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## **7 | CREATING ONE OPEN DOOR FOR OUTREACH, ENROLLMENT & RETENTION**

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### **One Open Door: Family-Centered Outreach and Enrollment**

Outreach informs community members about available programs and other social services and is the starting point for Healthy Kids program success. Outreach workers, who are also referred to as community health advisors, family support workers, and in some cases Certified Application Assistors (CAAs), are the frontline messengers to communities about the availability of insurance for kids through the Healthy Kids, Medi-Cal and Healthy Families programs.

Several CHIs have adopted “One Open Door” conceptual re-thinking of outreach and enrollment activities to maximize family access to the full range of available health and other social service programs, including Healthy Kids. In these counties One Open Door has framed a careful restructuring of existing outreach, enrollment and retention efforts across health and social service agencies as well as community organizations. These CHIs have worked with their county agency and community partners to move from a traditional social service “silo” culture to one that offers coordinated and streamlined assistance. This coordinated outreach and enrollment assistance model allows families to access all available programs through a single contact at a range of social service venues and community settings rather than working through a confusing and time consuming labyrinth of programs and redundant processes in order to receive specialized application assistance for separate programs.

One Open Door is only possible through the adoption of extensive and sustained two-way communication by all partners. Further, this model of service provision is a profound culture change for program-oriented staff and generally requires significant retraining of outreach and enrollment personnel in agencies and community-based organizations. Some level of retraining and job change may be required across all organizations involved with outreach and enrollment activities including county eligibility workers, benefits analysts, CAAs and other community-based outreach staff.

### One Open Door Conceptual Framework

**Objectives:**

- Increase access to health insurance and eligibility approval rates
- Decrease time between outreach and coverage initiation
- Increase retention of enrollees in coverage
- Increase appropriate utilization of health services

**Principles:**

- Adapt agency cultures and processes to encourage cross-agency collaboration and information sharing
- Re-engineer systems to maximize efficiencies and funding
- Reallocate existing resources and identify new ones to support principles and meet objectives
- Make processes family friendly

**Methods:**

- Develop transparent and consistent application assistance
- Deploy single application and streamlined screening and enrollment
- Apply an easily reproducible application process across different sites and modalities
- Provide comprehensive training of application assistants and eligibility workers
- Streamline steps and coordination across programs
- Rely on proven outreach and in-reach strategies
- Ensure ongoing contact with covered individuals

**Areas of Investment:**

- Co-location of eligibility workers and benefits analysts
- Cross-training and retraining to ensure seamless referrals across programs and agencies
- Automation/Integrated, online application system (e.g., One-e-App)
- Retention and renewal efforts

### Outreach Planning

Once a county has committed to streamlining outreach and enrollment it can begin to map out its strategies for doing so as Santa Clara, San Mateo, Alameda and other CHIs have done.

#### *Target population identification*

Pressure to maximize limited outreach funding may force CHIs to make choices about what populations to target and how extensive an outreach strategy to pursue. Knowing the demographics of target outreach populations in your community, particularly child coverage gaps by family income level and ethnicity, is critical in stretching outreach funds to maximum effectiveness.

In general, CHI outreach and enrollment strategies focus on two distinct populations:

- Children eligible for but not enrolled in Medi-Cal or Healthy Families; and
- Children ineligible for public programs without access to affordable private insurance, including:
  - Children with immigration concerns; and
  - Children from families with income at or above 250% FPL.

While distinct, these two populations are not separate. Many of the children who are eligible for Medi-Cal and Healthy Families but not enrolled are the siblings of children who are ineligible for those programs due, in large part, to their immigration status.<sup>1</sup> This is a particularly important consideration since estimates suggest that roughly two-third's of California's uninsured children are eligible for Medi-Cal or Healthy Families.<sup>2</sup> Coordinated outreach strategies for Healthy Families, Medi-Cal and Healthy Kids should be particularly effective in capturing many of these previously uninsured eligible children. In these mixed status families, parents are more likely to follow through on enrolling eligible children in Medi-Cal and Healthy Families since their ineligible children are able to apply to the Healthy Kids program. However, even a carefully coordinated outreach approach for these families will only be effective if conducted in a culturally appropriate manner. Communicating effectively with families with immigration status concerns requires relying heavily on word-of-mouth and working through known and trusted sources and organizations such as community health centers, family resource centers, schools, and migrant education programs.

