

## **Testimony of Claudia Page**

Co-Director

The Center to Promote HealthCare Access (Creators of One-e-App)

### **Before the House Committee on Agriculture**

#### **Subcommittee on Department of Operations, Oversight, Nutrition and Forestry**

January 25, 2010

My name is Claudia Page and I am a co-director at The Center to Promote HealthCare Access (The Center), a non-profit technology solution provider improving quality of life by connecting people to needed public benefits. The Center's signature solution is One-e-App, an innovative, one-stop, Web-based system for connecting families with a range of publicly funded health and human service programs. My comments today on participation in federal nutrition programs will be offered through this One-e-App lens.

The Center works with a variety of states, including the state of California and 15 California counties, to use One-e-App software to screen and support enrollment of families in programs ranging from SNAP (i.e., Food Stamps) and WIC to Medicaid and Earned Income Tax Credit (EITC). Nationally, adoption of the One-e-App technology is increasing. To date, One-e-App, has been used to screen more than 3.3 million people, generating roughly 6 million applications for more than 20 programs. Food stamps (SNAP) was implemented less than two years ago in Arizona and more recently in a couple of California counties. In this short time, more than 627,500 of these people were screened potentially eligible for Food Stamps through One-e-App and applications were submitted for final determination to states or counties.

The opportunity to provide testimony on this topic is timely and important. While technology is not a cure-all for the myriad enrollment challenges families face, it is a critical component in bridging the "silo phenomenon" and improving the enrollment process for federal nutrition and other health and social services programs. Further, conversations around federal health care reform provide a potential opening to promote broader enrollment reform, with improved systems development, data sharing and a more thoughtful way to support families and make sure they do not fall through the cracks as major new enrollment changes are rolled out.

I will focus my comments on discussing the "silo" phenomenon and missed opportunities to connect needy individuals with assistance and the One-e-App experience in bridging the silos created by complex disconnected enrollment processes. I will also provide suggestions for overcoming challenges related to using technology to improve access and participation.

### **Context and the Silo Phenomenon**

If there was ever a time to focus attention on the efficiencies of the screening and enrollment process for low-income families into public benefits, now is that time. Hundreds of thousands of Americans have lost and continue to lose their jobs, their

homes and their savings as a result of severe economic stress at both state and national levels.

For county and state governments this means increased demand for government sponsored programs such as Food Stamps and Medicaid. Governments are facing the largest budget crisis in recent history and have cut and furloughed staff, with additional cut backs likely in coming months. Government cannot afford to do business as usual under these circumstances. Technology offers promise in redeploying the workforce to focus on high-value tasks like answering substantive questions about benefits programs instead of tasks like manually entering data from paper forms, denying applications when hand writing cannot be deciphered, correcting common errors, dealing with duplicate applications and rescheduling missed appointments.

For applicants, the current process of applying for programs for which they may be eligible in the current environment means waiting in long lines (sometimes snaking outside offices along sidewalks), completing multiple paper forms (supplying much if not all of the same information each time), traveling to different locations sometimes multiple times and navigating an incredibly complex maze of referrals and programs. Imagine a single mother trying to hold on to a low-wage job, who cannot pay for child care and who's car has been repossessed; applying for the very help that may change her situation has become nearly impossible. Ultimately, this siloed approach results in missed opportunities for assistance because there is no *one* place to be screened for all programs.

One-e-App was created to not only bridge silos between programs but to equip community support networks and families with channels and tools to do more for themselves and to relieve pressure on already constrained state and county social services and Medicaid departments. The goal is to help communities and government better serve individuals and families.

### **One-e-App Solution**

One-e-App is essentially like a “turbo-tax” for public and private benefits: it is available online, the system is intuitive and asks only relevant questions, data is error checked and complete, data is stored and retrievable and the system can transmit data and documentation electronically where needed for final dispositions.

Created in 2002 to support enrollment in a variety of health programs, over the last several years the system has evolved to include a range of government and non-government health *and* social services programs. The following programs are currently available in One-e-App.

#### *Programs:*

- Food Stamps
- TANF (Temporary Aid to Needy Families)
- Medicaid

- S-CHIP
- Early Periodic Screening Diagnosis and Treatment (EPSDT)
- School Lunch Medicaid (known as Express Lane Eligibility (ELE - a School Lunch and Medicaid linkage) in California)
- County Indigent Care and Coverage Expansion Programs (for adults and children)
- Kaiser Permanente Child Health Program
- Kaiser Permanente Bridge Program
- Medicare Cost Sharing
- Sliding Fee and Charity Care Programs
- Family Planning
- Cancer Detection (Breast, Cervical and Prostate)
- Supplemental Nutrition for Women, Infants and Children (WIC)
- Earned Income Tax Credit (EITC)
- Voter Registration
- General Assistance
- Discount Utility Programs
- Low Income Auto Insurance
- Child Tax Credit
- CalKIDS Health Programs
- Pharmacy Discount Programs
- Hospital Charity Care Programs
- Work Force Investment Programs (under development)
- And other local programs

