California HealthCare Foundation

Connecting Kids to Health Coverage: Evaluating the Child Health and Disability Prevention Gateway Program

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Prepared for:

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About the Foundation

The **California HealthCare Foundation**, based in Oakland, is an independent philanthropy committed to improving California's health care delivery and financing systems. Formed in 1996, our goal is to ensure that all Californians have access to affordable, quality health care. For more information about CHCF, visit us at **www.chcf.org**.

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Contents

Executive Summary

In 2003, the Child Health and Disability Prevention (CHDP) Gateway debuted as California's largest effort to enroll children in health insurance coverage through their health providers' offices. The Gateway is an automated process that has two primary goals: (1) to pre-enroll children into temporary, full-scope Medi-Cal coverage after a CHDP health assessment; and (2) to facilitate longer-term enrollment in the Medi-Cal and Healthy Families programs through a follow-up paper application.

Three years into the program, it is important to know how well it is working. The California HealthCare Foundation funded research to: (1) look at the program's performance; (2) identify its successes and challenges; and (3) make recommendations for improvement.

Although the CHDP Gateway is succeeding in its first goal—pre-enrolling children into temporary, full-scope Medi-Cal and Healthy Families, it has been far less successful in its second goal—linking children to continuous coverage.

Data Analysis Highlights

Key findings:

- Approximately 600,000 children were pre-enrolled in temporary Medi-Cal through the CHDP Gateway in one year.
- In more than 90 percent of pre-enrollments, families requested a joint application for Medi-Cal and Healthy Families, but fewer than 20 percent returned them in time to have their children's temporary eligibility extended.
- Denial rates for continuous coverage were high, mostly because of a "failure to cooperate" with follow-up requests for information.
- Approximately 75,000 Gateway children gained continuous Medi-Cal or Healthy Families coverage. This represents 11 percent of pre-enrollees, or one in nine, gaining long-term full-scope Medi-Cal or Healthy Families coverage through the Gateway. The rate rises to 12 percent when children with continuous limited-scope Medi-Cal are included.
- Approximately 64,000 children under age one were automatically "deemed eligible" for full-scope Medi-Cal continuously until age one during the study year.

Findings

Interviews, site visits, analysis of program data, and focus group findings were used to evaluate Gateway's successes and identify challenges for specific Gateway components and processes. The findings include:

Pre-enrollment and temporary coverage

- A large proportion of the uninsured children in California are receiving health assessments through the CHDP program and temporary coverage through the CHDP Gateway link to Medi-Cal.
- Children are receiving care with their temporary Medi-Cal coverage that they would not previously have accessed, though gaps remain.
- The Gateway's file clearance system is fast and efficient. Providers, CHDP staff, and other observers were generally satisfied with the Gateway's functioning. The CHDP Gateway's automatic file clearance system represents a significant improvement in enrolling children in health insurance, but has a number of important problems.
- Most problems with the Gateway's file clearance are intrinsic to an automated system working with a large and complex database. Imperfect or missed matches may lead to the creation of duplicate files for the same child, causing problems for families, providers, and eligibility workers.

Enrollment in continuous coverage

- Requiring families to submit a separate, new application to receive continuous Medi-Cal or Healthy Families coverage impedes follow-through and is the weak link in the Gateway process.
- Families of eligible children fail to apply for longer-term coverage for many reasons, including lack of understanding of the process, perception that temporary coverage is sufficient, and need for assistance in completing the application, among others.
- It is difficult to thoroughly assess the Gateway's success in enrolling children in continuous coverage when their eligibility status is unknown.
- Not all CHDP providers have the commitment, resources, and motivation to assist families in gaining long-term coverage for their children. High turnover among office staff compromises Gateway's functioning.
- Assistance in completing the application is important, but few families receive follow-up assistance from providers or local CHDP staff.

Automatic newborn enrollment

- The system has not yet succeeded in systematically identifying and successfully enrolling all newborns who are "deemed eligible" for continuous, full-scope Medi-Cal.
- Providers' knowledge of enrollment policies and procedures for newborns is limited.

Improving the CHDP Gateway

This report identifies 12 steps for improving the CHDP Gateway. They are:

1. Reevaluate and extend standardized training on Gateway function and use.
2. Intensify CDHS and county efforts to identify and resolve Gateway-initiated enrollment problems.
3. Provide all families with application assistance.
4. Connect eligible children with county Healthy Kids programs.
5. Discontinue the practice of sending a Benefits Identification Card (BIC) to children with temporary coverage.
6. Pre-populate the paper application sent to families with information provided during the pre-enrollment screening, including the child's BIC number.
7. Continue to evaluate and improve the automatic file clearance technology.

8. Simplify underlying eligibility rules for Medi-Cal and Healthy Families.
9. Allow the Gateway application to serve as a Medi-Cal application.
10. Adopt a cross-cutting approach to enrollment.
11. Prioritize the development of a replacement system for the Medi-Cal Eligibility Data System (MEDS).
12. Expand eligibility to all children.

Methodology

Research activities included analysis of Gateway enrollment data, interviews with more than 50 stakeholders across California, eight provider site visits in three counties, and an extensive review of documents. Interviews and visits occurred between January and May, 2006. In addition, The California Endowment commissioned 12 focus groups, which were conducted to obtain qualitative information from parents of children who had recently passed through the Gateway, providers who enroll families in the Gateway, and local CHDP staff. These were held in January and February, 2006, in Sacramento, Los Angeles, Fresno, and San Bernardino counties. The California Department of Health Services (CDHS) and the Managed Risk Medical Insurance Board (MRMIB) provided quantitative data on pre-enrollment through the CHDP Gateway and on eventual enrollment in continuous Medi-Cal and Healthy Families coverage for the year ending September 30, 2006.

I. Introduction

In 2003, the Child Health and Disability Prevention (CHDP) Gateway debuted as California's largest effort to enroll children in health insurance coverage through their health providers' offices. The Gateway is an automated process with two primary goals: 1) to pre-enroll children into temporary full-scope Medi-Cal coverage after a CHDP health assessment; and 2) to facilitate continued enrollment in the Medi-Cal and Healthy Families programs through a follow-up paper application.

Three years into the program, the California HealthCare Foundation funded research to: (1) look at the program's performance; (2) identify its successes and challenges; and (3) make recommendations for improvement.

Methodology

The researchers conducted semi-structured interviews with more than 50 stakeholders across the state. Interviewees included: CHDP and other health department staff at the state and local levels; county officials; CHDP providers and representatives of provider organizations; advocates; legislative staff; and others. Researchers visited eight provider sites in three counties and observed the Gateway screening and enrollment processes directly. The interviews and site visits took place between January and May, 2006.

In addition, researchers examined published Gateway materials, including CHDP Provider Information Notices, All County Welfare Directors Letters, and provider manuals. Descriptions of the intake and electronic interface were taken from interviews and observations, as well as from the Gateway Internet Step-by-Step User Guide (June 2004).[1]

The researchers reviewed extensive data from the California Department of Health Services (CDHS) and the Managed Risk Medical Insurance Board (MRMIB). Appendix A includes detail on the data elements used and their limitations. CDHS staff assisted us with data analysis and review through conference calls, email correspondence, and meetings.

In a related project, The California Endowment commissioned focus groups by Lake Research Partners (LRP) to solicit the opinions and experiences of parents of children who had recently passed through the Gateway, providers who enroll families in the Gateway, and local CHDP staff. Twelve focus groups were held in January and February, 2006, in Sacramento, Los Angeles, Fresno, and San Bernardino. Some information from these focus groups is included in this report; the full report is available at www.calendow.org/reference/publications/pdf/access/CHDP%20Gateway.pdf.

II. Background: Development of the CHDP Gateway

Since 1973, CHDP has served California children, especially those ineligible for Medi-Cal due to family structure or income. CHDP paid for approximately 2 million health assessments each year, both for children enrolled in Medi-Cal (for whom CHDP provided the "screening" portion of the federally mandated Early and Periodic Screening, Diagnosis and Treatment [EPSDT] Medicaid benefit), and for uninsured children. (See the box on page 11 for detail on the CHDP program.)

If a CHDP visit revealed that a Medi-Cal enrolled child had a medical condition or illness requiring treatment, Medi-Cal paid for the diagnosis and treatment of the condition, as required by EPSDT. As a condition of receiving Proposition 99 funding, counties were required to provide medically necessary follow-up and treatment for uninsured children. Unfortunately, many uninsured children failed to receive it.[2]

In the late 1990s, the State Children's Health Insurance Program (SCHIP)[3], implemented in California as Healthy Families, made children with family income up to 250 percent of the Federal Poverty Level eligible for comprehensive coverage. Simplifications to Medi-Cal eased access to that program for some children.[4] As a result, some of the children traditionally served by CHDP were now eligible for Medi-Cal or Healthy Families, and families' continued reliance on CHDP used state dollars when federal matching funds were available in the other programs. Therefore, CDHS encouraged the CHDP program to operate as a "gateway" to insurance coverage, but did not implement specific technologies or policies—or provide funding—to accomplish the task.

In 2001, the Legislative Analyst's Office (LAO) released a report criticizing the gateway function of CHDP as a failure, and recommended system and program improvements.[5] It recommended creating a "Model Gateway" designed to encourage enrollment in Healthy Families and Medi-Cal, and called for a significant upgrade of the information systems at CHDP, Medi-Cal, and Healthy Families information systems to allow tracking of children's applications and billing across programs.[6] In the wake of this report, and citing significant General Fund savings, then-Governor Gray Davis recommended the complete elimination of the CHDP program in the FY 2002 budget.