Family income level is another major consideration in creating effective outreach and enrollment messages and approaches since family income level is highly correlated with access to private insurance coverage.<sup>3</sup> Families with annual incomes above 250% of the federal poverty level generally are more likely to have been privately insured at some time and more familiar and comfortable with commercial health insurance marketing. Outreach to this higher income population may require more mainstream publicity generating activities, working with insurance brokers and employers directly, and a more extensive marketing budget. Additionally, this population is less likely to be reached at traditional safety net institutions in the community such as community health centers and human or social services agencies.

### ***Inventory of Existing Outreach Activities***

In keeping with their One Open Door objectives, some CHIs have worked from the beginning of outreach planning to ensure coordination with existing programs for children and families. Most CHIs have chosen to invite representatives from all entities planning or operating outreach activities for Medi-Cal and Healthy Families as well as other public programs to an orientation on the purpose of the CHI and to intro-

duce the Healthy Kids program.<sup>4</sup> These meetings generally have included directors of the health and social services agencies, community clinic directors, public hospital community outreach managers, and representatives of the school districts as well as any other CBOs involved with outreach, such as labor and faith-based organizations. Most CHIs have found these introductory meetings highly useful in initiating collaborative communication across entities, identifying commonalities of interest and providing a comprehensive inventory of all outreach activities to families that may be modified to include Healthy Kids program outreach and access to other available programs.

### **Outreach Collaboration in San Mateo County**

San Mateo initiated its Healthy Kids outreach planning by inviting all stakeholders to a kick-off meeting, including the Health Services Agency, Human Services Agency, county contractors, all school districts in the county, the county's legal aid society, labor representatives and others. Since that initial meeting, all participants have contributed to the Healthy Kids program's outreach success: legal aid agencies helped craft messages on the public charge issue that could be distributed to the community; labor organizations held outreach fairs and documented the experiences of the uninsured that the CHI has used in its outreach and marketing efforts; school districts and community based organizations have formed partnerships to more efficiently enroll families identified through the Request for Information sheets sent out by the schools; and county contractors have worked together to identify specific target populations and the best strategies to reach these populations. Convening these groups in a collaborative format allowed San Mateo to develop a multi-faceted outreach plan through a variety of channels to create a truly comprehensive outreach strategy.

### ***Outreach Strategies***

The major strategies used to expand health coverage to uninsured children and families are in-reach, general community outreach, and school-based outreach. This section provides a brief overview of these strategies and specific ways in which CHIs have deployed them.<sup>5</sup>

#### ***In-Reach and Joint-Outstationing Activities***

In-reach activities identify and enroll into public programs children whose families are seeking services at a range of locations, including hospitals, social services agency district offices, community health clinics and other community-based organizations, and WIC and CalWORKS sites. These venues are targeted both because of the likelihood that a person who is seeking services there either for themselves or for a family member is income-eligible for public programs and because many of these organizations are trusted by the communities they serve.

Community clinics are particularly common in-reach locales because those who seek care at clinics have an immediate health need or concern. Clinics and other safety net providers generally have made identifying uninsured clients a central component of their registration proc-

esses and rely on on-site eligibility workers. WIC and CalWORKS sites are also effective locations for in-reach since both programs work with low-income families whose children are likely to qualify for Medi-Cal, Healthy Families or Healthy Kids. Eligibility workers at these sites provide families with information on available health insurance programs and assist interested families in applying for coverage. Some CHIs have created “tell a friend” brochures or personalized business cards for their outstationed application assistants to share with the families they assist. These brochures and cards are frequently passed along by families to their friends and neighbors.

### *Community Outreach*

Getting the word out about the availability of health insurance in a way that families will trust and act upon is often a challenge. Common community outreach strategies that can be customized for specific populations include:

Promotoras: This form of community outreach relies on trained community residents to communicate with their neighbors about opportunities for health insurance for children. Known in Spanish as “promotoras,” these outreach workers are important information resources for communities reluctant to seek assistance through in-reach venues and unlikely to either ask outreach workers they do not know about eligibility requirements or to share confidential information with them. Several CHIs have deployed trained promotoras to increase enrollment and improve retention in county Medi-Cal, Healthy Families and Healthy Kids programs.

