi-Cal eligibility). Fax sheets are generated through One-e-App for the user to immediately send supporting documents to the SPE in Sacramento. Applications are then assessed at the SPE. *Note:* While the Health-e-App interface and stand alone website have the option to process preliminary eligibility for pregnant women and adults, One-e-App in Alameda County has directed these applications directly to Alameda County Social Services Enterprise Office rather than the SPE.

7. Kaiser Child Health Plan: Application Portals, Enrollment, and Renewals

One-e-App users in the HIT San Leandro location can determine preliminary eligibility for a child in the family for the Kaiser Child Health Plan. If the family elects to enroll in this plan, the HIT will assist the client to fill out a paper application for Kaiser. If a child has been denied from Kaiser in the past for non-payment of premiums, this may affect their ability to re-enroll in the program. HITs do not maintain contact with Kaiser during the application review process, and are not notified if the application is denied. However, if the applicant contacts their HIT after receiving a denial notice from Kaiser, the HIT will be available to attempt to resolve any issues with the application and/or assist the applicant to seek other coverage options.

Kaiser Child Health Plan requires renewals once every twenty-four months, not every twelve months like all other programs. Before renewal deadlines, they mail a re-certification application to families asking them to demonstrate income eligibility again.

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Personal Communication with:

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APPENDIX A

Other County Health Programs for Low-Income Residents

Numerous smaller, specialized health programs exist in Alameda County. This report focuses on four major low-health programs named in the report; however, several other smaller programs offering coverage are noted below:

AIM: The AIM program (Access for Infants & Mothers) is a state administered program to provide coverage during pregnancy for middle-income mothers without private insurance, and whose incomes are too high for them to qualify for Medi-Cal (qualifying mothers have household incomes between 200-300% FPL). Their newborns may be covered by the Healthy Families Program. AIM is also available to women who have private health insurance plans with a maternity-only deductible or copayment greater than $500.

CHDP: The Child Health and Disability Program (CHDP) provides complete health assessments for the early detection and prevention of disease and disabilities for low-income children and youth. A health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance and referral for any needed diagnosis and treatment. Services are funded by state general and federal funds under Title XXI. Over ninety clinics are certified CHDP providers in Alameda County, including private clinics, FQHCs, and school-based health centers. Children requiring physicals for school entry and who do not have insurance are often referred through CHDP.

California Children's Services: California Children's Services (CCS) is a state program for children with certain diseases or health problems. Through this program, children up to 21 years old can get the health care and services they need. CCS connects families with doctors and trained health care people will provide care for children with special health care needs.

Uniform Method of Determining Ability to Pay (UMDAP): California state law requires that all mental health care recipients must pay some part of cost of treatment received, if possible. An UMDAP uses a sliding scale to determine the amount the patient is expected to pay towards care for a one year period. All BHCS clients are assessed for this benefit.

APPENDIX B:
Locations with Visiting Outreach SSA Eligibility Technicians

Clinic	Location
Afghan Elderly Association	Fremont, CA
Alameda County Family Justice Ctr	Oakland, CA
Asian Health Services*	Oakland, CA
Asian Health Services	
Frank Kiang Medical Ctr	
Oakland High School	
Axis Community Health Ctr*	Pleasanton, CA
Alta Bates Medical Ctr	Berkeley, CA
Children's Hospital	Oakland, CA
Inpatient	
Outpatient	
Chinese Christian Herald Crusade	Oakland, CA
Crisis Pregnancy Ctr	Oakland, CA
Valley Pregnancy Ctr	Pleasanton, Ca
El Centro Clinic	Berkeley, CA
Eden Medical Center	Castro Valley, CA
Elev8 Sites	Oakland, CA
United For Success Academy	
West Oakland Middle School	
Havenscourt	
Madison	
Roosevelt	
Emery Unified (forthcoming)	Emeryville, CA
Grimmer Healthy Start	Fremont, CA
Family Resource Center	Hayward, CA
Kaiser Continuing Care	Oakland, CA
La Clinica de la Raza*	Oakland, CA
Alta Vista Teen	
Transit Village	
San Antonio Neighborhood Health Ctr	
Hawthorne School	
Oakland Tech HS	
Fremont HS	
Tennyson HS	
San Lorenzo HS	
Lifelong Medical Center*	
Berkeley High School	Berkeley, CA
Berkeley Primary Care	Berkeley, CA
Berkeley Over 60 Health clinic	Berkeley, CA
West Berkeley Health Center	Berkeley, CA
Howard Daniel Center	Oakland, CA
Mastic Senior Citizen Center	Alameda, CA
Maternal Child Health Center	Oakland, CA

Native American Health Center*

     Native American Health Center   Oakland, CA

     Seven Generations Health Center   Oakland, CA

     Tri-High   Alameda, CA

Oakland Unified School District   Oakland, CA

     Edna Brewer Middle School

     Frick Middle School

Spanish Speaking Citizens Foundation   Oakland, CA

Saint Rose Hospital   Hayward, CA

Silva Clinic   Hayward, CA

Summit Hospital   Oakland, CA

TB Applications from Various Clinics

Tiburcio Vasquez Health Center*

     Union City

     Hayward

     Logan High School   Union City, CA

Tri-Cities Health Center   Fremont, CA

Vietnamese American Community Ctr/Burmese Family Network   Oakland, CA

Vietnamese Community Development, Inc.   Oakland, CA

Washington Hospital   Fremont, CA

West Oakland Health Council*   Oakland, CA

     West Oakland Health Council

     East Oakland Health Council

* Alameda Health Consortium/One-e-App User

APPENDIX C: BHCS Community-Based Organizations Providing HealthPAC Enrollment through the Automated Process

Asian Community Mental Health Services

Bay Area Community Services

Berkeley Mental Health

BOSS

Building Opportunities for Self-Sufficiency

Chrysalis

City of Berkeley

Cronin House

East Bay Community Recovery Project

Homeless Action Center

Health Care For the Homeless

Horizon Services

Hume Center

La Clinica de la Raza*

Pathways to Wellness

PREP

Project Pride

Sausal Creek

STARS

Telecare Changes

Villa Fairmont

Woodroe Place

Youth Uprising

APPENDIX D: System Maps

See attached 11x17 flowcharts.