



May 16, 2012

Peter Lee
Executive Director
California Health Benefit Exchange
2535 Capitol Oaks Drive, Suite 120
Sacramento, CA 95833

Re: Health Benefits Exchange Navigators Program

Dear Executive Director Lee:

The 2-1-1 California network is writing to express our thanks for your leadership in developing California's Health Benefit Exchange, which is poised to assist millions of California in accessing stable, affordable health care coverage. In this letter, we wish to share with you more information about our network and experience in assisting Californians navigating public systems and community-based resources.

2-1-1 California is the statewide network of local 2-1-1 information and referral providers, and is a collaboration of United Ways of California and the California Alliance of Information & Referral Services (CAIRS). Together these partners are responsible for developing the vision and system that has knit 25 independent non-profits providing 2-1-1 services in their communities into a formal collaborative seeking to coordinate and connect their telephony and information systems, and share best practices. The mission of 2-1-1 California is to ensure that California develops the statewide infrastructure and support necessary to ensure quality 2-1-1 services for everyone.

2-1-1 helps people quickly and effectively connect to existing health, human service programs in their communities, as well as to disaster response information. Use of the three-digit dialing code is governed by Federal Communications Commission (FCC) rules authorizing state public utility commissions to grant exclusive rights to use the code in states or sub-regions of states. Through highly-trained specialists supported by comprehensive resource databases and web-based information tools, 2-1-1 programs provide one-stop access to the full range of health and human services.

The essence of 2-1-1 is its simplicity:

- 2-1-1 is for everyone and can be remembered by everyone.
- 2-1-1 is free and confidential.
- 2-1-1 service is multi-lingual and accessible to the hearing impaired.
- 2-1-1 can assist in developing efficiencies at every level of the health and human services sector.
- 2-1-1 has proven itself time after time as an invaluable resource during and in the aftermath of a disaster.

In 2011, 2-1-1 services in the United States answered more than 16.6 million calls. 2-1-1 currently serves over 260 million Americans (86.6% of the entire population) covering all 50 states (including 37 states with 90%+ coverage) plus Washington DC and Puerto Rico.

Approximately 33 million Californians have access to 2-1-1.

The following is a profile of the 2-1-1 network in California:

- 30 counties have access to the three digit dialing code
- Service available to 93% of Californians
- Operated by 22 independent non-profit providers that have signed a Memorandum of Agreement to work together on statewide initiatives
- Handling an average of 1.4 million calls per year
- Staffed with an estimated 178 FTE call specialists and 41 FTE resource database staff
- Capable of serving in over 150 different languages
- Over 14,000 agency listings in 30 counties
- Over 70,000 service sites listed in 30 counties
 - 16,000 services categorized as health care related

The 2-1-1 network in California is very committed to supporting the implementation of the Affordable Care Act in California. If activated, this network has the capacity to develop quickly a quality health-care focused program that can facilitate outreach, enrollment, retention and utilization. We believe that 2-1-1, like other key community institutions, can be an important entry point to the Exchange for Californians. As a one-stop-shop that can address broader reaching needs, 2-1-1 specialists are trained to help people understand their own needs, often helping people recognize additional unmet needs that can be addressed through locally available resources. Specialists are also experienced at utilizing the time spent with a caller to build awareness and develop a relationship that so that follow-up and quality assurance assessments can be made.

The statewide capacity and easy access to the general public, makes 2-1-1 an invaluable resource to be leveraged. The 2-1-1 systems' ability to connect, or re-direct individuals, throughout the state, in a culturally and linguistically competent manner, makes it a seamless system for Californians. This system can be leveraged by the Exchange, for consumers seeking assistance either through the 2-1-1 dialing code or a toll-free hotline answered by 2-1-1 network; or it can also serve as another portal into the CalHeers system, as a networked system capable of facilitating pre-eligibility, eligibility and enrollment.