This recommendation was immediately and forcefully opposed by a wide range of stakeholders. Citing CHDP's role as a funder of primary care for uninsured children and as a public health player, along with its potential as a site for enrollment, they proposed that an electronic "gateway" be developed to increase enrollment in Medi-Cal and Healthy Families while continuing to serve children who do not qualify for those programs.

The CHDP Gateway, which was rolled out in 2003, enrolls children in temporary full-scope Medi-Cal coverage and facilitates enrollment in Medi-Cal and Healthy Families by sending a paper application to families who express interest in long-term coverage. In 2004, the Gateway procedures were amended to account for newborns whose mothers had Medi-Cal at the time of delivery and who are "deemed" eligible for coverage.

By enrolling children in temporary Medi-Cal coverage, California has been able to draw upon federal dollars for CHDP screenings and immunizations, as well as for all follow-up care during the temporary coverage period. Significantly, this temporary Medi-Cal coverage is provided to children presumed eligible solely on the basis of age and family income; immigration status is not considered. Later, they may be found not to meet all eligibility requirements for continued full-scope coverage. In some cases, their families may decide not to apply for continuous coverage. Before Gateway implementation, most of these services were paid for with state dollars, without federal matching funds. As a result of the Gateway, state funding for the CHDP program declined from a high of approximately $129 million in 2001–02 to an estimated $4.2 million in FY 2004–05.[7] The Governor's budget proposal for FY 2006–07 allotted only $3.7 million ($3.6 million from the General Fund) for the program.[8]

The Gateway will soon change in response to legislation passed in 2006. AB 1948[9] directs CDHS to study the feasibility of modifying the existing Gateway electronic application to also serve as an application for Medi-Cal, thereby eliminating the need for a paper follow-up application. SB 437[10] directs CDHS to develop an "automated enrollment gateway system" allowing children applying to the Women, Infants and Children (WIC) program to simultaneously obtain presumptive eligibility for Medi-Cal or Healthy Families and apply for long-term enrollment in one of the health insurance programs. Furthermore, SB 24, passed in 2003, requires two provider-based electronic gateways to Medi-Cal for newborns and pregnant women. The CHDP Gateway mechanism has been identified as a possible infrastructure for these new electronic means to enrollment.

CHDP Gateway Goals

The CHDP Gateway has two primary goals: (1) pre-enrolling children in temporary Medi-Cal at the time of CHDP health assessments; and (2) facilitating the enrollment of eligible children in continuous coverage. Its electronic interface with the Medi-Cal Eligibility Data System (MEDS)[11] permits near—instantaneous transactions, including eligibility determination and enrollment in temporary coverage. The overall Gateway design includes not only the electronic interface, but also policies and procedures on pre-enrollment and temporary coverage, the process for extending coverage and submitting a full application, and final eligibility determination.

The four basic elements of the Gateway process are described briefly here, illustrated in Figure 1, and described in detail in Appendix B.

- ***Intake and electronic interface.*** An uninsured child arrives for health care at a CHDP provider's office, and his/her family completes a brief CHDP Gateway pre-enrollment application that is available in 11 languages. The provider enters the information from the family's completed pre-enrollment application on the CHDP Gateway's screens, and the Gateway links electronically to MEDS to determine the child's eligibility for pre-enroll-

California's Child Health and Disability Prevention (CHDP) Program

- CHDP provides the screening and diagnosis portion of the federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit, a Medicaid benefit for children up to age 21.* In California, CHDP incorporates the preventive screenings, immunizations and assistance with scheduling and transportation that EPSDT requires. Children who require additional services are referred either to a provider in the Medi-Cal program or to another provider that has agreed to accept CHDP referrals.
- Children eligible for CHDP services include:
  - Children under the age of 21 enrolled in Medi-Cal; and
  - Children under the age of 19 in families with income at or below 200 percent of the federal poverty level ($33,200 for a family of three in 2006) and residing in California.
- The CHDP program is administered by the California Department of Health Services (CDHS), which provides general oversight and pays providers, and implemented by local county and city health departments, which are responsible for recruiting CHDP providers, ensuring provider outreach and education, and handling referrals and follow-up visits for clients.
- The health assessment that is the centerpiece of the CHDP program encompasses a complete physical exam, vision and hearing screening, immunizations, and lab screening.
- Other services offered through the program include:
  - Health and developmental history;
  - Oral, nutritional, and behavioral health assessments;
  - Immunizations;
  - Health education and anticipatory guidance; and
  - Referral for needed diagnosis and treatment.
- The CHDP fee-for-service periodicity schedule provides for one health assessment at each of the following ages:
  - Less than 1 month
  - 2 months
  - 4 months
  - 6 months
  - 9 months
  - 12 months
  - 15 months
  - 18 months
  - 2 years
  - 3 years
  - 4–5 years
  - 6–8 years
  - 9–12 years
  - 13–16 years
  - 17–20 years

* Source: California Department of Health Services. Child Health and Disability Prevention Program. "Program Overview: What Services Does CHDP Provide?" http://www.dhs.ca.gov/pcfh/cms/chdp/

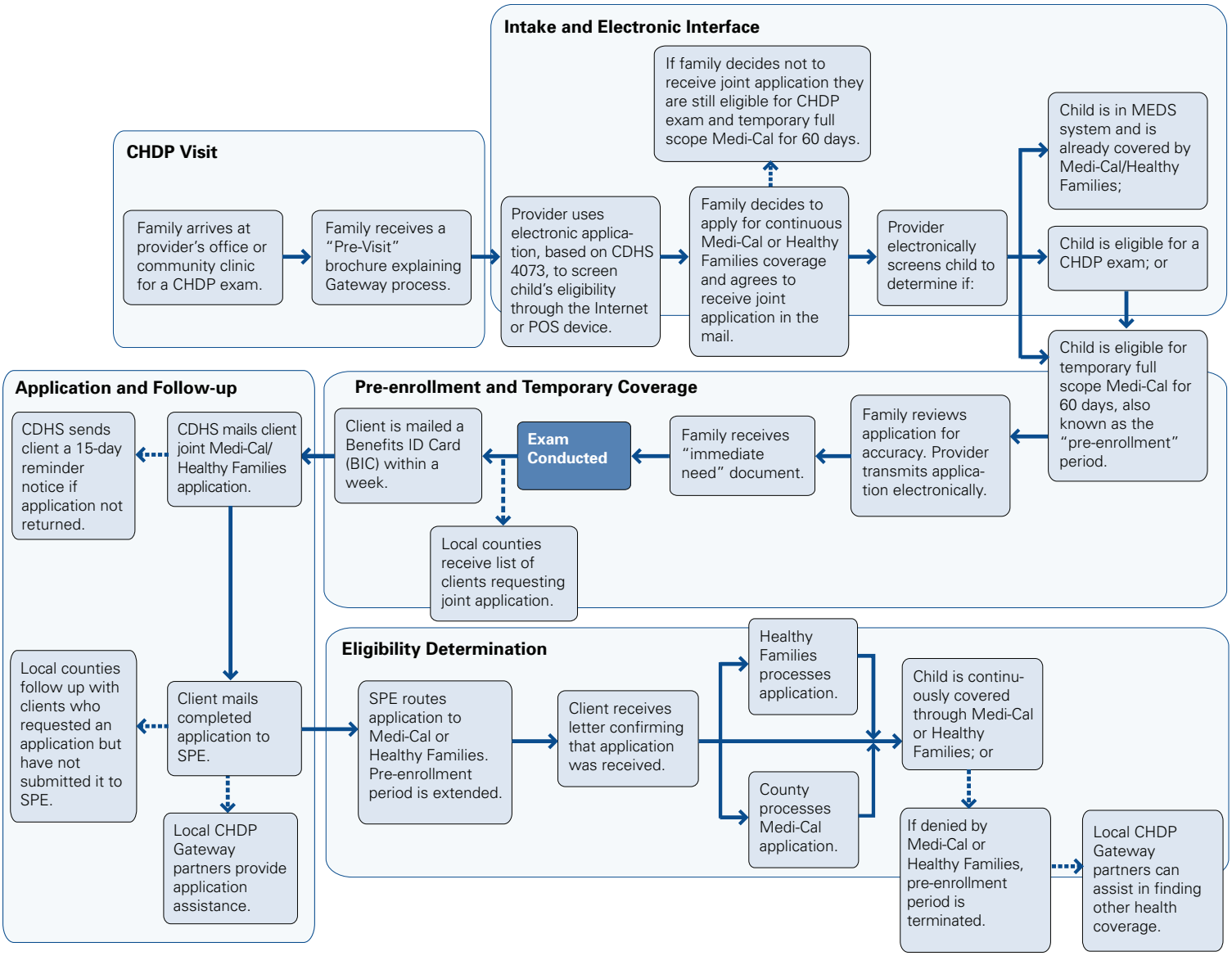
ment in temporary, full-scope Medi-Cal. As part of the screening, the family is asked whether they wish to apply for long-term coverage through Medi-Cal or Healthy Families.

