Helping Individuals Obtain Health Coverage Under the Affordable Care Act

Outreach and Enrollment Strategies for California Hospitals

July 30, 2013
CHA Webinar

Welcome

Mary Barker
California Hospital Association
Helping Individuals Obtain Health Coverage Guidebook

- The guidebook has been mailed to today’s webinar registrants, as well as member hospital CEOs and CFOs
- An electronic version is available at www.calhospital.org/health-coverage-guidebook

Acknowledgments

- Grant provided by the American Hospital Association
- CHA contracted with Kaufman, Hall & Associates, Inc:
  - Andrew S. Cohen, Vice President
  - Nancy G. Haiman, Senior Vice President and Publisher
  - Jody Hill-Mischel, Managing Director
  - Nora Kelly, Vice President
  - Anand Krishnaswamy, Senior Associate
- CHA staff:
  - Amber Kemp, Vice President, Health Care Coverage
  - Anne McLeod, Senior Vice President, Health Policy
  - Jana DuBois, Vice President, Legal Counsel
Participating Hospitals

- Citrus Valley Health Partners, Covina
- Community Hospital of San Bernardino, San Bernardino
- Contra Costa Regional Medical Center, Martinez
- Dignity Health, San Francisco
- Glendale Memorial Hospital and Health Center, Glendale
- Loma Linda University Medical Center, Loma Linda
- Marshall Medical Center, Placerville
- Paradise Valley Hospital, National City
- Pomona Valley Hospital Medical Center, Pomona
- Prime Healthcare Services, Ontario
- San Francisco General Hospital and Trauma Center, San Francisco
- Santa Clara Valley Medical Center, San Jose
- Sharp HealthCare, San Diego
- St. Bernardine Medical Center, San Bernardino
- University of California, Oakland
- University of California San Diego Health System, San Diego

Faculty: Anne McLeod

Anne McLeod is CHA’s senior vice president for health policy and serves as a health care reform resource for member hospitals. Using her knowledge of both federal and state health care reform legislation and regulations, Ms. McLeod coordinates CHA’s efforts on the development, communication, and implementation of CHA’s strategic plan for health care reform. Additionally, Ms. McLeod represents hospitals’ interests with the California Health Benefit Exchange.
Faculty: Amber Kemp

Amber Kemp is CHA’s vice president for health care coverage. Ms. Kemp provides advocacy and support regarding government-funded programs and other health care coverage policy issues affecting California hospitals and health systems. She has an extensive background in Medi-Cal and previously worked in the director’s office at the Department of Health Care Services (DHCS).

Faculty: Andrew Cohen

Andrew Cohen is a vice president at Kaufman Hall, where he provides strategic planning advisory services for a wide range of clients, including health care systems, academic medical centers and community hospitals. With more than 20 years of leadership experience in the healthcare industry, Mr. Cohen has also held senior positions at large insurance companies, including Kaiser Permanente, CIGNA, and HealthNet.
Faculty: Jody Hill-Mischel

Jody Hill-Mischel is a Managing Director of Kaufman Hall. With more than 25 years in healthcare capital and financial advisory services, her expertise includes debt-related financing, strategic financial and capital planning, capital allocation, and merger, acquisition, joint venture, and divestiture engagements. Ms. Hill-Mischel’s clients include healthcare systems, academic medical centers, community medical centers, and physician groups.

Improving Access to Health Coverage in California

Anne McLeod
California Hospital Association
Improving Access to Health Coverage in California

- California as a leader in advancing Health Care Reform
- Hospitals as leaders in reducing the number of uninsured individuals in California

California’s Uninsured Population is Spread Throughout the State

California’s expansive, diverse geography and mix of rural and urban areas are unique and present outreach challenges.

Figure depicts California’s subsidy-eligible population by region
Source: CalSIM model, version 1.8
Implementing the ACA in California

Amber Kemp
California Hospital Association

California’s Uninsured

- There are an estimated 7.1 million uninsured residents under age 65.
- 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 under the Affordable Care Act.
  - 1.4 million Californians will be newly eligible for Medi-Cal.
Who Are California’s Uninsured?