### **Early Focus on Outreach in Tulare County**

Tulare County plans to launch its Healthy Kids program in Summer 2005 but began outreach efforts in July 2004. The Tulare County CHI’s Outreach, Enrollment, Retention and Utilization (OER) subcommittee developed strategies, relying in part on information from focus groups of targeted parents, to increase outreach, enrollment and retention of children in existing health insurance programs and eventually into Healthy Kids. One of their strategies integrates CAAs into county WIC program sites to provide on-site one-on-one application assistance, case-management and education about insurance programs. The Tulare Health and Human Services Agency streamlines the process by designating a specially trained eligibility specialist to process all Medi-Cal applications coming from WIC program sites. A second outreach strategy will place these CAAs in schools, Healthy Start, Head Start, Foodlink sites and other high yield locations in the county. A third strategy is to develop a promotoras program for very rural communities that includes door-to-door outreach and appointment setting for sites in their community.

Community events: Special community events such as Cinco de Mayo and the Vietnamese New Year, and community health fairs are ideal venues for outreach workers to answer questions, dispel rumors about

seeking insurance coverage, and identify those interested in pursuing applications for existing public programs and the Healthy Kids program. Several CHIs launched their Healthy Kids program outreach efforts at community health fairs where families could learn more about Healthy Kids, Medi-Cal and Healthy Families, and set up appointments with application assistants or, in some cases, receive immediate application assistance.

Written materials: Flyers that provide easy to understand information about all available insurance programs, including the Healthy Kids program, in Spanish and English (and other languages if indicated by community demographics), and telephone contact information with the appropriate language competency are another useful component of community outreach efforts. Local stores, restaurants, churches, and libraries will usually be willing to post flyers and have additional copies available for those who request them. In addition to local outreach worker information or application locations, flyers should include a CHI call center number or hotline. One centralized number, either an 800 number or local number, offers families a consistent way to get more information, have their questions answered or find out where they can receive assistance in their community.

#### **Santa Clara's School Outreach Efforts**

Santa Clara's CHI has been able to maximize its outreach funding through a careful and sustained collaboration with Santa Clara County school districts and individual school partners. The CHI initially worked with all of the county's school districts to inform them of the initiative and to identify individual schools and districts to partner with in an ongoing outreach campaign. CHI partners worked with each school or school district individually to tailor education, outreach and enrollment efforts to meet its needs and resources. Activities included surveying parents about whether their children were insured, as well as application events, and presentations to school staff.<sup>6</sup>

For more information on school-based outreach efforts in California, please visit the Consumers' Union Healthy Kids, Healthy Schools website at <http://www.healthykidsproject.org>.

#### ***School-Based Outreach***

School-based outreach targets families with age-eligible children effectively. Major school-based outreach components include: (1) Request for Information (RFIs) flyers and health insurance surveys that are sent home with children and ask parents about their interest in obtaining affordable coverage for their children and other school mailings; (2) school-based events such as Back to School nights and Enrollment Fairs at which parents receive information from outreach workers about the availability of Medi-Cal, Healthy Families and the Healthy Kids program and can express an interest in applying; and (3) school liaison

programs. A fourth school-based outreach program, Express Enrollment, has recently been piloted in some California school districts as well.

RFIs and Surveys: These flyers and health insurance surveys are often sent home with the National School Lunch Application or in back-to-school packets along with letters explaining the importance of vision and hearing screenings or other health-related topics. Completed forms can be sent back to the district or can go directly to the county. Some schools post information on available insurance programs in the school newsletter and have flyers available in school and health offices.

School events: Schools can easily provide information on insurance coverage programs to parents during the many events they host during the school year. Back to School Nights, typically held in the fall, are a good opportunity to hand out information and discuss the need for health insurance with individual families. Schools also host events specifically for the parents of young children that provide a wonderful opportunity to educate them about the importance of health insurance while they're also learning about the necessity of immunizations and health screenings prior to kindergarten registration.

School liaisons and other strategies: Some CHIs work through a designated school liaison on school-based outreach efforts. In most cases, the liaison will be a health coordinator or school nurse. Many school districts already are engaged in outreach activities for Medi-Cal and Healthy Families, primarily in schools with high rates of uninsured students, and their efforts can easily be expanded to include Healthy Kids program information as well. Many school districts already bill through Medi-Cal Administrative Activities (MAA) for their Medi-Cal outreach activities.