- ***Pre-enrollment and temporary coverage.*** The Gateway screening process creates a record on MEDS. The child leaves the CHDP provider's office with documentation of temporary full-scope Medi-Cal coverage, also known as an "immediate need document." This process is called "pre-enrollment" because: (1) the coverage is temporary; (2) eligibility for long-term Medi-Cal or Healthy Families benefits has not been determined; and (3) another complete application is required to complete the full eligibility determination process.
- ***Joint application and application follow-up.*** If the family requested an application for long-term coverage at the time of the health assessment, they receive a joint Medi-Cal/Healthy Families application in the mail, with instructions to complete it and return it to the Single Point of Entry (SPE) processing center. Applications are also available at CHDP providers' offices.

- ***Eligibility determination for continuous full-scope coverage.*** If the family mails the application before their child's temporary Medi-Cal coverage period ends (or submits an application through any other channel), coverage is extended until a final eligibility determination is made. If the family does not return an application in time, the child's coverage terminates at the end of the temporary coverage period.

There are different rules for infants, who are "deemed eligible" for Medi-Cal coverage until their first birthday, if they are born to women who were covered by Medi-Cal at the time of delivery. The Gateway is designed to identify and automatically enroll these children in full-scope Medi-Cal until their first birthday, bypassing the second enrollment step of the paper application.

Figure 1. Flowchart of CHDP Gateway Enrollment Processes



Source: Alameda County CHDP Gateway Flowchart

III. CHDP Gateway Performance by the Numbers

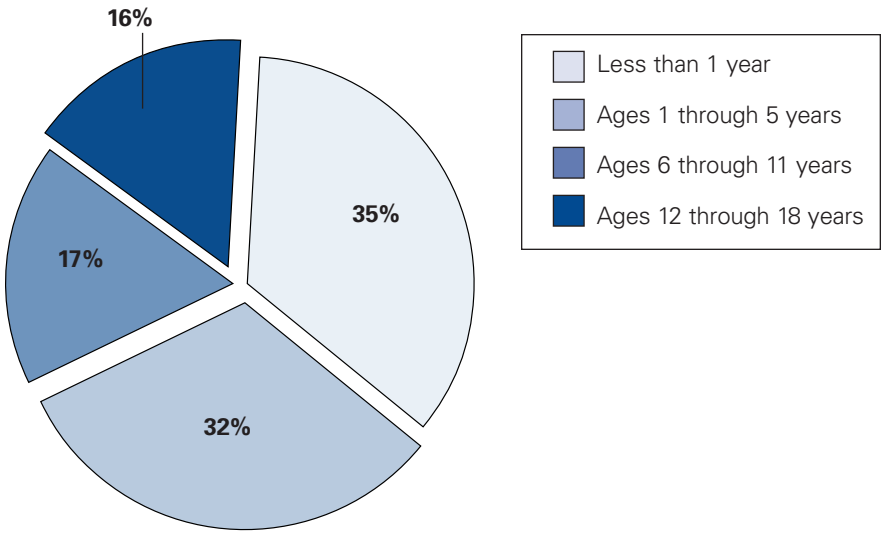
How well does the CHDP Gateway meet its goals of pre-enrolling children in temporary Medi-Cal and facilitating enrollment in continuous coverage? Much can be seen from the data.

This analysis examined enrollment and utilization data from CDHS and the Managed Risk Medical Insurance Board (MRMIB) to evaluate the Gateway's performance on a variety of different measures. The CDHS Information and Technology Support Division (ITSD) provided demographic and enrollment data for the period October 1, 2005, through September 30, 2006. MRMIB's "CHDP Gateway Initiated Applications Statistics"[12] for the same period was analyzed for data on Gateway applications processed by the Single Point of Entry. Except where noted, information in this section is from the most recent CDHS data. Appendix A provides detailed descriptions of the data elements used for this analysis.

Demographics

More than one-third of the approximately 600,000 children who went through the CHDP Gateway in 2005–2006 were under the age of one. Another third were between the ages of one and six.

Figure 2. CHDP Enrollment by Age



Five Southern California counties account for almost two-thirds of children pre-enrolling through the Gateway: Los Angeles (34 percent), Orange (9 percent), San Diego (8 percent), and San Bernardino and Riverside (7 percent each).

Spanish was the language "read best" by two-thirds (66 percent) of the families whose children passed through the Gateway. Almost all the remaining families (30 percent) listed English as the language they read best, with only 4 percent of pre-enrollees naming other primary languages.[13]

Pre-Enrollment

More than 600,000 (613,575) children passed through the CHDP Gateway and pre-enrolled in temporary Medi-Cal (or were infants deemed eligible for coverage) from October 1, 2005, to September 30, 2006. Most of these children (535,741) pre-enrolled only once in that period, but 13 percent of them pre-enrolled two or more times. The total number of pre-enrollments during the period studied was 712,755.

The count of children passing through the Gateway represents unduplicated Client Index Numbers, or CINs. The number almost certainly includes some duplicate CINs (more than one CIN attached to the same individual). No study has been conducted of the duplication rate for CHDP Gateway CINs, but a study of MEDS overall estimated a duplication rate of 5 percent.[14] If that rate is accurate for CHDP Gateway pre-enrollees, the actual unduplicated count of children pre-enrolling would be approximately 583,000.

Joint Application and Follow-Up

Joint applications for continuous coverage were requested in 551,250 cases—91 percent of the 605,761 pre-enrollments in aid codes 8W and 8X (children screened as probable no-cost Medi-Cal eligible and probable Healthy Families eligible, respectively). However, only 18 percent of these applications were returned (on behalf of 109,287 children) within the temporary eligibility period.

Applications were returned for a total of 155,595 children within 90 days of initial application, meaning that nearly 50,000 children may have experienced interruptions in coverage because their parents returned the application too late to have their temporary Medi-Cal eligibility extended.

The number of applications returned include joint applications returned to the Single Point of Entry (SPE), and those returned through other avenues (county offices, CAAs, etc.). According to CDHS staff, "most" of those applications come through SPE. MRMIB reports that SPE processed applications on behalf of 102,407 CHDP Gateway-enrolled children from October 2005 through September 2006.[15]

Eligibility Determination

Enrollments. Nearly 70,000 children (67,539) who went through the Gateway during the year studied were enrolled into full-scope Medi-Cal or Healthy Families. An additional 7,988 children were enrolled in limited-scope Medi-Cal. Thus, a total of 75,527 Gateway-processed children were enrolled in continuous coverage (full- or limited-scope).

Denials. More than 50,000 pre-enrolled children who submitted joint applications were denied full-scope Medi-Cal during the study period, most due to "failure to cooperate" with follow-up requests for information. Of the applications screened via Healthy Families, 62 percent were denied—88 percent of those because missing information was not submitted within 20 days.[16] (In part, this very high denial rate reflects the fact that when applications come in incomplete and SPE workers cannot determine whether they should be processed as Medi-Cal or Healthy Families, they are screened to Healthy Families.)

The data on denials suggests that many of the submitted applications are incomplete. It is not possible to identify which applications were prepared by the family without assistance, and which had help from certified application assistors (CAAs), or were submitted through county welfare offices.

Rate of enrollment in continuous coverage. About 11 percent of pre-enrollees, or one in nine, gained long-term full-scope Medi-Cal or Healthy Families coverage through the Gateway. The rate rises to 12 percent when children with limited-scope Medi-Cal are included.

These rates are essentially unchanged from a year earlier,[17] despite the fact that CAA funding was reinstated for the 2005–2006 fiscal year, which might have been expected to lead to both a greater number of applications and a higher percentage of complete applications.

Deemed-eligible infants. Approximately 64,000 infants were "deemed eligible" for full-scope Medi-Cal until age one during the study year. Some 150,000 other infants were pre-enrolled in temporary Medi-Cal, though this figure may be exaggerated due to duplicate CINs, as discussed above. While not every child under age one could have been deemed eligible for a full year of coverage (as not all of them met the deeming conditions: (1) the mothers had Medi-Cal at the time of delivery; (2) the children had lived with their mothers during the month of birth; and (3) the children continue to live with their mothers in California), the relatively low number of such infants relative to the total number of children under age one who pass through the Gateway suggests that more work is needed to identify eligible infants.

Pending cases. More than 6,000 cases of children who pre-enrolled between October, 2005, and September, 2006, in aid codes 8W and 8X were still pending in December, 2006, past the point at which coverage should have been terminated or a final eligibility determination made. This is a source of significant concern to state and local officials.

IV. Discussion: Gateway Successes and Challenges

"[The CHDP Program] has helped me very much. There was a time that I didn't have any insurance and the program was there for me to provide her shots and things for her."

—Parent of enrolled child

THE QUANTITATIVE DATA SUGGEST THAT although the Gateway successfully pre-enrolled some 600,000 children into temporary, full-scope Medi-Cal and Healthy Families, it has been less successful as a pathway to long-term coverage. The following discussion illuminates some of the strengths and challenges of the program highlighted by the research. The issues are organized into three categories: pre-enrollment and temporary coverage; enrollment in continuous coverage; and automatic newborn infant enrollment.