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


Affordable Care Act Provisions to Expand Coverage to the Uninsured

- Some of the provisions include:
  - Expansion of Medi-Cal income eligibility to individuals and families with incomes up to 133% of the federal poverty level (FPL), plus a 5 percentage point “income disregard,” or 138% of the FPL. Eligibility changes also include eliminating the asset test for all but seniors and persons with disabilities.
  - Premium tax credit subsidies available to individuals and families above 138% and up to 400% of the FPL if they choose to purchase health coverage through a health benefit exchange.
  - The ability for small business to purchase health coverage with or without subsidies through a health benefit exchange.
A Health Benefit Exchange:
An Electronic Health Insurance Shopping Center

State-Based Exchanges
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.

- Covered California website: www.CoveredCa.com

Covered California’s Annual Enrollment Goals

- By 2015:
  - Enrollment of 1.4 million Californians in subsidized coverage in Covered California or enrolling in the marketplace without subsidies.

- By 2016:
  - Enrollment of 1.9 million Californians in subsidized coverage in Covered California or enrolling in the marketplace without subsidies.

- By 2017:
  - Enrollment of 2.3 million Californians in subsidized coverage in Covered California or enrolling in the marketplace without subsidies.
Covered California Growth Projections

Exchange Subsidized & Unsubsidized Enrollment Projection Profile and Growth

<table>
<thead>
<tr>
<th>Jan-14</th>
<th>Jan-15</th>
<th>Jan-16</th>
<th>Jan-17</th>
<th>Jan-18</th>
<th>Jan-19</th>
<th>Jan-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>150,000</td>
<td>360,000</td>
<td>650,000</td>
<td>1,140,000</td>
<td>1,600,000</td>
<td>1,600,000</td>
</tr>
<tr>
<td>Slow</td>
<td>490,000</td>
<td>850,000</td>
<td>1,240,000</td>
<td>1,610,000</td>
<td>1,660,000</td>
<td>1,660,000</td>
</tr>
<tr>
<td>Low</td>
<td>240,000</td>
<td>780,000</td>
<td>1,020,000</td>
<td>1,240,000</td>
<td>1,610,000</td>
<td>1,660,000</td>
</tr>
<tr>
<td>Base</td>
<td>890,000</td>
<td>1,280,000</td>
<td>1,550,000</td>
<td>1,770,000</td>
<td>1,950,000</td>
<td>1,950,000</td>
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<tr>
<td>Enhanced</td>
<td>430,000</td>
<td>1,380,000</td>
<td>1,890,000</td>
<td>2,300,000</td>
<td>2,430,000</td>
<td>2,440,000</td>
</tr>
</tbody>
</table>

Ethnic Mix of Californians Eligible for an Exchange Subsidy

- Latino: 46%
- Asian: 14%
- African American: 4%
- White: 33%
- Other: 3%
Covered California
Health Plans

Health Plan Rating Regions

Region 1 – Alpine, Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Humboldt, Tehama, Plumas, Nevada, Sierra, Mendocino, Lake, Butte, Glenn, Sutter, Yuba, Colusa, Amador, Calaveras & Tuolumne
Region 2 – Napa, Sonoma, Solano & Marin
Region 3 – Sacramento, Placer, El Dorado & Yolo
Region 4 – San Francisco
Region 5 – Contra Costa
Region 6 – Alameda
Region 7 – Santa Clara
Region 8 – San Mateo
Region 9 – Santa Cruz, Monterey & San Benito
Region 10 – San Joaquin, Stanislaus, Merced, Mariposa & Tulare
Region 11 – Madera, Fresno & Kings
Region 12 – San Luis Obispo, Santa Barbara & Ventura
Region 13 – Mono, Inyo & Imperial
Region 14 – Kern
Region 15 – Shall consist of the ZIP Codes in Los Angeles County starting with 906 to 912 inclusive, 915, 917, 918 & 935
Region 16 – Shall consist of the ZIP Codes in Los Angeles County other than those identified above
Region 17 – San Bernardino & Riverside
Region 18 – Orange
Region 19 – San Diego
Essential Health Benefits