### **Piloting Express Lane Enrollment**

A total of five California school districts implemented Express Lane Enrollment in 73 schools during the 2003-2004 school year: Alum Rock Union Elementary in Santa Clara County, Fresno Unified, Los Angeles Unified, Redwood City in San Mateo County, and San Diego Unified. Complete results are not yet available on the success of the program, however preliminary results indicate that parents are excited about the program; it has not had a negative impact on the school lunch program; and of the school lunch applications received in most districts, about half of the children or an even higher proportion are already enrolled in either Medi-Cal or Healthy Families.

For more information on Express Lane Enrollment, please visit the Express Lane Eligibility website at:  
<http://www.childrenspartnership.org/expresslane/index.html>

### Health-e-App And One-e-App

- Health-e-App is a web-based system that allows families working with trained assistors to apply for Medi-Cal and Healthy Families over the Internet and receive preliminary eligibility determination. Healthy Families applicants can also select providers and health, dental and vision plans.
- One-e-App is a web-based system that interfaces with Health-e-App and allows families to apply for multiple programs through a single application. One-e-App can screen for a range of programs including Medi-Cal, Healthy Families, Healthy Kids, Food Stamps, WIC, Express Lane Eligibility, CHDP, and AIM.

Express Lane Enrollment: Express Lane Enrollment allows National School Lunch Program (NSLP) eligibility to serve as a proxy for Medi-Cal eligibility and provides temporary presumptive eligibility for those children who are deemed Medi-Cal eligible based on their participation in NSLP. The rationale behind the approach is that any child who meets eligibility requirements for NSLP will most likely be eligible for Medi-Cal because of the similarity of eligibility requirements for the two programs. Express Lane Enrollment outreach through the NSLP may prove particularly attractive for CHIs that have embraced a One Open Door approach because the NSLP is open to all children who meet the income criteria regardless of their citizenship or immigration status.<sup>7</sup> Thus, with the proper information intake occurring locally, those children who meet all NSLP criteria could be quickly identified for the Healthy Kids program, while those applicants eligible for Medi-Cal and Healthy Families could be identified and presumptively enrolled in those programs. At present, the full potential of this approach is not available but there is a significant amount of research and advocacy underway examining the necessary legal changes and confidentiality concerns of immigrant parents and guardians.<sup>8,9,10</sup>