A. Pre-Enrollment and Temporary Coverage

A large proportion of the uninsured children in California are receiving health assessments through the CHDP program, and temporary coverage through the CHDP Gateway link to Medi-Cal. Children are receiving care with their temporary Medi-Cal coverage that they would not previously have accessed. Gaps, however, remain. CHDP screening providers are now able to treat children for medical problems identified during a screen, and to bill for this treatment. Among the services newly accessible to children are dental and vision care, pharmacy, and lab work.[18]

However, children are not getting all the services they might need because many parents are unaware that they can obtain pharmacy services, for example. Many parents understand that they are receiving free CHDP services on the day of the initial visit, but do not realize they are also receiving temporary Medi-Cal coverage. According to CDHS, this happens because providers do not inform clients adequately, and because clients do not read or understand the documents provided to them.[19]

Access to services under temporary Medi-Cal is only as good as the local Medi-Cal provider network, and varies by geographic region, type of provider, and other variables. For example, while some local CHDP staff and providers said that temporary Gateway coverage helped families gain access to dental and vision care, at least two counties reported that families could not find Medi-Cal dentists or vision specialists who could see children before their temporary coverage expired.

"Providers love it—it gives them more options for follow-up and treatment."
—County CHDP Director

Three years into the Gateway's operation, Medi-Cal providers appear to be comfortable with its immediate-need documents, both the receipt-type produced by the point-of-service (POS) device and the full-page document generated by the Internet interface. There were no reports of service denial due to failure to recognize or accept these documents.

The following is a discussion of specific elements of the pre-enrollment and temporary coverage process.

The CHDP Gateway's automatic file clearance system

The Gateway's file clearance system is fast and efficient. Unlike other programs that target large populations of eligible children, the Gateway indicates immediately whether a child is already known to MEDS, thus minimizing future workload. During the study period, 9 percent of Gateway encounters ended with denials. Of these 72,725 denials, about 20,000 (28 percent) were because children were not due for CHDP exams. Of the 52,501 coded as "other," the majority were due to the child already being recognized in the MEDS system in an aid code that makes them ineligible for temporary Medi-Cal coverage.

Providers, CHDP staff, and other observers were generally satisfied with the Gateway's functioning. Few reported problems with either the Internet interface or the POS devices for Gateway transactions. In FY 2005–06, approximately 60 percent of the Gateway's transactions (average 42,000/month) were submitted through the Internet interface, and more than 40 percent (average 28,000/month) through POS devices.[20]

Most problems with the Gateway's file clearance are intrinsic to an automated system linking to a large, complex database. The file clearance connection with the MEDS system looks for a match on numerous fields. Each match or partial match is assigned points, and if the points equal or exceed 21, the system returns a match. If not, the system creates a new record. (See Appendix B for detail on the automatic file clearance process.) As is typical for an automated system, the provider does not see the matched record (or partial match) in MEDS. This stands in contrast to the system used by SPE and county eligibility workers, who can see multiple records in MEDS and can themselves approve or deny matches.

Some county observers report that the Gateway's file clearance processes have significantly increased duplicates in MEDS; independent observers, on the other hand, suggest that the Gateway is responsible for only a portion of the duplication problem.

Duplicate files. The MEDS database (implemented between 1980 and 1983) has an estimated duplication rate of 5 percent.[21] The need to modernize MEDS is generally understood, but will be difficult and expensive. A recent review of the MEDS system concluded it faces an "all but inevitable" crisis in the near future due to the loss of staff who can implement the required changes, "software entropy," and the demand for additions and changes to the software.[22]

Families filling out the CDHS 4073 may use nicknames, name variations, or may transpose last and middle names. Provider staff may transpose numbers when entering birthdates. In any of these cases, the result may be that records for a child with a common name may miss a match unless all other data points are aligned.

Duplicate files cause problems for families, providers, and eligibility workers. Families may have their child's coverage wrongly denied or may encounter delays in enrollment. Duplicates may lead to providers' claims being denied or delayed. Cleaning up duplicates is time-consuming and labor-intensive for county welfare departments.

To minimize duplication and user error, CDHS has modified the file clearance process on several occasions, adding additional fields to the file clearance match logic. In the early months of the Gateway, CDHS recognized that some providers were submitting the same record repeatedly. The Gateway has been changed to "lock" each transaction for a day—subsequent identical transactions during a 24-hour period are not processed.

B. Enrollment in Continuous Coverage

The low rate of successful enrollment in continuous coverage elicited much discussion of the Gateway's goals. According to some stakeholders, including architects of the Gateway, CDHS never projected that the Gateway would result in significant new enrollment in such coverage. In this view, the Gateway was designed to bridge a gap between screening and needed services. Before the Gateway, children received CHDP assessments, but had very limited access to follow-up care, even though the counties were mandated to provide it. Temporary Medi-Cal coverage through the Gateway offers far better access to services. The Gateway link to continuous coverage was a secondary consideration, designed to provide an additional entry point for families interested in applying.

Other stakeholders maintain that continious coverage is as central a goal of the Gateway as pre-enrollment in temporary coverage. They point to the fact that since the program's inception, Gateway materials for providers and families have prominently featured information about continious coverage.[23]

"We built a brand new, state-of-the-art highway, and the last two miles you have to get out and walk on a dirt road."

—County CHDP Director

Leaving aside this debate, there is general agreement that requiring families to submit a new and separate application to get continuous coverage is the weak link in the Gateway process. The process works well before this point (pre-enrollments and requesting applications), and reasonably well after it (enrollment in continuous full-scope coverage for those who apply). But few families take the step of returning the joint application that arrives in the mail, and even fewer do so in time to have their eligibility extended. This problem is found in other two-step enrollment programs, notably Express Enrollment.[24]

Barriers to families completing the second step of the Gateway enrollment process were identified through focus groups with parents, CHDP providers, and CHDP staff, as well as from interviews with providers, CHDP staff, Certified Application Assisters (CAAs), and advocates. Some of the most important barriers include the following:

Eligibility and family perceptions

- ***Eligibility status.*** Families whose children are ineligible due to immigration status may not return the application. Reliable data on the eligibility status of the CHDP client population are lacking. According to the 2005 California Health Interview Survey, of the 566,000 uninsured children under age 19 and with family income under 200 percent of the federal poverty level in that year (roughly those eligible for CHDP and the Gateway), 404,000, or 71 percent, were eligible for Medi-Cal or Healthy Families.[25]

  A large number of these 400,000 eligible children may pass through the CHDP Gateway and obtain temporary coverage. That only 75,000 Gateway children successfully enroll in long-term Medi-Cal or Healthy Families coverage suggests that Gateway's ability to connect children to continuous coverage could be greatly improved.

- ***Poor understanding of the Gateway process.*** Some families do not understand that coverage is temporary and that they have to fill out a complete application to secure continuous insurance. Many parents said they found out that coverage had ended when they were at a doctor's office or trying to fill a prescription. Almost none of the parents in the focus groups understood that the Gateway was designed to link to full-scope, continuous Medi-Cal and Healthy Families.
- ***BIC is confusing.*** The Benefits Identification Card (BIC) that families receive in the mail shortly after their Gateway visit is the same as the permanent eligibility card that many families have had in the past. Many assume when they receive it that they have long-term coverage and no further action is necessary.
- ***Temporary coverage may be perceived as sufficient.*** The CHDP periodicity schedule allows nine visits by the age of two years. Parents might therefore pre-enroll their children in full-scope coverage every few months (as periodicity allows). One parent in Los Angeles said of her sick child, "We went back to the hospital. It was worth it because they didn't charge me anything. So I went for the second time." Some CHDP staff thought that the ease and speed of the Gateway application, as opposed to the full Medi-Cal application, was part of the attraction for families who use the Gateway repeatedly. From the data, this does not appear to be a common practice. Only a minority of Gateway pre-enrollees—about 13 percent—received more than one visit in the period from October, 2005, through September, 2006; more than three-quarters of these children pre-enrolled twice in that year.

Mail-in application and process

- ***Lag time.*** By the time the application arrives in the mail, families feel less compelled to complete it.
- ***Complex application requirements.*** Many stakeholders complained that the application is confusing and difficult for some people to understand and complete without assistance.[26] In focus groups, parents said that automobile and tax documentation, pay stubs, birth certificates, and social security cards were the most difficult documents to furnish, with birth certificates often requiring long drives to retrieve.
- ***Lack of application assistance.*** Most respondents agreed that direct assistance with applications—from CAAs or county eligibility staff—is critical to the submission of complete, accurate applications. A number of CHDP program staff reported that they coordinate with community-based organizations and other sites, such as community clinics that host CAAs, and/or with local coalitions working on health insurance outreach. Many CHDP providers do not have these resources on-site.

Provider issues

- ***Provider commitment and resources.*** Not all CHDP providers are prepared or motivated to assist families in gaining continuous coverage. From some providers' perspectives, the Gateway is simply a new requirement for doing business with the CHDP program. Although all providers are expected to provide families with an overview of the Gateway system and direction on completing the process, their performance varies.
- ***High turnover among office staff.*** Many respondents cited high levels of front-office staff turnover in CHDP provider offices as a barrier to easy implementation of the Gateway. Inexperienced staff were judged more likely to make data entry errors, and to have limited understanding of the link to continuous coverage. These issues were more problematic for low-volume providers.

- ***Provider training.*** Provider training is primarily the responsibility of the local CHDP programs, and quality and frequency of training varies widely. Early in the Gateway's implementation, CDHS provided a training curriculum and a video to local CHDP offices, and many local programs continue to use these materials to train providers. The Medi-Cal website hosts a training module on Gateway transactions, but that is the only training resource available online.

  As a result of limited training resources, in many instances the responsibility for training front-office staff about the Gateway rests with the providers themselves. In focus groups, CHDP providers said that they were insufficiently prepared in terms of information and training, particularly when they must train their own front-office staff. However, in some counties, respondents reported that provider training was "sinking in" over time, and that as a result families were more aware of the fact that their children's coverage was temporary and that another step was necessary to ensure that it remains in place.