2014 Standard Benefits for Individuals

<table>
<thead>
<tr>
<th>Key Benefits</th>
<th>Platinum</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Surgery - 2 days</td>
<td>$520</td>
<td>$210</td>
<td>$120</td>
<td>$60</td>
</tr>
<tr>
<td>Hospital - 5 days</td>
<td>$300</td>
<td>$60</td>
<td>$520</td>
<td>$520</td>
</tr>
<tr>
<td>Imaging (MRI, CT, PET Scan)</td>
<td>$510</td>
<td>$210</td>
<td>$120</td>
<td>$60</td>
</tr>
<tr>
<td>Non-essential medications</td>
<td>No Deductible</td>
<td>No Deductible</td>
<td>$250 ($200)</td>
<td>$60-200 per year</td>
</tr>
<tr>
<td>Preferred brand copay after deductible</td>
<td>$51</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>MAXIMUM OUT-OF-POCKET FOR INDIVIDUAL</td>
<td>$4,000</td>
<td>$6,400</td>
<td>$4,400</td>
<td>$6,400</td>
</tr>
<tr>
<td>MAXIMUM OUT-OF-POCKET FOR FAMILY</td>
<td>$8,000</td>
<td>$12,800</td>
<td>$12,800</td>
<td>$12,800</td>
</tr>
</tbody>
</table>
### Medi-Cal Expansion

- Socio-demographic characteristics of the newly-eligible Medi-Cal population include the following:
  - 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% reporting no chronic conditions), but many have slightly higher blood pressure and more prevalent rates of smoking and being overweight than the general population.
The Role of Hospitals

- Provide leadership in helping Californians enroll.
- Strategic, collaborative approach between hospitals, Covered California, California Department of Health Care Services (DHCS), counties and local communities.
- “No-wrong-door” approach to care.

Covered California Certified Enrollment Assistance Program

- Objectives:
  - Engage organizations to help consumers learn, navigate and apply for qualified health plans (QHPs) offered by Covered California.
  - Motivate consumers to enroll in Covered California.
  - Provide one-on-one, in-person assistance.
  - Provide assistance in culturally and linguistically appropriate manners.
Community Outreach Network

Certified Enrollment Entities

- Roles and responsibilities:
  - Distribute fair and impartial information concerning enrollment into QHPs.
  - Facilitate enrollment into QHPs available through Covered California.
  - Provide referrals to Consumer Assistance Programs.
  - Provide information that is culturally and linguistically appropriate.
Steps for Hospitals to Register as a Certified Enrollment Entity

1. Complete the online Interest Form.
   - https://assisters.ccgrantsandassisters.org/
2. Submit the Certified Enrollment Entity application.
   - Available in August 2013
3. Complete the Certified Enrollment Entity training offered through Covered California.

Certified Enrollment Counselors

- Roles and responsibilities:
  - Assist individuals seeking application assistance, regardless of what type of program they qualify for.
  - Describe health coverage options available to uninsured individuals.
  - Provide material related to health coverage options.
  - Assist the consumer with exploring and applying for coverage through the use of the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) online application portal.
Proposed Training Curriculum for Certification as a Certified Enrollment Counselor

- **2 – 3 day training to include:**
  - 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
- Plan options (including Medi-Cal program options)
- Supporting consumers through their decision-making
- Eligibility
- Enrollment support
- Post enrollment
- Program system training (CalHEERS)
- Code of ethics

Steps for Hospital Staff to Enroll as Certified Enrollment Counselors

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.
Helping Consumers Enroll:
Application Pathway Estimates

Program Timeline

<table>
<thead>
<tr>
<th>Next Step</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Enrollment Entity Application Release</td>
<td>Summer 2013</td>
</tr>
<tr>
<td>Certified Enrollment Counselor Application Release</td>
<td>Summer 2013</td>
</tr>
<tr>
<td>Certified Enrollment Entity Training Begins</td>
<td>Summer 2013</td>
</tr>
<tr>
<td>Certified Enrollment Counselor Training and Certification Begins</td>
<td>August 2013</td>
</tr>
<tr>
<td>Open Enrollment Begins</td>
<td>Oct. 1, 2013</td>
</tr>
<tr>
<td>Health Coverage Begins</td>
<td>Jan. 1, 2014</td>
</tr>
</tbody>
</table>
Covered California Community Outreach Network Webinar