### Eligibility Determination, Enrollment, and Retention

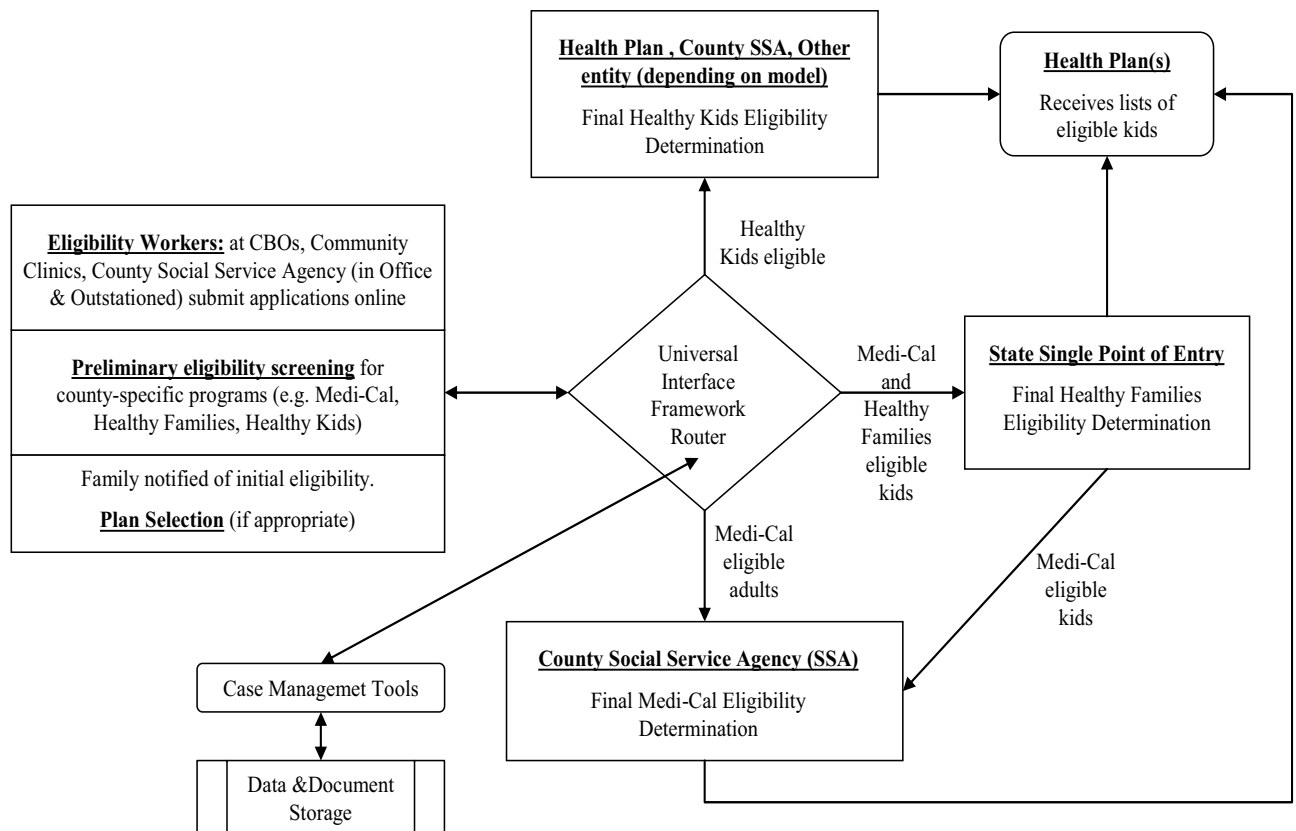
As part of developing a comprehensive strategy to enroll children in available programs, CHIs have focused on creating an enrollment process that conforms to One Open Door principles, is acceptable to all CHI partners, and maximizes available federal, state and local funding. While their operational approaches to eligibility determination and enrollment vary, all CHIs have developed processes that first funnel potential eligibles through careful Medi-Cal and Healthy Families screenings to ensure that only children ineligible for Medi-Cal and Healthy Families will be enrolled in the Healthy Kids program.

Training is an essential element in ensuring that screening and enrollment processes and eligibility determination for Healthy Kids program are undertaken in a consistent manner and that children who are eligible for Medi-Cal and Healthy Families are enrolled in those programs. Application assistors and eligibility specialists must be trained in the program details for all three programs, be able to steer families to the most appropriate program, and be able to fill out all program applications accurately to avoid delays in enrollment and denials.

Many counties have found that training efforts can also work to create a culture change among application assistors. CHIs have found that involving application assistors in the planning and implementation of new assessment and enrollment processes strengthens the program and eases job change-related discomfort. Asking assistors to identify problems they are experiencing with the new systems, potential solutions and ways to improve the families' enrollment experience often increases assistor satisfaction and commitment levels.

Establishing a quality assurance process also helps with early identification of flaws and programmatic inconsistencies. The David and Lucile Packard Foundation funded the County Outreach Retention and Enrollment (CORE) project to streamline enrollment and retention processes in children’s health insurance programs. Alameda, San Mateo, San Francisco, Merced, Stanislaus and Santa Cruz counties participate in the project and have relied on recognized quality improvement methods to strengthen the enrollment and retention processes within their control and to share information and best practices across counties.<sup>11</sup> The outcomes of this project have provided counties with improved practices resulting in increased enrollment and retention and reduced staff workloads. Additionally, Alameda County’s “No Wrong Door” pilot evolved out of their careful look at enrollment processes through CORE.

**Figure 7.1**  
**One-e-App Flow Diagram**



**Technological Advances**

Applicants still have the option of mailing in paper applications or, working with a trained CAA or county agency employee, completing an electronic application (Health-e-App) that separately assesses their eligibility for the Medi-Cal and Healthy Families programs and electronically submits applications for the programs. The electronic Health-e-

App application has simplified and accelerated the eligibility determination process for applicants and those who assist them and has been a major improvement for those seeking entry into public programs. Some CHIs have overlaid a separate paper application process for the Healthy Kids program that is only completed if the applicant appears ineligible for Medi-Cal and Healthy Families. Others, including the San Mateo, Santa Clara, Alameda and Santa Cruz CHIs, have implemented or are in the process of implementing One-e-App.