One-e-App integrates with other systems to electronically deliver applications and supporting documentation and signatures for many of these programs. Electronic interfaces have been built from One-e-App to state systems in Arizona and state and county systems in California. In addition, Maryland is in the process of building an interface from its version of One-e-App to the state system for Food Stamps, Medicaid and other programs. One-e-App also interfaces with a variety of other entities including PG&E, Kaiser Permanente, health plans, patient management systems, electronic health records, US Postal Service for address verification, and more.

### **Innovation and Impact**

One-e-App is currently used in Arizona, California, Indiana and Maryland by state and county workers and community-based assistors in hospitals, clinics, schools, health plans and other locations. With local and state partners, The Center is testing new approaches to streamlining access to nutrition and other programs. Activities include:

#### *Bridging the Silos - Full Integration to State Systems:*

In Arizona, One-e-App has been fully integrated with the state systems enabling applicants to apply across a range of programs. Applications and supporting documents can be delivered and shared via a fully electronic approach. Disposition data is provided

so applicants know the outcome of their application. This fully integrated approach is the first of its kind in the nation. Maryland is also going to be adopting this model and One-e-App, known there as Health-e-Link, should be fully integrated across all state and local programs by the end of 2010.

*Public Access:*

- In Arizona and California (and soon in Maryland) One-e-App is *publicly* accessible, which means applicants themselves go online (at home, libraries, school computer labs, work) to complete and submit applications.
- Publicly accessible One-e-App (called Health-e-Arizona in AZ) launched in Arizona on December 15, 2008, and at the end of 2009 nearly 230,000 households submitted Food Stamps applications electronically to the state. This represents almost 626,000 individuals applying for benefits. Of the applications submitted, 68% were approved or benefits were retained (some applications are renewals or change reports.) The approval rate would likely be over 90% had the applicants followed through with interviews and provided verifications (75% of denials are for failing to follow through). Of the 230,000 Food Stamps applying households, more than 217,000 (almost 95%) had at least one individual likely eligible for Medicaid.
- In Los Angeles, One-e-App is available via public kiosks located at school enrollment sites where families can complete the application process themselves, or with assistance from on-site counselors. In Fresno, applicants can apply from home, libraries and other locations.

*Fast Track for Food Stamps:*

In California, the One-e-App system also provides a newly created “Fast-Track for Food Stamps” that allows Food Banks to assist with the Food Stamps application process while a community partner completes the application process for additional programs, using the electronically stored data and documentation from the Food Stamps application as the starting point. This approach allows resource-strapped Food Banks to more effectively assist with Food Stamps applications while leveraging the effort to assist families with other programs. Pilot initiatives are underway in Humboldt, San Diego and soon in Alameda and Fresno.

**Impact of Missed Opportunities to Reach and Enroll in Public Benefits**

As you will have heard from others providing testimony, low uptake in benefits programs results not only in missed support for families, but also in missed revenue for local economies.

*Earned Income Tax Credit (EITC) program:* One-e-App screens for EITC and calculates the projected refund families will likely receive, based on data provided. To date, One-e-App has referred users to roughly \$1.8 million dollars in EITC credits. It is important to

note that we did not add a single question to the system to be able make this preliminary calculation for EITC; the questions asked of the applicant to calculate eligibility for other programs is sufficient to make the EITC calculation. This means no added work for assistors helping families, but significant opportunity for families to be connected with what is considered to be the most powerful anti-poverty tool, and one of the most underutilized. The dollars received by families through the EITC program make their way back to the local economy, thus supporting local economic activity.

*Food Stamps:* Missed participation in Food Stamps results in lost revenue for local economies. With each dollar of food stamp benefits generating \$1.84 in economic activity, in Arizona alone, connecting households to Food Stamps through One-e-App has put \$50 million into local economies.

*Health Coverage:* It is difficult to put a dollar amount on the enormous impact of uninsured and lack of health coverage. As an uncompensated Emergency Room visit costs a hospital \$1200 to \$1900, frequent utilizers of uncompensated Emergency Room care are therefor costly. Further, the downstream impacts of missed preventive care and lack of timely treatment are also costly (physically and emotionally for families who worry about children getting sick, or getting sick themselves.)