- August 15, 2013, 2:00 – 3:00 p.m. (PT)
- Agenda:
  - Overview of the Community Outreach Network
  - Ways to target uninsured individuals and small businesses
  - Role of partnering organizations
  - Resources available through Covered California
- To register for the webinar, visit: https://attendee.gotowebinar.com/register/3914324418919732480

The California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) Online Application Portal
CalHEERS Users

- Consumers
  - Families, individuals
- Small employers and employees
- Certified Enrollment Counselors
  - Navigators, agents, eligibility administrators
  - County personnel, Covered California personnel, DHCS personnel

CalHEERS Access Channels

- Web portal
- Mail
- Mobile
- In-person
- Interactive Voice Response system
- Service center
- Web chat
CalHEERS Business Functions

- Eligibility and Enrollment
  - Intake, Plan Comparison, Renewals, Appeals, Exemptions, Eligibility
- Financial Management
  - Premium Processing, Exchange Accounting, Plan Assessment, Assister Transactions
- Plan Management
  - QHP Certification Processing, Compliance Monitoring, Rate Review Support
- Consumer Assistance
- Education and Outreach
- Reports and Notices
- SHOP Functionality

CalHEERS Partners

- Federal Data Service Hub
  - IRS, Social Security Administration, Department of Homeland Security
- Insurance Carriers
  - QHP data exchanges and testing, Provider Database
- Financial Institutions
- State Systems
  - MEDS, EDD, FTB, SCI, SCO
- SAWS/MAxe2
  - C-IV, Leader, CalWIN, MRMIB
CalHEERS Demonstration Webinar

- User scenario of the Eligibility and Enrollment Process:
  - Set up account, identify household members, personal data, income
  - Verify income, determine subsidy (advanced premium tax credit)
  - Compare and select health plan
- To view a recording of the webinar, visit https://attendee.gotowebinar.com/recording/4799731445203832832

Outreach and Enrollment Strategies for California Hospitals
Project Overview and Methodology

Andrew Cohen
Kaufman, Hall & Associates, Inc.

Interview-Based Approach

<table>
<thead>
<tr>
<th>Interview-Based Approach</th>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals and Their Role</td>
<td>• Key management and supervisory staff</td>
</tr>
<tr>
<td></td>
<td>• Strategies identified by staff</td>
</tr>
<tr>
<td>Key Points</td>
<td>• Breadth of strategies</td>
</tr>
<tr>
<td></td>
<td>• Grouped into core strategies and activities</td>
</tr>
<tr>
<td>Organizations Represented</td>
<td>• Hospitals and health systems of many types and locations</td>
</tr>
</tbody>
</table>
Location of Participating Organizations

Who They Are

- Types
  - Community Hospitals
  - Academic Medical Centers
  - Safety-Net Hospitals
  - Multi-Hospital Systems
- Geographic Areas
  - Northern and southern regions
  - Coastal and inland/central areas
  - Large urban metro areas and rural communities
- Enrollment and Eligibility Staff
  - Vary in size from 1 to 150

Outreach and Enrollment Strategies

Andrew Cohen
Kaufman, Hall & Associates, Inc.

Jody Hill-Mischel
Kaufman, Hall & Associates, Inc.
Strategy 1: Design Effective Enrollment Procedures and Practices

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transparent Procedures</td>
<td>• Ensure that written policies reflect the mission, provide staff with proper guidance and are regularly updated to improve practices and comply with current law and regulation</td>
</tr>
<tr>
<td>Consistent Processes and Practices</td>
<td>• Define role and responsibilities</td>
</tr>
<tr>
<td></td>
<td>• Ensure enrollment processes are sensitive to each individual patient’s condition</td>
</tr>
<tr>
<td>Effective Tools</td>
<td>• Integrate the eligibility process with the organization’s IT system, as feasible, and with CalHEERS in the future</td>
</tr>
<tr>
<td></td>
<td>• Ensure easy transfer of information internally and with vendors, and eligibility/enrollment tracking over time</td>
</tr>
</tbody>
</table>