Launching a Healthy Kids program creates an opportunity for integrating with the Medi-Cal and Healthy Families programs. This opportunity is fully realized through use of an integrated enrollment and eligibility determination process. IT planning and infrastructure considerations, and the decisions made by the CHI and its strategic partners, particularly the participating health plan and the Social Services Agency or Human Services Agency, are at the core of ensuring integrated enrollment and eligibility determination. One-e-App has been designed to interface with Health-e-App so that all those who apply using One-e-App are simultaneously assessed for eligibility for Medi-Cal for children, Healthy Families, and Healthy Kids. One-e-App can be customized to perform eligibility determination for additional public programs. One-e-App also creates a countywide database for tracking outreach and retention and provides other management tools as well. While the costs and complexity involved in developing a universal eligibility assessment system may require CHI counties to move forward slowly, the integration potential between the Medi-Cal, Healthy Families and Healthy Kids programs afforded by such an approach cannot be over-emphasized.

While the benefits of moving toward this approach are real and immediate with the program's launch, CHIs and their partners will need to be firmly committed to underwriting or seeking assistance in underwriting the costs of planning, hardware, local customization, and annual maintenance that are incurred in implementing the system. A CHI can expect to devote time to developing local requirements, working with strategic partners, and developing a detailed cost estimate for the project. Besides the obvious financial considerations, strategic partners may be concerned about what changes imposed on intake and eligibility determination procedures throughout the community may mean to their organization. These concerns may be particularly acute for the SSA where there may be concerns about the potential job assignment changes that will be required to support the new streamlined approach to eligibility assessment.

One-e-App offers the ability to track administrative, outreach and enrollment statistics with ease. Without such a system the CHI will need to rely on health plan databases for program tracking and monitoring information. Not all plans will have the necessary IT capacity to easily monitor and provide this information on a timely basis. For counties unlikely to be able to move toward developing an integrated enrollment

system, it will be important to focus on the data capture and reporting capabilities of their health plan partner.

In the absence of an integrated enrollment system, CHIs will need to rely on a series of manual and electronic eligibility intake and assessment processes to determine eligibility for the Medi-Cal, Healthy Families and Healthy Kids programs. Since some CHIs, at least in the short term, will not be in a position to implement One-e-App, it will be crucial to develop the most streamlined approach possible for sharing applicant information and ensuring that the necessary data linkages exist to facilitate eligibility determination and enrollment for Healthy Kids eligibles while also guaranteeing that any applicants who are eligible for Medi-Cal and Healthy Families are not incorrectly deemed eligible for Healthy Kids.

### **Implementing Healthy Kids and One-e-App in Santa Cruz**

Santa Cruz decided to launch its Healthy Kids program and its use of One-e-App technology simultaneously after learning of Santa Clara and San Mateo's difficulties in converting from Healthy Kids paper applications to One-e-App. Rather than taking a sequential approach, Santa Cruz's pre-launch activities included customizing One-e-App software for its Healthy Kids program and training staff on its use.

To ensure the CAAs felt confident taking applications electronically, Santa Cruz County staff provided extensive pre-launch group and individual training on One-e-App, offering upwards of three trainings to the CAAs. Through their efforts, CAAs developed a high comfort level with One-e-App. All of Santa Cruz's CAAs now are confident about the process which requires them to fax a family's paper documentation into One-e-App and then work on the computer with the stored information to complete applications using One-e-App software.

When Santa Cruz went live in July 2004 all of its CAAs were completing online applications for families using the One-e-App technology. Santa Cruz CHI officials report that CAAs are pleased with the speed of the application process and report greater certainty that families are applying for the most appropriate program. Santa Cruz County's use of One-e-App has created a paperless application process for Medi-Cal, Healthy Families and its Healthy Kids program.<sup>12</sup> Santa Cruz implemented One-e-App in seven weeks from start to finish.