- ***Follow-up with families.*** Some county CHDP programs and some CHDP providers do contact families to encourage them to apply, and to offer assistance with the joint application, but these activities seem to be the exception rather than the rule. None of the parents who participated in focus groups recalled any follow-up from local CHDP offices or from CHDP providers.

Issues for SPE and counties.

Staff from Single Point of Entry (SPE) and county DSS offices pointed out several problems with CHDP Gateway applications:

- ***Linking joint application to Gateway record.*** Joint applications submitted for continuous coverage do not include the child's Gateway-linked CIN, so Gateway pre-enrollees cannot be identified as such by workers at SPE or the county. When an SPE worker receives a paper application, he or she follows the same file clearance procedure as for any other application. In most cases, the SPE or county worker will locate the Gateway CIN and aid code as part of a standard file clearance procedure, and will extend the child's eligibility. However, if for some reason the worker locates another CIN for the child first, then the new application will be linked to the old CIN, and the child's temporary Medi-Cal may not be extended.

  In a related problem, families rarely supply a child's Social Security Number as part of the initial Gateway application. In these cases, the system generates a pseudo-SSN that is attached to the child's file. If the family later submits the child's true SSN; for example, on the mail-in application; the eligibility workers must go through a confusing process to manage the two numbers properly. This issue may also lead to elevated counts of eligibility denials and of pending cases.[27]

- ***Poor communication.*** DSS staff, advocates, and local CHDP staff from a number of counties reported that communication between CDHS and county social services departments has been poor since the program's inception. Some county DSS staff said they do not understand clearly what happens "upstream" at the providers' offices. Several had misinformation about key parts of the Gateway eligibility process, despite an explanatory letter from CDHS in 2003.[28] A forthcoming CDHS manual on file clearance will reportedly contain all Gateway instructions.

C. Automatic Newborn Enrollment

The CHDP Gateway enrolls more than 5,000 infants in continuing full-scope Medi-Cal every month through its "deemed eligibility" system, serving as an important back-up to hospital- and county-backed enrollment systems. However, it has not yet succeeded in systematically identifying all eligible infants. A major barrier is that mothers often do not have their BIC or Medi-Cal card numbers with them at the time of their newborn's CHDP visit, and without that information the child cannot be linked to the mother's case.

Other challenges raised about the eligibility-deeming processes for infants include:

- ***Inconsistent processes and eligibility responses.*** A successful transaction should deem qualified infants eligible for immediate full-scope Medi-Cal from the month of birth to age one. According to local CHDP staff, however, MEDS often erroneously sends back a temporary aid code for newborns who were believed to be deemed eligible by CHDP staff; it is unclear whether this results from incomplete or incorrect information being submitted to MEDS through the Gateway. Consequently, some providers continue to use the older, paper Newborn Referral Form (MC 330) in addition to the CDHS 4073, faxing the MC 330 to the county welfare department.[29]
- ***Limited provider knowledge.*** Information about newborn enrollment does not appear to have been transmitted effectively from the state to counties, or by counties to providers. Knowledge of newborn enrollment procedures and eligibility varied widely across providers.

V. Recommendations for Improving the CHDP Gateway

In the year ending September 30, 2006, the CHDP Gateway succeeded in providing 600,000 children with health assessments and temporary Medi-Cal coverage. The Gateway linked more than 70,000 of these children with continuous, full-scope coverage, and has the potential to become a more important piece of the enrollment system. As new entry points to coverage are implemented and eligibility for insurance is expanded, the Gateway can increase its reach and effectiveness.

Across the board, people interviewed for this project supported the goals of the CHDP Gateway—from maximizing federal dollars for health care and providing immediate access to temporary coverage, to linking children to continuous coverage. According to one observer, the state of California "should focus on the value of continuous coverage and use the Gateway as an opportunity to get people in for an exam and then see them all the way through the process to [final] enrollment." Many observers noted that the Gateway had become more successful over time in meeting both its goals of enrolling children in temporary coverage, and converting that coverage into long-term insurance. However, there was wide frustration with the two-step process.

The 12 recommendations discussed below offer solutions to strengthen the Gateway's performance. These are primarily directed at CDHS and MRMIB. Policy changes affecting the future of California's overall enrollment system will require the attention of the state legislature. In addition, these recommendations should inform the feasibility study for improving the CHDP Gateway required by AB 1948, and the design of the new WIC Gateway mandated by SB 437. A strengthened CHDP Gateway could serve as a model for the implementation of SB 24, which requires electronic "gateways" for newborns and pregnant women in hospitals and providers' offices. Lastly, should health care reform expand eligibility for children, the Gateway will serve as a crucial entry point to coverage.

Training, Coordination and Outreach

Better training for providers, greater coordination between the state and county offices, and more resources to support families' application processes could all improve Gateway performance.

1. Reevaluate and extend standardized training on Gateway function and use. CDHS should develop online training for provider staff, including frequently asked questions and other sources of assistance available via the Internet, and should evaluate the most efficient ways to use local CHDP staff to train providers.

2. Intensify CDHS and county efforts to identify and resolve Gateway-initiated enrollment problems. A forum in which state and county staff can share problems and solutions could contribute to more effective file clearance statewide. Local CHDP staff should be involved to offer more guidance to their welfare agency colleagues and provider staff who use the Gateway.

3. Provide all families with application assistance. CDHS, counties, and local networks should continue efforts to assist with applications. The Outreach, Enrollment, Retention, and Utilization (OERU) county allocations for locally-driven outreach efforts were funded for $19.6 million in the 2006–2007 budget. The program requires counties—working with coalitions of community-based organizations and safety-net providers—to develop and implement plans and budgets for OERU activities for three years. These and other monies for outreach and enrollment can be used by local outreach entities to work with CHDP programs and providers to ensure that those with knowledge of the Gateway program and the CHDP client population are consulted.

4. Connect eligible children with county Healthy Kids programs. If the Gateway determines that a child is not eligible for temporary Medi-Cal coverage because family income is too high or because s/he already has limited scope or emergency Medi-Cal, the system should inform families about county Healthy Kids or CalKids programs. Such connections could be made through simple changes to the Gateway response messages and outreach materials.

Interim Technological Solutions

Even in the absence of major changes to the overall enrollment system, modest amendments could improve the Gateway's function and the likelihood that families will apply for continuous coverage.

5. Discontinue the practice of sending a Benefits Identification Card (BIC) to children with temporary coverage. These plastic cards have long been a source of confusion. One potential solution would be to dispense with the BIC for Gateway pre-enrollees altogether. Children would receive the permanent BIC only when they have returned the joint application and their eligibility has been established. In the meantime, they would use the temporary paper Immediate Need Document to access services. According to CDHS, only minor system changes would be required to accomplish this.[30] For this to be successful, however, some providers (notably pharmacists) would require additional education about accepting BIC numbers on the immediate-need documents.

6. Pre-populate the paper application sent to families with information provided during the pre-enrollment screening, including the child's BIC number. Including the BIC number on the application sent to families would ensure that SPE links the incoming application to the correct case file, and that the child receives an extension of temporary coverage until a final eligibility determination is made.

Pre-populating the joint application with data from the Gateway application might also encourage more families to apply. Although the data collected for the Gateway application is limited, the receipt of a "personalized" application would somewhat mitigate the two-step process, making the second step more of a follow-up.

7. Continue to evaluate and improve the automatic file clearance technology. Unlike the system used at the county level or at the SPE, the Gateway system is almost fully automated. It works well when accurate information is fed into it, but automatic file clearance against the MEDS system, in an environment in which most clients do not provide Social Security Numbers or other unduplicated identifiers, leads to duplicate records and missed matches. While these problems are not primarily technological, programming changes would further improve the system's functioning. CDHS says it is committed to continuing to improve the automated process as new insight into MEDS file clearance becomes available.[31]

Looking Toward the Future: Moving Children into Continuous Coverage

The following policy changes would create a more efficient, streamlined, and integrated enrollment system, in which the CHDP Gateway could play a central role.

8. Simplify underlying eligibility rules for Medi-Cal and Healthy Families. The complexity of the joint application is a deterrent to families. The state will soon release an updated and simplified joint application, created with the input of county eligibility workers, CAAs, advocates, and others.

California's Express Enrollment (EE) Program offers a model for simplifying enrollment by allowing the school lunch application to serve as documentation of income and residency for Medi-Cal. SB 437, passed in 2006, goes a step further, requiring the state to establish a two-phase project for self-certification of income for Medi-Cal families. In the first phase, a two-year pilot project in two counties will allow families applying for or renewing coverage to certify their income. After an evaluation of the pilot, the second stage may include statewide implementation.

9. Allow the Gateway application to serve as a Medi-Cal application. There are two possible approaches to streamlining, or eliminating altogether, the two-step application process for continuous coverage. An application for such coverage would only be initiated at the family's request. The possible approaches are:

A. Modified two-step option—Initiate an electronic joint application with information collected at the CHDP visit. This would be sent automatically to the SPE for screening and further follow-up with the family to complete the eligibility determination. The EE program offers a model whereby temporary eligibility is extended until the full eligibility determination is completed.