Our infrastructure, capacity to train I&R specialists throughout the state, experience integrating with other health and human service programs, and ability to report and collect data uniformly, puts us in a position to quickly start-up, be flexible to program modifications and ultimately develop a continuity of service and program. 2-1-1 is known and trusted in the community and can be a rich source of information for the Exchange as it looks to develop a process for helping Californians access health insurance and improve the quality of California's health.

From experience, 2-1-1s know that a successful program will require the following of navigating entities:

1. Having worked in some of the most diverse communities throughout this State, we strongly encourage the Exchange to ultimately look to work with **existing institutions that are trusted by the community, and can build a bridge to coverage** for the millions of Californians that could benefit from the Exchange marketplace. Working with these institutions, you will find **highly trained professionals that are already interfacing with the population** the Exchange will seek to serve, and who are capable of helping individuals understand their own needs and the most effective, least burdensome, way to address them. By building on the current infrastructure, you will be **recognizing the diversity of the population you seek to serve and consequently, the community infrastructure that's been built to serve that diversity.**

In order to be successful, we encourage you to consider a flexible navigation system that embraces **diverse organizations with recognized levels of expertise and certification** and **varying degrees of capacity** to provide a continuum of services, or components of. We recommend that you give preference

to **mission-based organizations** that have a **proven track-record** of service to the community or populations you will be targeting.

2. As a network that has engaged locally in helping people navigate through systems, we think it is extremely important that the design of the Exchange navigation program include a **uniform way of guiding consumers through a referral process**. Such a system could create more uniform and logical referrals to established local providers and application assistants that will put the consumer first, and ensure that the public is being referred to the best resource, available for them. As a system that works closely with taxonomy and eligibility requirements as part of the referral process, we look forward to the opportunity to sharing our insights as to what that system could look like, specifically ensuring that the system works for client situations and needs to determine the best referrals.
3. We recognize that it will be important to **work with community based groups that have some specialization**, in order to be successful at engaging hard to reach populations and helping those individuals maintain a certain level of coverage as their life situation changes.

Working with multiple groups in each community that meet special population needs will ensure that you are effective at developing multiple points of entry into the Exchange. Naturally, success with such an approach will require that the **IT systems developed be a connector for those entities, and as such be accessible to a broad set of users, providing accurate, real-time information, that can support the uniform development of local enrollment mechanisms**. Developing an IT system that separates the data layer from application layer could be a significantly critical approach to allowing individual organization's systems participate, by connecting to the main application.

2-1-1s are very familiar with the barriers people face when they try to access services. These barriers are commonly known, but it bears stressing that the Exchange ensure that a navigation system be developed that is **available to all Californians, any time of day, with robust language capabilities**.

Lastly, while we understand that undocumented Californians will not be able to access all of the Exchange products, we still encourage the Exchange to **develop clear guidelines for navigating entities to serve those undocumented individuals**, so as to minimize misinformation and exploitation of such a vulnerable group.

4. **Training and Quality Assurance** will be a critical component to ensuring early success. 2-1-1 programs work within the constructs of national standards for information and service referral, as well as a taxonomy system that supports a more effective categorization of community resources so that referrals can be tailored to the individual needs and demographics, and thus be more effective. As such, 2-1-1s have a great understanding of the importance of training and quality assurance and recommends that the Exchange consider the following, when thinking about certification/credentialing and training:
 - Individual certification/credentialing would be the most flexible option, if the funding is designed to allow both individual and entity participation in the navigator program. This would allow larger-scale organizations to allocate the appropriate staffing resources and ensure that they are certified and trained to provide quality service.
 - Many will cite the CAA certification as the most closely aligned certification program in place, 2-1-1s would agree that the CAA certification process is a good process to build upon. It will be important to develop a distinct level of training and certification for individuals and entities that are not enrolling individuals versus those that are. The Alliance for Information and Referrals Services (AIRS) has a thorough Certification program that should be considered, when developing the Exchange's training and credentialing program. That AIRS Certification program is based on established standards for the field of information and referral. It identifies specific competencies and related performance criteria, which describe the knowledge, skills, attitudes and work-related behaviors needed. We recommend

that the Exchange Certification for Navigators include a strong information and referral training component for organizations without that specific experience, in order to equip staff with the tools to assist individuals as they make personal choices, based on the realm of beneficial options. This training would go a long way towards helping to minimize steering towards any one type of insurance, and would help the Exchange in developing a more uniform set of standards for referring and enrolling the uninsured in coverage that meets their individual needs and life circumstances.

