

## RECOMMENDATIONS FOR ADVANCING CHILDREN'S COVERAGE

The report, “The Affordable Care Act and Children’s Coverage in California: Our Progress and Our Future,” developed by The Children’s Partnership, highlights the tremendous strides in children’s coverage made over the past six years through implementation of the Affordable Care Act and other related health care reforms. Over 5.7 million children—more than half of the children in California—are enrolled in coverage through Medi-Cal and Covered California. The report identifies the following recommendations for how California can further advance children’s coverage and care.

### Coverage

- ▶ **Pursue a state fix to the “Family Glitch” until there is a federal remedy.** The State should explore affordable coverage options while efforts continue to identify a federal fix to the “affordability test” for the many families shut out of Covered California subsidies and without affordable employer coverage.
- ▶ **Expand Medi-Cal to low-income undocumented immigrant adults and allow undocumented immigrants to purchase coverage through Covered California.** When parents are also eligible for coverage, the whole family is more likely to enroll and more children can get the health care they need.
- ▶ **Provide child-specific, comprehensive coverage for children enrolled in health plans through Covered California.** In lieu of a federal definition of the “Pediatric Services” Essential Health Benefit, the State should pursue a waiver to offer children enrolled in Covered California the option to enroll in Medi-Cal-contracted health plans as a means of providing a comprehensive pediatric services benefits package.
- ▶ **Provide the “Pediatric Services” Essential Health Benefit to youth up to age 21.** This would align with Medi-Cal’s eligibility for coverage for children up to age 21.



### Affordability

- ▶ **Support families and individuals’ ability to afford health coverage and care by lowering the cap on Covered California plans’ overall out-of-pocket costs.** This will help make affordable coverage a reality for children and families who do not qualify for Medi-Cal or have employer-based coverage.

### Enrollment

- ▶ **Ensure a smooth enrollment process for all undocumented immigrant children into full-scope Medi-Cal.** The enrollment process should be clear, understandable, and trusted for immigrant families.
- ▶ **Provide Accelerated Enrollment for children regardless of where they enter the system.** Until all entry points to enroll in Medi-Cal (such as through the county or over the phone) can provide real-time enrollment, Accelerated Enrollment is the best alternative to ensure children receive immediate coverage.

Read the full report at [www.childrenspartnership.org/childrenandtheaca](http://www.childrenspartnership.org/childrenandtheaca).

## Enrollment (continued)

- ▶ **Implement Express Enrollment strategies through CalFresh, WIC, and CHDP.** California’s new system of coverage for all low-income children provides the opportunity to better utilize children’s enrollment in other public programs to expedite their enrollment in Medi-Cal.
- ▶ **Improve the online application experience through regular consumer testing to identify what causes delays and confusion.** Consumers are still experiencing technical difficulties with online enrollment and renewals through the Covered California online application.
- ▶ **Monitor enrollment experiences of families with members in different coverage programs to identify what is working and areas for further improved coordination.** The State should track and report data on the application, enrollment, and renewal experiences of families with members in Covered California and Medi-Cal, identify barriers, and pursue solutions.
- ▶ **Streamline renewal processes and bridge coverage for families transitioning from Medi-Cal to Covered California.** Given the timing challenges in shifting from Medi-Cal into a Covered California plan, families would benefit from a Medi-Cal “bridge” (paid by Covered California) until plan enrollment is complete.
- ▶ **Implement a flexible standard for accepting eligibility information for Medi-Cal enrollment and renewal of coverage.** As done in 34 other states, adopting such a “reasonable compatibility” standard would allow relatively small discrepancies in reported eligibility information without further paper documentation by families.

## Outreach

- ▶ **Invest in culturally competent, targeted, in-person assistance to reach underserved populations.** Providing support to trusted local organizations that provide culturally and linguistically competent in-person assistance to underserved communities can help ensure families receive effective education and enrollment assistance.
- ▶ **Equip community leaders with tools to connect families to health coverage.** The State should partner with community organizations where eligible families and children already go—such as at places of worship, schools, and work—to educate families about health coverage options for their children and themselves.
- ▶ **Provide assurances for mixed-status families, including families with undocumented immigrant children, regarding use of their immigration status information.** Outreach as well as official communications to families will need to include family-friendly and official information that outlines the existing privacy assurances and public charge limitations.

- ▶ **Ensure outreach to uninsured individuals emphasizes the availability of financial assistance.** One-third of those eligible but uninsured are not aware of financial assistance available to them—but it is the most important factor for a majority of those that signed up for coverage.
- ▶ **Increase and sustain funding for application assisters who are trained and certified in Medi-Cal enrollment assistance.** With Covered California unable to fund enrollment assistance for Medi-Cal, a sustained investment is needed for Medi-Cal application assistance, including training and certification to ensure quality.

## Care

- ▶ **Explore integration of health care literacy in existing educational venues for children and their families.** The State should work with community partners, such as schools or Head Start sites, on awareness campaigns that have demonstrated success in reaching uninsured children to inform families about health insurance.
- ▶ **Support community partners educating families about their children’s benefits and how to get care.** Families may not understand how to use their coverage or access care. Messengers that know families best, including schools, community health workers, or community-based public health workers, can educate families.
- ▶ **Increase the number of providers serving Medi-Cal children through targeted innovative payment reforms.** California could incentivize contracted health plans and providers by paying enhanced rates for improved performance on currently reported quality measures, such as increases in timely immunization rates or well-child visits.
- ▶ **Conduct an audit of children’s access to care in Medi-Cal to ensure children are getting the care they need.** A comprehensive audit of children’s health care access in Medi-Cal should be conducted, if the Medi-Cal 2020 waiver access assessment does not sufficiently examine children’s specific access conditions.
- ▶ **Increase child-specific data monitoring, performance indicators, and reporting.** More child-specific quality measures are needed to clarify the types of specific and targeted solutions needed to improve access to quality care—in both Medi-Cal and Covered California.
- ▶ **Ensure efforts to reform the delivery of care consider the specific needs of children.** Establish performance standards and incentives to ensure the linkage of health and non-health sectors to address critical social, environmental, and developmental factors impacting the health of children.
- ▶ **Use advances in technology to bring health care to children and families.** The State should facilitate wider adoption of telehealth to address inadequate access to care for children enrolled in Medi-Cal, particularly those living in rural or other underserved areas.