B. One-step option—Offer families the option of completing a full application at the time they submit the Gateway application for temporary coverage. This would require development of a simplified application that would collect the minimal additional information needed to serve as a full Medi-Cal application. Since a one-step process would require asking families about immigration status and collecting documentation, families would need to be made aware that they do not have to complete this stage of the application to receive temporary coverage for their children.

AB 1948, passed in 2006, requires CDHS to study the feasibility of modifying the CHDP Gateway application to eliminate the need for those who pre-enroll in Medi-Cal or Healthy Families to submit a second, follow-up application in order to remain enrolled.

Establishing a modified two-step or a true one-step process in providers' offices raises some concerns. While health care providers are in many ways ideal enrollers, their capacity is often quite limited. CHDP providers experience high turnover in front-office staff, face great pressure to move patients in and out quickly, and may have little understanding of the complexities of insurance programs. In addition, requiring office staff to ask questions about immigration status, as a one-step system would, will be problematic for staff at CHDP providers who feel that such questions jeopardize their relationships with patients.

10. Adopt a cross-cutting approach to enrollment. The continuing patchwork of program enrollment systems is inefficient and unfriendly to consumers. The California Health and Human Services Agency should invest in a comprehensive solution that facilitates more efficient use of existing information technologies across agencies and programs to integrate and streamline enrollment and retention. A report on a future enrollment system forthcoming from Eclipse Solutions will address this approach in greater detail.

11. Prioritize the development of a replacement system for MEDS. An independent technical assessment of the system found that it would take "*at least* six years" to implement a replacement system. It is likely that the system will reach a crisis point even earlier.[32] While the automatic file clearance system developed for the CHDP Gateway works adequately, the reality of increased automation and continued growth of the system, in both size and complexity, demands that MEDS improvements and/or replacement become a priority. Any future cross-cutting comprehensive approach to enrollment will be far stronger and more efficient if MEDS is replaced.

12. Expand eligibility to all children. The governor's January 2007 health care reform proposal calls for expanding health insurance coverage for all children whose families earn up to 300 percent of the Federal Poverty Level. Legislative efforts are pending in both the Assembly and Senate. Evidence from Children's Health Initiative (CHI) efforts in California counties makes clear that an emphasis on coverage for all children has been effective in increasing enrollment efforts; the same message statewide would presumably have tremendous impact on the CHDP client population.

Limitations on eligibility may also make the CHDP Gateway a vital point of access. The federal Deficit Reduction Act of 2005 (DRA) requires U.S. citizens and nationals applying for Medi-Cal to show proof of citizenship or national status and identity. The requirement does not apply to Medi-Cal's presumptive eligibility or accelerated enrollment programs, including the CHDP Gateway, Express Enrollment, or the joint Healthy Families/Medi-Cal application. Children who are enrolled through these programs will, however, be subject to the documentation requirements when their Medi-Cal status is determined (with exceptions for deemed-eligible infants).[33] Thus, at least in the short term, the Gateway will be one of the few avenues to immediate health services for children while their families supply the appropriate paperwork.

Conclusion

The CHDP Gateway represents an unprecedented experiment in using automated matching against a complex database, in using temporary Medi-Cal coverage to pay for health assessment services and other immediate medical needs, and in using health delivery sites and well-child care as an entry point into continuous coverage.

It has succeeded in pre-enrolling large numbers of children and giving them temporary Medi-Cal coverage. Further, its screening and pre-enrollment technology successfully interfaces with MEDS and offers a solid foundation for expanding automatic enrollment into coverage for more children.

However, the Gateway has been far less successful in achieving continuous coverage. Most of its challenges arise from complex issues that predate the Gateway itself: the problems with MEDS, the complexity of the joint application, and a patchy eligibility system in which some siblings within the same family may be eligible for coverage when others are not.

The Gateway's automation is a powerful tool that should be refined and improved as the program moves forward. It points to the value of short-term improvements, including technological and policy fixes to improve follow-up, and better training and coordination. On a broader scale, the research findings suggest that the state should analyze the role of the Gateway in expanding health insurance coverage for children, and maximize its effectiveness as part of a comprehensive strategy to streamline and integrate enrollment in public programs.

Appendix A: CHDP Gateway Data Elements* and Analytical Findings

Data Element	Figure	Data Detail	Considerations and Implications
Pre-enrollments and visits to CHDP providers			
Health assessment visits/CHDP Gateway encounters	785,480	Figure includes: • Successful pre-enrollments, including multiple visits. • Denials.	
Health assessment visits resulting in Gateway pre-enrollment	712,755	• Number of health assessment visits during which a child is pre-enrolled into temporary Medi-Cal ("successful pre-enrollments"). • Excludes denials.	Includes children who pre-enroll more than once; not an unduplicated count of children.
Successful pre-enrollments into temporary Medi-Cal by aid code	8W: 527,230 8X: 78,531 8U: 63,706 8Y: 43,167 8V: 121	Figures exclude: denials.	See Table 1 in Appendix B for aid code definitions.
Number of children pre-enrolling in temporary Medi-Cal	613,575	Unduplicated count of children pre-enrolling. Figure excludes: • Denials. • Multiple visits by same child.	Includes children in aid codes 8U and 8V; these children are not required to return a joint application for continuous coverage.
Children pre-enrolling more than once	77,834	Subset of 613,575 figure.	• 2 visits: 60,795 • 3 visits: 13,323 • 4 visits: 3,147 • 5 visits: 547 • > 5 visits: 22
Percentage of children pre-enrolling more than once	12.6%		
Joint applications for Medi-Cal/Healthy Families			
Requests for joint applications at time of CHDP pre-enrollment	551,250	Family checks "yes" to statement "I want to apply for continous coverage through Medi-Cal or Healthy Families." Excludes denials.	Counts instances, not individuals. Includes 8W and 8X pre-enrollments—8U pre-enrollees can request an application but it is not sent out because they will be automatically enrolled as deemed eligibles.
Percentage of pre-enrollments in which applications were requested	91.0%	Requests for joint applications from 8W and 8X pre-enrollees (551,250), divided by total number of 8W and 8X pre-enrollments (605,761).	
Individual children for whom applications are returned and temporary eligibility (8W,8X) was extended	109,287	Number of pre-enrolled children in aid categories 8W and 8X for whom applications were returned to the Single Point of Entry or any other point of intake within the period of CHDP Gateway eligibility.	Includes applications from pre-enrollees who requested join applications be sent to them, as well as from pre-enrollees who did not.

* Data for the period October 1, 2005–September 30, 2006. Source: California Department of Health Services Information and Technology Support Division (ITSD).

Data Element	Figure	Data Detail	Considerations and Implications
Joint applications for Medi-Cal/Healthy Families (cont.)			
Percentage of 8W and 8X pre-enrollments in which temporary Medi-Cal coverage was extended	18.0%	Number of pre-enrolled children in aid categories 8W and 8X for whom applications were returned to the Single Point of Entry or any other point of intake within the period of CHDP Gateway eligibility (109,287), divided by total 8W and 8X pre-enrollments (605,761).	
Individual children (in aid codes 8W, 8X) for whom application was returned within 90 days of Gateway pre-enrollment	155, 595	Number of pre-enrolled children in aid categories 8W and 8X for whom applications were returned to the Single Point of Entry or any other point of intake within 90 days of the CHDP Gateway application date.	Includes applications from pre-enrollees who requested applications be sent to them, as well as from pre-enrollees who did not.
Eligibility determination and continuous coverage			
Gateway children enrolled into continuous, full-scope Medi-Cal	55,743	Children pre-enrolled through the Gateway who were determined eligible for continuous, full-scope Medi-Cal.	Includes deemed-eligible infants (aid code 8U) who convert to continuous full-scope aid code.
Gateway children enrolled in continuous Healthy Families	11,796	Children pre-enrolled through the Gateway who were determined eligible for Healthy Families.	MRMIB reports 17,829 Gateway children enrolled in Healthy Families during the period 10/1/05–9/30/06.
Gateway children enrolled in continuous, limited-scope Medi-Cal	7,988	Children pre-enrolled through the Gateway who were determined eligible for continuous, limited-scope Medi-Cal.	
Percentage of children who gain continuous coverage in full-scope Medi-Cal or Healthy Families via the Gateway	11.0%	Children enrolling into full-scope Medi-Cal or Healthy Families (67,539), divided by total number of children pre-enrolled (613,575).	
Percentage of children who gain continuous coverage in Medi-Cal (including limited-scope) or Healthy Families via the Gateway	12.3%	Children enrolling into Medi-Cal (including limited-scope) or Healthy Families (75,527), divided by total number of children pre-enrolled (613,575).	

* Data for the period October 1, 2005–September 30, 2006. Source: California Department of Health Services Information and Technology Support Division (ITSD).

Appendix B: Elements of the Gateway Process

Intake and Electronic Interface

A Gateway visit begins when an uninsured, low-income child not currently enrolled in full-scope, no-cost Medi-Cal or Healthy Families presents for an exam at a CHDP provider's office. Staff review a state-produced document, the Gateway Pre-Visit Flyer (PUB 139), with the parent.[34] They describe services for which children are eligible with a temporary Benefits Identification Card (BIC), the temporary nature of coverage, the potential impact on immigration status (none), and what families need to do to apply for continuous coverage.