Food insecurity does not exist in a silo. Those challenged to put food on the table are also likely struggling with health coverage, paying bills, keeping their homes and more. And the numbers are significant -- on average, roughly 13 million people nationally are eligible but not enrolled in Food Stamps, nearly 3.1 million California adults are not receiving benefits and 645,000 residents in Riverside County alone suffer from food insecurity (data sources respectively: USDA, UCLA Center for Health Policy Studies, California Food Policy Advocates). In addition, nearly one million Medi-Cal recipients in California are also likely eligible for Food Stamps based on their eligibility for Medi-Cal, yet there is no linkage or connection for these families.

So while hunger is a powerful indicator of need, when food insecurity is addressed as a stand-alone concern, we miss opportunities to more fully help families with other issues related to poverty. Similarly, when access to health coverage is addressed in a silo, we miss opportunities to connect eligible individuals with food assistance. There is an entrenched national history of creating silos around specific benefit programs, such as Food Stamps and Medicaid. These means-tested programs have separate financing streams, administrative oversight, technology systems and eligibility rules.

### **Opportunities for Closing the Participation Gap**

The following suggestions for removing barriers would permit technology to be more effective at closing the enrollment gap in food and other assistance programs:

- Support development (create financing opportunities) of systems like One-e-App and create incentives to encourage states to permit data exchange in the way Arizona has done (with appropriate securities and safeguards). Similarly, to the extent appropriate,

provide access to federal systems (e.g. IRS, Federal IEVS, federal housing programs). Experience in Arizona points to immediate opportunities to break down the silos through a community based tool that exchanges data in this way.

- Provide guidance to states on conducting data matches to establish linkages for other means tested programs such as Medicaid and Free and Reduced School Lunch. Conduct deemed eligibility for programs where a match is identified.
- Provide a mandate to state and counties to find secure and safe ways to accept applications electronically through a ‘One-e-App’ or similar tool so that applications can be received and processed electronically, thereby extending reach in the community and efficiency for administrators.
- Continue to promote ways to reduce the number of in-person meetings required to complete an application, including eliminating the fingerprinting requirement in California and other states requiring fingerprinting.
- Promote broader awareness and utilization of telephonic signatures and other innovations to streamline the enrollment process.

These recommendations do not have to be something that happen in the future; they can happen immediately. One-e-App has demonstrated success in bridging the silos and while broader systems reform is ultimately called for, modernizing enrollment in public benefits is complex and disruptive and will take years to accomplish. It is critical to start with immediate wins and ready partners while more integrated systems reform takes place through health care reform and driven by economic realities of maintaining outdated, disparate systems.

The Center to Promote HealthCare Access is happy to provide more information or to connect interested stakeholders with One-e-App users. Thank you for the opportunity to share these comments and experience today and for your leadership on this important issue.

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Committee on Agriculture  
U.S. House of Representatives  
Required Witness Disclosure Form

House Rules\* require nongovernmental witnesses to disclose the amount and source of Federal grants received since October 1, 2006.

Name: Claudia Page  
Address: 1333 Broadway, Suite 1020, Oakland, CA 94612  
Telephone: 510-273-4641  
Organization you represent (if any): The Center to Promote Health Care Access, Inc.

1. Please list any federal grants or contracts (including subgrants and subcontracts) you have received since October 1, 2006, as well as the source and the amount of each grant or contract. House Rules do **NOT** require disclosure of federal payments to individuals, such as Social Security or Medicare benefits, farm program payments, or assistance to agricultural producers:

Source: none Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

2. If you are appearing on behalf of an organization, please list any federal grants or contracts (including subgrants and subcontracts) the organization has received since October 1, 2006, as well as the source and the amount of each grant or contract:

Source: none Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Please check here if this form is NOT applicable to you: \_\_\_\_\_

Signature: Claudia Page

\* Rule XI, clause 2(g)(4) of the U.S. House of Representatives provides: *Each committee shall, to the greatest extent practicable, require witnesses who appear before it to submit in advance written statements of proposed testimony and to limit their initial presentations to the committee to brief summaries thereof. In the case of a witness appearing in a nongovernmental capacity, a written statement of proposed testimony shall include a curriculum vitae and a disclosure of the amount and source (by agency and program) of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) received during the current fiscal year or either of the two previous fiscal years by the witness or by any entity represented by the witness.*

PLEASE ATTACH DISCLOSURE FORM TO EACH COPY OF TESTIMONY.

## **CLAUDIA PAGE**

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### Bio:

Claudia Page is co-director at The Center to Promote HealthCare Access (The Center), a nonprofit, technology solution provider improving quality of life across the U.S. by connecting people to needed public and private benefits.