CalHEERS as a Critical Tool

<table>
<thead>
<tr>
<th>CalHEERS</th>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>How it Will Work</td>
<td>• Support for eligibility, enrollment and retention for Covered California and the Medi-Cal program</td>
</tr>
<tr>
<td></td>
<td>• Eligibility determination and plan enrollment for Covered California and eligibility screening for Medi-Cal</td>
</tr>
<tr>
<td>What it Will Do</td>
<td>• For eligibility: verify income, determine subsidy</td>
</tr>
<tr>
<td></td>
<td>• For Covered California enrollment: consumer views coverage options; smart sort and cost calculator</td>
</tr>
<tr>
<td>Timing</td>
<td>• Eligibility determination functionality by Oct. 1, 2013</td>
</tr>
<tr>
<td></td>
<td>• Health coverage begins on Jan. 1, 2014</td>
</tr>
</tbody>
</table>
Strategy 2: Optimize Staffing and Support for Maximum Effectiveness

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
</tr>
</thead>
</table>
| Staffing      | • Ensure a multilingual staff  
                • Consider staff roles, backgrounds and staffing hours |
| Training, Ongoing Education, and Assessment | • Provide staff education related to eligibility and enrollment policies and practices, including programs available to uninsured and underinsured  
  • Assess staff effectiveness on ongoing basis  
  • For hospitals interested in participating in Covered California’s Enrollment Assistance Program, ensure that enrollment staff is trained and certified as Certified Enrollment Counselors |
| Focus Staff-Patient Communication | • Educate staff in patient communication, with a focus on asking the right questions  
  • Use scripting practices and tools |

Strategy 3: In Partnership, Educating the Patient

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
</tr>
</thead>
</table>
| Values-Based Approach | • Establish organization-wide values and care philosophies that will underscore how all patients are approached  
  • Communicate with care: develop clear patient communication guidelines for staff members, with a focus on establishing trust  
  • Provide an appropriate setting for patient eligibility and enrollment screenings, including sufficient privacy |
| Patient Advocate Approach | • Provide patients written education materials in relevant languages  
  • Hire multilingual staff and/or use translation services  
  • Educate patients in a respectful manner and highlight the benefits and importance of having health coverage |
| Uninsured vs. Uninformed | • Consider using CalHEERS and other eligibility tools to educate uninformed patients about potential health coverage options |
### Strategy 4: Positioning Trained Staff at Critical Access Points

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Points</td>
<td>• Strategically position highly-trained staff at critical access points</td>
</tr>
<tr>
<td>Staff Responsibilities</td>
<td>• Train and/or hire staff members with specialized knowledge in specific coverage programs</td>
</tr>
<tr>
<td></td>
<td>• Gather eligibility information in a timely manner, especially in the emergency department</td>
</tr>
<tr>
<td>Centralized Support Centers</td>
<td>• Consider centralizing coverage verification and/or other key functions with staff who support financial counselors, e.g., centralized call centers</td>
</tr>
<tr>
<td>Clinician Education</td>
<td>• Conduct “internal outreach” – educate clinicians about enrollment-assistance capabilities and financial assistance programs</td>
</tr>
</tbody>
</table>

### Strategy 5: Using Innovative Strategies to Reach Vulnerable Populations

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals who are Homeless</td>
<td>• Conduct outreach to local homeless shelters and programs for these individuals</td>
</tr>
<tr>
<td></td>
<td>• Use eligibility vendors for “boots on the ground” strategies, e.g., provide transportation, assist with enrollment in other government programs</td>
</tr>
<tr>
<td>Individuals with Mental Illness &amp; Substance-Use Disorders</td>
<td>• Educate staff on behavioral health and substance use disorder needs, e.g., recognizing when/how to obtain eligibility information from behavioral health facilities</td>
</tr>
<tr>
<td></td>
<td>• Use eligibility vendors for face-to-face contact to obtain essential documentation</td>
</tr>
<tr>
<td>Individuals who are Undocumented</td>
<td>• Train staff to recognize and address the initial barriers, i.e., develop and implement a non-threatening, personalized approach</td>
</tr>
<tr>
<td></td>
<td>• Hire multilingual staff and/or obtain translation services to facilitate communication and trust</td>
</tr>
</tbody>
</table>
### Strategy 6: Outreach and Partnering with Key External Stakeholders