- Considering models where the certification/training is left up to individuals to then report to a state entity, might make it more manageable from a system's design perspective, in that it reduces the burden for the Health Exchange; This model would require strong partnership and funding for educational institutions to develop the curriculum and the system for certifying and tracking individual attainment.
- Working with organizations that meet a pre-requisite level of experience, especially in the context of work with the health and human services continuum, would be extremely beneficial to the Exchange, as they could not only serve as local training entities, but also quickly develop the programs needed to initiate the pre-enrollment phase in October of 2013.

Quality assurance is the key component to a successful implementation. Having collectively implemented two large statewide programs (CalFresh Outreach and Broadband Outreach and Awareness), 2-1-1s have learned that is important to:

- Develop the same standards for all navigator entities; Standards can be tiered depending on the types of services sets of entities are providing, but they should be consistent and clearly delineated within sets of entities performing the same type of assistance.
- Develop standard reporting metrics, which include metrics on trainings and updates, so that progress can be tracked over the baseline.
- Develop quality assurance measures that are clear between entity and/or individual;
- Require navigators to utilize a follow-up mechanism, as a means for assessing quality assurance and tracking individual outcomes, which can then be compared to State-level assessments and data;
- Institute mandatory monthly education and outreach webinars during the onset, to ensure that there is consistent communication and understanding as the enrollment period progresses and lessons are learned, strategies for outreach and enrollment are modified at the State level, etc;

To successfully enroll millions of uninsured Californians into health plans beginning in 2014, California will need to develop effective ways not just to (1) respond to people seeking coverage, but also to (2) identify and serve eligible but uninsured people who are seeking resources other than health care or health insurance, or do not know how the Affordable Care Act (ACA) may benefit them. 2-1-1 can help on both these fronts.

In addition to responding to calls to the 2-1-1 number, the system of call centers statewide, can support any hotline developed by the Health Benefits Exchange and respond to people seeking coverage. 2-1-1s have the telephone systems in place to receive calls from 800#s into participating 2-1-1 call centers, and have the know-how to provide the caller with a seamless experience, that can lend itself easily to the Exchange's branding efforts.

Additionally, prior to the enrollment period opening, 2-1-1s can help identify and serve the eligible but uninsured. California's 2-1-1 providers have extensive contact with this population and can play a critical role in identifying those uninsured Californians that can access health insurance through the California Health Benefits Exchange. California's 2-1-1 programs receive over 1.4 million calls annually.

An estimated 120,000 or approximately 8%, have a presenting need related to health care. Most often, these individuals are looking for:

- Health insurance coverage information

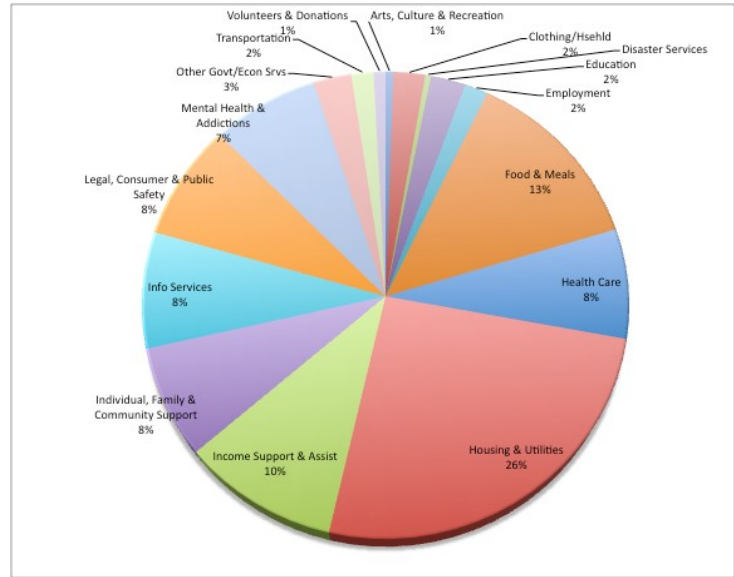
- Health clinic locations/Access to care
- Immunization information
- Prescription assistance

2-1-1s also receive over 98,000 (7%) calls annually relating to mental health and substance abuse needs.