To begin the process, the parent, guardian, or an emancipated minor completes and signs a "pre-enrollment" form, the CHDS 4073.[35] This form asks for general demographic information about the child and his or her family, the number of people in the family, and family income before taxes. At this time, the parent chooses whether to apply for continuous coverage through Medi-Cal or Healthy Families. A check-box allows the parent to request a paper application for Medi-Cal and Healthy Families (MC 321). (Three additional information requests are included on the pre-enrollment screening form for a newborn, as described below.) Even with the program's automation, providers are required to keep a copy of the completed CHDS 4073 on file to verify authenticity and for audit purposes. (Prior to the Gateway, providers were required to send the 4073 to EDS along with the PM 160 as part of the billing process; this paper transaction is no longer necessary.)

The rest of the process is completed by a staff member, using the Internet (Medi-Cal Web site) or a Point of Service (POS) device. The Point of Service device looks like a credit card terminal with a small keyboard attached. The Internet interface is hosted on the Medi-Cal Web site. Both systems can be used for services beyond the CHDP Gateway, among them eligibility verification, Share of Cost clearance, and submission of pharmacy claims.[36]

After logging into the system, the staff member first encounters a verification screen, on which he/she enters the information that the parent provided on the CDHS 4073, including the response to the question about receiving a paper application in the mail to apply for continuous coverage. An online screen immediately checks the income against CHDP standards. If the family income is too high, the staff member will receive a message to that effect; otherwise, he/she will be instructed to proceed to the Application screen.

The application screen asks whether the patient has a Benefits Identification Card (BIC), indicating that the client is known to MEDS, and then for the name (last, first, middle initial), date of birth, gender, address, and Social Security Number. This last is optional and, in site visits conducted for this report, was not asked. The staff member then continues by filling in the mother's name and, for patients under age one, whether the child lived with the mother in the month of his/her birth, and, if so, the mother's date of birth and BIC number, Medi-Cal card number, or Social Security Number.

The application screen asks whether that day's CHDP visit is within the CHDP periodicity schedule. The provider may know the date of the child's last assessment, either from existing medical records or parent report. (If the provider does not know, he/she will discover if the child is eligible for another health-assessment screening only when they send the Gateway transaction and receive a message stating that the child is not eligible.)[37] If the provider knows that the CHDP visit is *not* within periodicity, the provider can identify the screening visit as a Medically Necessary Interperiodic Health Assessment (MNIHA), which permits assessments outside the regular periodicity schedule.

Finally, the provider enters the name of the patient's parent or legal guardian, his/her phone number and primary spoken and written languages, and certifies that the CHDS 4073 has been signed.

Providers have an opportunity to review and edit their entries before submitting them, either on the application screen or by moving to an application summary screen, which displays all the responses. From that screen, providers can go "Back to Application" to edit an entry; print the application summary; or submit the completed Gateway transaction.

Clicking the "Submit Application" button at the bottom of the application returns a prompt asking whether the provider has verified the data and printed a copy of the Application Summary. A "No" response allows the provider back into the application screen; a "Yes" submits the application.

Once submitted, the CHDP Gateway transaction is sent to MEDS, which checks the child's name, birth date, gender, and address against its records to determine the child's eligibility for pre-enrollment. MEDS typically returns a response within seconds.

Gateway Connection to One-e-App

One-e-App, a Web-based system for connecting families with a range of publicly funded health and social service programs, is used in five counties to screen and electronically route applications for programs such as Medi-Cal, Healthy Families, Healthy Kids, and county indigent care. The Center to Promote HealthCare Access, Inc., recently added the Gateway to the list of programs to which data can be routed. That interface was launched in Los Angeles and San Joaquin counties in February, 2007 and March, 2007, respectively. It is expected that other counties with One-e-App will include the CHDP interface in their suite of programs.

Increased availability of One-e-App should help families submit a complete and correct joint application. One-e-App can also serve as an integrated system with which multiple programs can interact, addressing concerns that programs such as Gateway are "one-off" solutions that work only with single, specific programs.

Pre-Enrollment and Temporary Coverage

There are several possible outcomes for a child who is screened by the Gateway for CHDP services and temporary Medi-Cal. The basic outcome categories include:

1. *There is no record of the child in MEDS.* In this case, they are eligible for "pre-enrollment," temporary full-scope Medi-Cal for up to 60 days and a CHDP exam.
2. *The child is known to MEDS, and is either: (a) already enrolled in Medi-Cal or Healthy Families; (b) currently pre-enrolled through the CHDP Gateway or another accelerated program; or (c) a full-scope, no-cost Medi-Cal beneficiary.* The system will tell the provider that the child has existing Medi-Cal coverage. If the child has an assigned provider who is not the CHDP provider, the child will be referred to the assigned provider for care.
3. *The child is already enrolled in Medi-Cal with an aid code linked to undocumented immigration status.* The child is eligible for a state-funded CHDP exam, depending on periodicity, but not for pre-enrollment and temporary full-scope Medi-Cal coverage.

In all cases, the provider prints out the message returned by the system (the "CHDP Gateway Pre-Enrollment Response") and gives it to the familiy. The response does not reference the child's specific aid category (this is available to the provider if they print an Eligibility Inquiry Response; see Table 1 for a list of CHDP Gateway eligibility aid codes) or immigration status, but includes the patient's name, date of

birth, gender, BIC number, BIC issue date (and end date, if applicable), the provider's number, and a brief message explaining the outcome and next steps for the provider and patient. If the parent did not request an application earlier in the process, the message provides instruction on how to obtain one. The provider prints the Response for the family and keeps a copy.[38]

In cases in which a child is eligible for pre-enrollment, the Gateway system will enroll the child in temporary full-scope Medi-Cal for the remainder of the month of service and the month following. If the child does not already have a BIC, the Pre-Enrollment Response operates as an immediate-need document—when signed by the parent, it can be used that day to receive Medi-Cal covered services, including physician and dental care, prescriptions, hospital, lab, and other services. The family leaves the provider's office with this document and with a flyer explaining how to apply for continuous coverage.[39] The Gateway system initiates a transaction request for a Medi-Cal Benefits Identification Card (BIC), which is produced and mailed the next working day. The family should receive the BIC in two to five days. The BIC replaces the immediate-need document and serves as the child's Medi-Cal card until the end of the temporary coverage period.

In a separate mailing, families who apply for continuous coverage receive a joint Medi-Cal/Healthy Families application. As of January 2006, provider's offices are required to maintain copies of the joint Medi-Cal/Healthy Families applications to distribute to parents at the time of a Gateway screening.[40]

Completing the Joint Application and Application Follow-Up

A family that has elected to apply for continuous Medi-Cal or Healthy Families coverage must complete and send in the joint application before their child's temporary coverage expires to maintain coverage past the expiration date. If a family has not returned an application by 15 days before the end of the temporary coverage period, CDHS sends a reminder notice.

Families may apply through other means during the coverage period, including working directly with a county eligibility worker or a certified application assistor at the CHDP provider's office or elsewhere, or through another mechanism.

Local CHDP programs have access to Business Objects, a software reporting system that allows state and county staff to view CHDP Gateway data online and to download detailed reports about Gateway applications. The data in Business Objects is compiled by the California Department of Health Services (CHDS) Fiscal Intermediary from the CHDP Confidential

Table 1: Medi-Cal Aid Codes for the CHDP Gateway [41]

8U	Deemed-eligible newborns from day of birth through first year of life; full-scope Medi-Cal with no share of cost (SOC) required, provided they continue to meet all other eligibility requirements. Federal financial participation available.
8V	Deemed-eligible newborns from day of birth through first year of life; full-scope Medi-Cal with a share of cost required,. Federal financial participation available.
8W	Probable no-cost Medi-Cal–eligible children. Provides temporary, full-scope Medi-Cal benefits with no SOC. Federal financial participation available.
8X	Probable Healthy Families–eligible children. Provides temporary, full-scope Medi-Cal benefits with no SOC. Federal financial participation available.
8Y	Undocumented immigrant children known to MEDS. This aid code category is not eligible for federal financial participation, but state-only funding.

Screening/Billing Report forms (PM 160s), the CHDP Provider Master File, and the Gateway transactions file.[42] Local CHDP offices can use Business Objects reports or PM 160 forms returned to the county to conduct follow-up with families and provide application assistance. However, there is no state requirement that CHDP staff use Business Objects or any other means to track the progress of joint applications or follow up with pre-enrolled children.

Eligibility Determination

When a family mails in a completed application with all required documentation, the Single Point of Entry (SPE) routes the application to the appropriate county welfare office or to the Healthy Families administrative vendor (Maximus). The SPE also sends a transaction to MEDS, which removes the end date for temporary Medi-Cal coverage. This process extends the child's temporary coverage until a final eligibility determination is made. (Healthy Families has 20 days to make this determination, while Medi-Cal has 40–60 days to make this determination.) CDHS mails the family a letter informing them that their application has been received and is being processed.

Notably, there is nothing on the paper application that marks it as an application from a child who has been through the CHDP Gateway. For staff at SPE, the joint application is like any other, and the file clearance process proceeds exactly as it would for a child who had not encountered the Gateway.

Possible final outcomes of the eligibility determination process for Medi-Cal or Healthy Families include:

- The child is enrolled in full-scope Medi-Cal or Healthy Families.
- The child is enrolled in limited scope or emergency Medi-Cal.
- The child is denied coverage because he/she is not eligible. At this point, temporary Medi-Cal coverage is terminated; depending on eligibility and local coverage options, the family may be referred to other coverage.
- The child's application is missing information necessary to complete an eligibility determination. A letter detailing the missing information is mailed to the family. If the family does not return the documents in time, the application is denied.