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers</td>
<td>• Inform community physicians about hospital’s existing eligibility and enrollment services, financial assistance programs, and Covered California and Medi-Cal expansion</td>
</tr>
<tr>
<td>Other Provider Organizations</td>
<td>• Coordinate/integrate eligibility and enrollment application process with community partners and other affiliated providers</td>
</tr>
<tr>
<td>Community</td>
<td>• Use community outreach personnel familiar with needs of target communities to provide health coverage information</td>
</tr>
<tr>
<td>County and State Personnel</td>
<td>• Develop trusted relationships with county and state personnel, e.g., county public health personnel, Medi-Cal eligibility personnel, etc.</td>
</tr>
</tbody>
</table>

### Strategy 7: Partnering with Service Vendors

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Capabilities</td>
<td>• Determine when and how to use vendors strategically to complement internal eligibility and enrollment capabilities</td>
</tr>
<tr>
<td>Effective Collaboration</td>
<td>• Partner with vendors who: 1. Have employees with significant experience working in the hospital’s local market 2. Share a common goal in helping the greatest-possible number of patients • Strategically place vendors at critical access points in the hospital</td>
</tr>
</tbody>
</table>
### Strategy 8: Addressing the New Environment

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
</tr>
</thead>
</table>
| Assessing the Impact of the Newly-Eligible Population | • Understand the potential impact of the newly-eligible population in the local market  
• Conduct outreach and education that complements the Covered California campaign  
• Consider/develop strategies to partner with brokers and insurers for enrollment in Covered California plans  
• Allocate physical space, technology and other resources to assist enrollment staff in conducting eligibility and enrollment screenings  
• Develop staffing and training contingency plans for potential patient volume increase during enrollment and expansion periods |
Concluding Comments

- Interviewed organizations believe that the principles behind the eight strategies for eligibility screening and enrollment described in this presentation will support hospitals’ efforts as health care reform advances.
- Hospitals support the shared goal of the “no-wrong-door-approach.”
- Early enrollment of the newly-eligible population is vital to ensure that individuals will have coverage for their next episode of care.

Helpful Websites

Covered California
www.CoveredCa.com
- The public interface for California’s Health Benefit Exchange

Covered California Health Plans and Rates for 2014

California Department of Health Care Services
www.dhcs.ca.gov

California Health Benefit Exchange
www.healthexchange.ca.gov
- Background information about California’s Health Benefit Exchange
Helpful Websites (cont.)

California Healthcare Eligibility, Enrollment and Retention System (CalHEERS)
www.healthexchange.ca.gov/Solicitations/Pages/HBEX4.aspx

Enrollment Assistance Program
www.healthexchange.ca.gov/pages/enrollmentassistanceprogram.aspx

California Hospital Association
www.calhospital.org/hcr-coverage

California Simulation of Insurance Markets (CalSIM)
www.healthpolicy.ucla.edu/calsim

CHA Webinar Recording

California Health Benefit Exchange Webinar
- Recorded on Nov. 9, 2012
- CD available for purchase at www.calhospital.org/chbe-cd
Questions

**Online questions:**
Type your question in the Q & A box, hit enter

**Phone questions:**
To ask a question hit 14
To remove a question hit 13

Thank you

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CHA Publications

2013 Editions
- California Health Information Privacy Manual (July 2013)
- Consent Law Manual (April 2013)
- Principles of Consent and Advance Directives (April 2013)
- California Hospital Compliance Manual (February 2013)

Coming Soon
- Mental Health Law (August 2013)
- Minors and Health Care Law (Summer 2013)

Learn more at www.calhospital.org/publications

Upcoming Programs
- Disaster Planning for California Hospitals
  September 23 – 25, Sacramento
- Labor and Employment Law Seminar
  October 29, Sacramento  
  November 6, Glendale
- Behavioral Health Care Symposium
  December 9 – 10, Huntington Beach
Thank you for participating in today’s program. An online evaluation will be sent to you shortly.

For education questions, contact Mary Barker at (916) 552-7514 or mbarker@calhospital.org.