Utilizing 2-1-1 to do outreach and education to those health care callers, would be a very simple and quick way to begin the Exchange’s outreach to California’s eligible but uninsured population.

Additionally, 2-1-1s receive on an annual basis over 600,000 calls where the individual needs to access food, housing, income assistance and mental health resources. We know these individuals primarily to be low-income (unemployed or under-employed), often lacking a medical home and without consistent access to quality health care coverage.

Breakdown of 2-1-1 Client Needs in 2011



Nearly five times as many likely eligible but uninsured people call for non- health reasons. Reaching those people will be critical to the success of the ACA and the California Health Benefits Exchange. The 2-1-1 network has the capacity to flag these individuals, assess their eligibility for health care programs available under the HBEX and facilitate enrollment by seamlessly connecting them to state and local enrollment resources.

2-1-1s can:

- **Screen and identify eligible but uninsured clients:**
 - For clients presenting health needs, proactively screen all callers calls for insurance coverage
 - For clients presenting housing, food, income support and other needs, proactively screen for needs for insurance coverage, as appropriate
- **Inform callers about health coverage:**
 - Qualified health plans offered through the Exchange
 - Eligibility for public programs (Medi-Cal, Healthy Family Program, etc)
 - Eligibility for premium tax credits as well as any tax penalties for not reporting changes in income
 - Consumer assistance programs
- **Connect uninsured clients to appropriate enrollment resources,** including Certified Application Assistants employed by or housed in the 2-1-1 program.
- **Provide follow-up assistance** to ensure coverage, assess level of care and usage, and assist with retention.
- **Provide reliable, accessible support** for re-enrollment and retention, access to appropriate health care and information, as well as assistance to families as they relocate within California (or to or from other states).

Advantages of 2-1-1 include:

- **Trusted source:** 2-1-1 providers are nonprofit organizations with an ethos of providing impartial, non-commercial information to people seeking help, and referrals from community organizations clients also trust are a primary source of clients.
- **Rich personal contact with audience actively seeking information:** People come to 2-1-1 when they are seeking to meet a need, and speak live with trained Specialists. This active information-seeking behavior and live interaction is likely to be more effective in inducing people to actually apply for health coverage than unsolicited or passive impressions through marketing channels.

- **Experience and expertise in serving low- and moderate-income people likely to be uninsured:** 2-1-1 providers have strong customer service cultures and deep understanding of the needs and challenges of low- and moderate-income families and individuals.
- **Address other barriers to enrollment:** 2-1-1 services are available by phone, Web and increasingly by text, and Specialists can help clients resolve challenges to accessing health coverage, including transportation, translation
- **Leverage infrastructure:** 2-1-1 resources include over 178 FTE trained information and referral specialists (Specialists) statewide, multi-lingual staff and access to translation services in over 170 languages, and capacity to serve the disabled and hearing impaired.

For more information about how to develop a joint outreach program with 2-1-1 California, please contact Lilian Coral, Program Manager (lcoral@211california.org) at (877)355-2604 Ext.4

Sincerely,



Peter B. Manzo, President/CEO, United Ways of California
Co-Chair, 2-1-1 California



Nancy Findeisen, President/CEO, Community Link
Co-Chair, 2-1-1 California

cc:

Diana Dooley, California Health Benefit Exchange Board Chair

Kim Belshé, Exchange Board Member

Paul Fearer, Exchange Board Member

Susan Kennedy, Exchange Board Member

Dr. Robert Ross, Exchange Board Member