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Director Kent:

The Medi-Cal Children's Health Advisory Panel (MCHAP) is an independent, statewide advisory board, legislatively authorized to advise the Department of Health Care Services (DHCS) on matters relevant to all children enrolled in Medi-Cal and their families, including, but not limited to, emerging trends in the care of children, quality measurements, communications between DHCS and Medi-Cal families, provider network issues and Medi-Cal enrollment issues.

MCHAP is pleased to offer input and recommendations to DHCS on the implementation of SB 75 and its opportunity to expand Medi-Cal coverage to all low income children, regardless of immigration status. This is a rare occasion to apply the lessons from past coverage expansion initiatives and build on existing local infrastructure to achieve near universal enrollment and to encourage continuous coverage and improved access to health care services. For example, California has benefited from local Healthy Kids coverage programs with extensive histories offering comprehensive coverage to Medi-Cal eligible and undocumented children – often in families with mixed immigration status. In addition, the transition of children from Healthy Families to Medi-Cal and the 2014 transition from the Low Income Health Program to Medi-Cal offer useful lessons to inform this effort.

At the November meeting of the MCHAP, members gathered input from community partners, who have a wealth of information about families' experience enrolling in and using Medi-Cal coverage as well as specific solutions to improve systems and practices for the current expansion effort. Perspectives were shared with MCHAP from:

- Isabel Dominguez, Lead Promotora, UC San Diego Student-Run Free Clinic
- Richard Figueroa, The California Endowment
- Maury Rosas, Child Health Program Manager, Kaiser Child Health Program
- Mark Diel, CEO, California Coverage and Health Initiatives
- Sheilah Aguirre-Vidal, Operations Manager/Patient Access, Santa Clara Healthy Kids
- Kelly Hardy, Children NOW

The MCHAP discussion was far reaching in its exploration of the existing system barriers, the challenges posed by the current policy opportunity and potential solutions available to the administration. MCHAP offers the following recommendations.

1. Set a start date now for CalHEERS enrollment to begin: Having a certain start date for the coverage expansion will allow better planning and clear information to improve enrollment efforts and combat misinformation. DHCS notices (simply written, clearly messaged in English, Spanish and other languages) to beneficiaries should begin 120 days prior to program start-up to outline the new, additional coverage benefits and explain upcoming changes. A follow up notice about health plan selection should be sent 90 days prior to the start date and no later than 60 days ahead of implementation.

2. Allow those known to Medi-Cal through restricted coverage to select a managed care plan 60 days before full scope coverage begins: Similar to the transition of the Low Income Health Program, ensure a smooth transition from fee for service Medi-Cal to managed care through advance notices and health plan selection.

3. Allow children enrolled in local programs, including Kaiser Child Health and Healthy Kids to transition directly into the Medi-Cal managed care plan where they are currently enrolled: Work with existing partners to create a seamless transition system. Maximizing continuity will maintain existing care relationships and increase efficiency while easing the burden on families and providers. There are almost 100,000 children in Kaiser and other local programs with established provider relationships that should not be unnecessarily disrupted.

4. Simplify the application and message carefully: Address immigration fears directly by making it clear on the Medi-Cal applications that social security numbers are not required for enrollment, either for themselves or their children.

5. Provide clear statements about confidentiality: Include statements that the application information will not be shared with Homeland Security, Social Security or Immigration.

6. Fund outreach and enrollment in trusted environments and build on existing outreach and enrollment systems that are in place and working well: Support enrollment assistance, resources and tools for trusted partners in locations such as school, pre-school, after school, faith settings, parent-teacher associations and clinics. Encourage local social service offices to coordinate with existing health coverage programs and enrollment entities. Enrollment efforts should

CHALLENGES

***Trust is the number one issue**. This emanates from fear that DHCS will share information with other government agencies and they will be deported or their future application for legal status will be impacted by public charge.*

***Unknown start date**: Without a certain start date for the program, it is hard to plan and educate*

***Disrupting care:** We don't want kids to have to change providers and disrupt their care. We know from the Healthy Families transition that there were kids stuck in FFS for two years.*

***Complex application**: The application is too long, the literacy level is too high; the math calculations are too hard; and the need to verify financial information is a barrier. The need for application assistance requires a family to miss work.*

***Financial Information**:*
There is a fear providing income and address documentation will put family members and employers at risk.

***Provider shortage**: There is limited availability of providers, resulting in coverage without true access.*

***Managing communication**: Messages about the need for social security numbers are confusing. Communication between providers, community organizations, clinics and DHCS and health plans needs to be managed. Families receive 3-5 mailings for each enrolled child.*

***Dual premiums**: For restricted Medi-Cal, families above 160 FPL have a $13/child premium. A family with several children will have to pay multiple premiums and that cost may be the difference in signing up.*

include education for families about how to use and retain continuous coverage. Also, enrollment should include follow up services to ensure children actually receive health care. Develop health care utilization reports to document progress and allow health plans and enrollment assisters to target follow up services where they are most needed.

7. Continue to engage stakeholders in communication and transition planning: Develop mechanisms to ensure direct communication with application assisters. In addition, develop direct communication loops with consumers such as a focus group or survey. Ensure that local information and referral sources such as 211 are well informed. Create a statewide hotline to field questions and gather feedback directly from applicants in multiple languages.

8. Waive premiums for restricted Medi-Cal: Given the financial barrier of premiums for low income families, it will enhance the success of SB75 to waive these premiums until the new coverage is fully implemented and enrollment is successful.

9. Expand the 1296 work group to include Medi-Cal consumers and SB75 targeted populations: Add patients and parents to the stakeholder work group and have community members and patients field test using the application materials and computer programs prior to implementation to identify obstacles and challenges for users.

On behalf of MCHAP members, we appreciate the opportunity to submit these recommendations. We urge DHCS to implement these recommendations to realize this important opportunity for all low income children in California to have access to wide ranging health benefits. We stand ready to continue the dialog to ensure improved health for all of California's children. Thank you for your efforts to ensure the health and wellbeing of all current and future Medi-Cal beneficiaries and thank you for your openness to receiving these recommendations and working together to achieve them.

Sincerely yours,

Ellen Beck, MD

Chair, Medi-Cal Children's Health Advisory Panel