Newborn Enrollment as "Deemed Eligible"

Since 2004, infants under one year of age are "deemed eligible" if they were born to mothers who had Medi-Cal coverage at the time of delivery. Parents of these infants must fill in three additional fields on the CHDS 4073 form, under the section "For Infants Under One Year of Age":

- Did the infant live with the mother in the month of birth?
- Mother's date of birth.
- Mother's Benefits Identification Card (BIC) ID number or Social Security Number.

Parents of infants who are deemed eligible during pre-enrollment screening at the CHDP provider's office do not need to complete the joint application. The state provides a CHDP Parent Flyer for Newborn Enrollment (PUB 186), which explains the difference between deemed-eligible enrollment and temporary coverage. Parents should get this notice at their CHDP visit.[43]

Infants who cannot be linked to a Medi-Cal mother—for example, when a mother cannot supply her BIC number at her CHDP visit—are not allowed to be deemed eligible under the CHDP process, and instead go through the HDP Gateway process as described above, receiving temporary full-scope coverage, which will end unless they file an application for continuous coverage.

Endnotes

1. California Department of Health Services. CHDP Gateway Internet Step-by-Step User Guide, June, 2004. (http://files.medi-cal.ca.gov/pubsdoco/publications/Masters-Other/CHDP/userguide/gateway_guide.pdf).
2. Legislative Analyst's Office. "Child Health and Disability Prevention Program: Department Not Enforcing Treatment Requirement." *Analysis of the 1997–98 Budget Bill* C-64 (www.lao.ca.gov/analysis_1997/health_ss_anal97.pdf).
3. 42 U.S.C. § 1397 et seq.
4. Legislative Analyst's Office. *Obstructed Entry: CHDP Fails as Gateway To Affordable Health Care.* January 30, 2001 (www.lao.ca.gov/2001/chdp/013001_chdp.html).
5. Ibid.
6. Ibid.
7. Ta, Van M., M.P.H., and Lucien Wulsin, Jr., J.D. *A Summary of Health Care Financing for Low-Income Individuals in California, 1998 to 2005.* Insure the Uninsured Project (ITUP), February 3, 2005 (www.itup.org/pdfs/OverviewofCA98-05.pdf).
8. Legislative Analyst's Office. *2006–07 Analysis.* February 23, 2006 (www.lao.ca.gov/analysis_2006/health_ss/healthss_anl06.pdf).
9. 2006 Cal. Stat. 332.
10. 2006 Cal. Stat. 328.
11. California's Medi-Cal Eligibility Data System (MEDS). MEDS is a database of Medicaid recipients, managed under the Department of Health Services.
12. California Managed Risk Medical Insurance Board. *Healthy Families Historical Reports.* (www.mrmib.ca.gov/MRMIB/HFPReportsHis.shtml).
13. CDHS Information andTechnology Support Division. Personal communication with Jina Wang, January 25, 2007. The CDHS 4073 asks two questions about language: "What language do you speak at home?" and "What language do you read best?" Staff at CDHS ITSD reported that the responses for language are "primarily written language," with spoken language counted "if written language is invalid.".
14. Eclipse Solutions, Inc. Medi-Cal Eligibility Data System (MEDS) Assessment Project, June 2004.
15. Managed Risk Medical Insurance Board. "CHDP Gateway Initiated Applications Statistics, 03-Oct-06" (for the period October 2005 through September 2006). (www.mrmib.ca.gov/MRMIB/HFP/Sep_06/HFPRpt31.pdf.)
16. Managed Risk Medical Insurance Board. "CHDP Gateway Initiated Applications Statistics, 03-Oct-06" (for the period October 2005 through September 2006). (www.mrmib.ca.gov/MRMIB/ HFP/Sep_06/HFPRpt31.pdf).
17. California Department of Health Services. Data from November 2004–October 2005, on file with California HealthCare Foundation.
18. California Department of Health Services. "EDS Processed Claims, CY 2004." Source: MCSS Pivot Table F35 Summary Pivot Table 2004 to 2006. May 5, 2006. On file with the California HealthCare Foundation.
19. California Department of Health Services. Comments on the CHDP Gateway DRAFT report, November 6, 2006, 21. On file with the California HealthCare Foundation.
20. California Department of Health Services. Comments on the CHDP Gateway DRAFT report, November 6, 2006, 22. On file with the California HealthCare Foundation.
21. Eclipse Solutions, Inc. *Medi-Cal Eligibility Data System (MEDS) Assessment Project,* June 2004. More specifically, the duplicates are part of the Statewide Client Index (SCI), "a combination of applications and telecommunication infrastructure that was developed in 1994 to allow access to beneficiary information for file clearance purposes. Several state agencies and departments utilize this system to establish identity information... Originally developed for use by DHS and MEDS, it usage has grown far beyond its original scope and now services a great number of different applications and programs."
22. Ibid, page 3.
23. California Department of Health Services, "Your Child Now Has FreeTemporary Medi-Cal Health Coverage" (Gateway Post-Visit Flyer) June 5, 2003 (www.dhs.ca.gov/ pcfh/cms/chdp/pdf/postvisitenglish.pdf).
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26. Overton, Lisa. "Simplify, Automate andFollow the Leader: Lessons on Expanding HealthCoverage for Children." California HealthCareFoundation, November 2006 (www.chcf.org/topics/medi-cal/index.cfm?itemID=127290).

27. California Department of Health Services. Comments on the CHDP Gateway DRAFT report, November 6, 2006, 31. On file at the California HealthCare Foundation. According to CDHS, "[t]he greatest bar to getting complete data on Gateway children is the fact that the Social Security Number (SSN) is not requested/provided. As long as there are CIN numbers assigned when children do not have SSNs, there is the possibility of overcounting unduplicated beneficiaries/users."

28. California Department of Health Services. All County Welfare Directors Letter No. 03-33. "Implementation of Child Health and Disability Prevention Program Gateway." June 18, 2003. (www.dhs.ca.gov/mcs/mcpd/meb/acls/PDFs/ACWDLs/2003ACLs/30s/c03-33.pdf).

29. California Department of Health Services. Children's Medical Servicves, CHDP Provider Information Notice No. 04-08, March 30, 2004. Before the Gateway was modified to accept information to deem newborns eligible, a CHDP Provider Information Notice recommended that in the interim providers complete a Newborn Referral Form (MC 330) and forward it to the county. (www.dhs.ca.gov/pcfh/cms/onlinearchive/pdf/chdp/providerinformationnotices/2004/chdppin0408.pdf).

30. California Department of Health Services. Comments on the CHDP Gateway DRAFT report, November 6, 2006, 2. On file with the California HealthCare Foundation.

31. California Department of Health Services. Comments on the CHDP Gateway DRAFT report, November 6, 2006, 33. On file with California HealthCare Foundation.

32. Eclipse Solutions, Inc. *Medi-Cal Eligibility Data System (MEDS) Assessment Project.* June, 2004.

33. California Department of Health Services. All County Welfare Directors Letter No. 07-12. "Implementation of the Federal Deficit Reduction Act of 2005 Requirement to Provide Evidence of Citizenship/U.S. National Status as a Condition of Medi-Cal Eligibility." June 4, 2007. (www.dhs.ca.gov/mcs/mcpd/MEB/ACLs/ PDFs/ACWDLs/2007ACLs/10thru19/c07-12.pdf).

34. California Department of Health Services. (www.dhs.ca.gov/pcfh/cms/chdp/pdf/previsitenglish.pdf).

35. California Department of Health Services. (www.dhs.ca.gov/publications/forms/ pdf/dhs4073.pdf).

36. California Department of Health Services. *Point of Service (POS) Device User Guides.* (http://files.medi-cal.ca.gov/pubsdoco/ugframe.asp?hURL=/Pubsdoco/pos_home.asp).

37. California Department of Health Services. Children's Medical Services, Child Health and Disability Prevention Program, Provider Concerns (n.d.). (www.dhs.ca.gov/pcfh/cms/chdp/gateway/provider.htm).

38. Most CHDP providers fill out a separate form, the PM 160, for payment and reporting of health assessment services. They submit one copy to the billing administrative vendor for payment and another to their local CHDP program. Certain clinics, including Federally Qualified Health Centers, Rural Health Centers, and Medi-Cal Managed Care providers, are paid differently but still are required to submit Information-Only PM 160 forms to the county. Traditionally, these forms have been used by local CHDP programs to track children's health status and provide follow-up assistance, particularly to children referred for additional services.

39. California Department of Health Services. (www.dhs.ca.gov/pcfh/cms/chdp/pdf/postvisitenglish.pdf).

40. California Department of Health Services. CHDP Provider Information Notice No: 06-01. January 11, 2006 (www.dhs.ca.gov/pcfh/cms/onlinearchive/pdf/chdp/programletters/2006/chdppl0601.pdf).

41. California Department of Health Services. All County Welfare Directors Letter No. 03-33, June 18, 2003, adapted. (www.dhs.ca.gov/mcs/mcpd/meb/acls/PDFs/ACWDLs/2003ACLs/30s/c03-33.pdf).

42. California Department of Health Services. Children's Medical Services, CHDP Program Data Reporting System with Business Objects. (www.dhs.ca.gov/pcfh/cms/chdp/chdpbo.htm).

43. California Department of Health Services. (www.dhs.ca.gov/pcfh/cms/chdp/pdf/parentinfoeng.pdf).