Any health plan that is already a Medi-Cal or Healthy Families contractor will have the systems capabilities to interface electronically with both the Medi-Cal and Healthy Families programs and their contracted intermediaries and receive eligibility information for new program enrollees. However, the linkages required to receive eligibility information for new Healthy Kids program enrollees may not exist.

If a CHI's Healthy Kids program eligibility determination will be done by the local social services or human services agency as it is being done in most operational CHI counties, then an electronic interface between the agency and the health plan is needed. If there is no existing electronic interface with the SSA, the CHI will have to work with the health plan and the SSA to create the linkage. It will be important to develop a link that easily communicates with the plan's information system. Creating this linkage may be a major technical hurdle of program implementation.<sup>13</sup>

### ***Retention Strategies***

Over time an operational Healthy Kids program's focus will change from outreach and eligibility determination to member retention. Renewal processes can dramatically and directly affect a program's retention rate. Programs should institute renewal policies and procedures that are both family friendly and easy to follow in order to retain eligibles in coverage. Most CHIs with effective retention strategies have incorporated the following principles into their renewal activities.

#### ***Renewal Simplicity***

Make it easy and simple for families to renew. For example, mail out pre-filled renewal forms for parents to sign and return and include with every renewal form a local number to call and a site to visit if they need assistance with some aspect of renewal. This approach incorporates aspects of the simplification trend in renewal adopted by some state Medicaid and SCHIP programs.<sup>14</sup>

#### ***Built In Leniency***

Design renewal and premium payment policies that give families some latitude in meeting deadlines. Start the renewal process early (three months before deadline) to give families time to respond. Create systems that contact parents when renewal forms have not returned by a certain date (prior to the renewal deadline) and plan to assist late-responding parents to help them retain their children's coverage.

#### ***Early and Frequent Communication***

Determine what entity will take the lead for the renewal process and ensure that the entities performing outreach and enrollment activities are also involved. Contact families through different venues: mail out forms and reminder postcards; call families who have not returned renewal forms; and post flyers throughout the community with information on how and where to renew. If a CHI decides to collect information at renewal time, communicating what is needed to the families becomes incredibly important. Suggestions to create an effective mail-in renewal form include formatting the renewal form as a checklist where parents can check off all of the information they are required to submit; sending renewal forms home in a color envelope and printing the forms on color paper to attract attention; enclosing postage-paid, self-addressed envelopes in the renewal packet; and sending reminder postcards two weeks before and two weeks after the renewal forms are

### **Improving Service Utilization and Retention: The Role of the Santa Clara Call Center**

In January 2003, Santa Clara Family Health Plan (SCFHP) implemented dedicated outgoing and incoming call centers into its Healthy Kids program to encourage appropriate health care service utilization and enrollee retention. Outgoing call center staff conduct call campaigns about proper utilization and remind families to return their children's renewal packets. Separate call center staff receive inbound Healthy Kids calls from the plan's 800 number.

Member Services contacts families immediately prior to their insurance becoming effective to verify and update contact information, assist families in choosing a doctor, inform families of premium payments and renewal process and to encourage them to go to a new member orientation. Call centers provide a good opportunity to answer a family's questions, assist them in accessing services and remind them of available resources.

At renewal time, SCFHP sends out two rounds of renewal packets, 75 and 45 days prior to a child's annual renewal date. Renewal forms are pre-filled with data currently in the Plan's Healthy Kids database, families just have to update this information. If families do not respond to those mailings or if they submit incomplete packets, the call center contacts the families during the month prior to the family's termination date. The first call is made 30 days prior to termination and if no response is received, another call is made two weeks before termination. During the final week before termination additional calls are made to families who have not yet responded encouraging them to go to an enrollment site and complete the renewal form. Call center staff are fluent in Spanish and Vietnamese and telephone interpreters are available for those who speak other languages.

mailed.<sup>15</sup> Ensuring that families receive renewal forms that are language appropriate will expedite the renewal process and prevent children from being inadvertently disenrolled.

Frequency of renewal requirements also affects retention levels since more frequent renewals increase a child's chance of disenrolling through accident or oversight. Short renewal periods also increase a CHI's administrative burden. Most CHIs have opted for an annual renewal period for their Healthy Kids programs consistent with Medi-Cal and Healthy Families policy but at least one, Los Angeles, has selected a six-month renewal period.