For the past 20 years, Ms. Page has worked to improve public health and to reform health care access on both the operational and policy fronts. For the last ten years, she has been a leader in the effort to streamline enrollment in health and social services programs through policy and technology innovation. In 2001, Ms. Page led the implementation of Health-e-App in California, the nation's first online application for Medicaid and S-CHIP, which is still used statewide today. In July 2005, she became co-director at The Center, leading the formation and launch of The Center to Promote HealthCare Access where she oversees The Center's policy, advocacy, and strategic operational activities. Under Ms. Page's leadership, millions of people have been assisted by The Center's technology and The Center has become a valuable learning laboratory for state and county governments. Ms. Page has testified before the U.S. Senate HELP committee, the California Assembly Budget Subcommittee and she has authored language in both federal and state legislation.

Prior to her work with The Center, Ms. Page was a senior program officer in the Health Information and Technology (HIT) Program at the California HealthCare Foundation (CHCF), in Oakland, California. Ms. Page was also policy analyst at CHCF's Medi-Cal Policy Institute, where her work centered on eligibility, enrollment and access to public programs. Ms. Page has more than ten years of direct service experience, having worked at Planned Parenthood affiliates in Washington, D.C. and Austin, Texas. She also worked for the San Francisco Department of Public Health where she led a first-ever screening and treatment program in the City and County Jails. She has volunteered at a variety of community and free clinics on the east and west coasts.

### Experience:

#### **The Center to Promote HealthCare Access, Inc.**

*Director*

Oakland, CA

July 2005 – Present

- Responsible for day to day management of start-up non-profit organization dedicated to modernizing and improving enrollment of low-income individuals in publicly subsidized health care programs.

- Supervise staff (policy analysts, business development managers, administrative support); responsible for over 30 consultants (technical advisors, database analysts and developers, business analysts.)
- Oversee incorporation activities, including application for tax exemption, creation of by-laws, board development.
- Develop and manage \$10 million revenue budget.
- Develop strategic goals, operating plans and policies and short and long range objectives.
- Establish organizational policies and procedures.
- Conduct fundraising and develop strategic relationships with funders, customers, government agencies, policymakers and stakeholders.

**California HealthCare Foundation**

Oakland, CA

*Senior Program Officer, iHealth and Technology*

March 2005 – July 2005

*Program Officer, iHealth and Technology*

2001 – 2005

*Policy Analyst, Medi-Cal Policy Institute*

1997 – 2001

- Manage and direct *Health-e-App* and *One-e-App*, CHCF's signature Web-based projects for streamlining enrollment in publicly-funded health insurance programs. Provide strategic guidance on design, development, evaluation and analysis of related state and federal policies.
- Administer grants, manage multiple consultants, negotiate complex licensing agreements and evaluate solicited and unsolicited proposals.
- Manage the California Clinical Data Project, including convening an Executive Committee of leaders representing health plans, providers, purchasers, clinics, commercial laboratories and state agencies to develop data standards for the transmission of lab and pharmacy data.
- Collaborate and consult with a diverse group of health care experts, including colleagues from foundations, counties, health plans, state agencies and national organizations.
- Track local, state and national health care policy developments; commission research on access and enrollment issues related to public programs.
- Develop and deliver presentations to state and national audiences.
- Plan and execute CHCF's annual Health Information Technology Conference with UC Berkeley (HIT 2004 had over 350 attendees and 40 nationally recognized speakers.)

**San Francisco Department of Public Health**

San Francisco, CA

*Supervisor, STD Control and Prevention*

1996 – 1997

- Directed sexually transmitted disease (STD) screening and treatment activities at more than 25 sites including county jails, schools, community clinics and adult entertainment venues.

- Supervised four full-time employees.
- Conducted quality assurance assessments of STD screening sites.
- Managed reporting to Centers for Disease Control and Prevention (CDC) and other funders.

**Advocates for Youth**

Washington, DC

*Program Associate, HIV Education Department*

1993 – 1995

*Resource Center Coordinator*

1992 – 1993

- Managed several major projects for a national advocacy organization focused on adolescent sexual and reproductive health, including assessing school-based condom availability initiatives, developing HIV-related peer training/train-the-trainers programs and developing curricula for educators.
- Member of the Executive Planning Committee for the pioneering 1995 National Youth Summit on HIV Prevention.
- Wrote grant proposals and managed major CDC funding agreement.
- Authored numerous fact sheets, publications and newsletters.

**Planned Parenthood of Metropolitan**

Washington, DC

*Health Care Associate*

1990 – 1995

- Managed client flow at fast-paced clinic and advised clients about STD/HIV prevention and reproductive health care.
- Designed and managed PPMW volunteer program (recruited, trained and supervised more than 100 volunteers.)
- Member of PPMW clinic defense team; active in related efforts to protect reproductive choice; volunteer for the NAMES Project / AIDS Memorial Quilt.

Education:

Connecticut College, New London, Connecticut  
 B.A., Religious Studies, 1989