Premium payments and the systems and policies set up around this issue will also have an impact on retention. Monthly premiums provide a consistent means of staying in touch with a family but also increase the chance that the family may not pay their premium and will disenroll. Having less frequent premium payments eases the burden on the families and promotes continuity of care as well as decreasing the administrative burden of the CHI in processing premiums. Some CHIs have set up incentives for families to pay their premiums in one lump sum with

offers of paying for the first three quarters of the year and receiving the fourth quarter for free. Making it easy for families to pay their premiums, by providing premium payment coupons, for example, will also help with retention rates. Establishing a hardship fund for families who are unable to pay their premiums and publicizing it will help to ensure continuous coverage for the most needy.

In addition to creating policies and procedures that assist the family in maintaining coverage, using the same One Open Door approach that was successful in outreach efforts can also work in member retention efforts. Ensuring that every application assistor can help families with the renewal and that all partnering groups – the social services agency, CBOs, schools – are kept up-to-date on the renewal process, policies and how to assist families in keeping their children covered is critical. The outreach strategies the CHI developed—in-reach, promotoras, joint outstationing of application assistors—can also be used to inform parents about the importance of renewing their child’s insurance and provide assistance with the renewal process. Because of their member-friendly approach, outreach workers who maintain communications with applicant families can play an important and cost-effective role in member retention. For example, through callbacks to enrolled eligibles outreach workers can: remind families to pay their premiums; make sure that children receive all appropriate preventive and age-appropriate diagnostic services; and provide a linkage to other information that eligibles may require, such as how to request a deferment on premium payments due to a change in job status.

A tracking system provides a CHI with critical information about why and when enrollments occur. Knowing what percentage of children disenrolled for avoidable reasons allows the CHI to take steps to better work with families to retain their children in coverage. Many operational CHIs track a variety of disenrollment categories on a monthly basis, including: age-outs, failure to pay premiums, moves out of county, change in income, and unable to contact. Outreach workers and application assistors may also be able to offer valuable insights into reasons for disenrollment and ways to increase retention.

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1. Lessard G and Ku L. Gaps in Coverage for Children in Immigrant Families. *The Future of Children* (Spring 2003) 13(1): 101-115.
  2. Brown ER, Ponce N, Rice T, and Lavarreda SA. *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey*. Los Angeles, CA: UCLA Center for Health Policy Research, June 2002, p. 46.
  3. Brown ER. Trends in Health Insurance Coverage in California, 1989-1993. *Health Affairs* (Spring 1996) 15(1): 118-130.
  4. As described in earlier chapters, these organizations also play important early and continuing roles in other CHI planning activities.
  5. A more detailed and comprehensive discussion of these strategies will soon be available from the Consumer’s Union.

6. See the Santa Clara Family Health Plan's website at <http://www.scfhp.com>.
7. The Head Start program is similar to the NSLP in not requiring proof of legal status of applicants. Thus, it could be another valuable conduit to coverage for CHIs. However, additional adaptations and changes to current rules would be required before the benefits of Head Start express lane eligibility would be realized.
8. See The Children's Partnership's Express Lane Eligibility website at <http://www.childrenspartnership.org/expresslane/index.html>.
9. See Consumers Union's Healthy Kids, Healthy Schools website at <http://www.healthykidsproject.org>.
10. See the Center on Budget and Policy Priorities website at <http://www.cbpp.org>.
11. See the CORE: County Outreach Retention and Enrollment website at <http://www.coreproject.org>.
12. The process is only paperless once all the collected hard copy information is faxed into the system.
13. Alternatively, it may be possible for health plans to assume the role of determining program eligibility in counties in which the social services agency or human services agency is unwilling to become involved in eligibility screening for Healthy Kids.
14. Testa K, Mohamadi L, Horner D, Lazarus W, Richards J, and Finocchio L. *Children Falling Through the Health Insurance Cracks: Early Observations and Promising Strategies for Keeping Low-Income Children Covered by Medi-Cal and Healthy Families*. Oakland, CA: The 100% Campaign, January 2003.
15. Lake Snell Perry & Associates. *Retaining Eligible Children and Families in Medicaid and SCHIP: What We Know So Far*. Literature review conducted by LSPA for *Covering Kids & Families*, a national program of the Robert Wood Johnson Foundation, June 2003.