

ALAMEDA COUNTY MEDICAL CENTER



Highland Hospital Campus Fairmont Hospital Campus

John George Psychiatric Pavilion

Ambulatory Health Care Services

May 30, 2012

Peter Lee
Executive Director
California Health Benefit Exchange
Sacramento, CA 95814

Dear Mr. Lee,

On behalf of the Alameda County Medical Center, thank you for the opportunity to comment on the California Health Benefit Exchange's Statewide Outreach, Marketing and Assistants Program Proposal. We appreciate the hard work of the Exchange and RHA to develop the proposed structure.

Alameda County Medical Center (ACMC) is the designated public hospital system in Alameda County and is licensed for 475 beds. ACMC is comprised of three hospital campuses and three freestanding Federally Qualified Health Centers. We are committed to maintaining and improving the health of all county residents, regardless of their ability to pay. ACMC is a well-known regional trauma center and operates one of the nation's busiest emergency departments with over 90,000 visits annually. We provide a full continuum of care including health promotion and prevention, primary care, chronic disease management, specialty outpatient services in over 30 medical and surgical specialties, labor and delivery, acute medical and surgical inpatient care, acute rehabilitation, skilled nursing, and acute psychiatric in patient and emergency services. We currently provide well over 300,000 outpatient visits annually.

The vast majority of our patients are low-income individuals/families and people of color. Approximately 35.1% of our patients are Latino, 29.4% are African American, 11.2% are Asian/Pacific Islander, 13.2% are White and 11.1% are other or unknown. Approximately 50% of our patients are covered by Medi-Cal, 30% are uninsured and 15% are covered by Medicare.

In general, we are in agreement with the proposed structure and offer our suggested recommendations and comments below for the Exchange to consider in their final recommendations.

Marketing, Outreach and Education Proposal – General

A Significant Amount of Funding Should be Targeted to the Uninsured.

Because a key success of the marketing, outreach and education program will be determined by the number of uninsured Californians who enroll in an insurance plan, we agree that a significant amount of funding, either at the Gold or Silver level, should be spent targeting the demographic sectors of the uninsured; e.g. Latino and other people of color, low income individuals, particularly females and adult males, as well as other individuals that will become newly eligible for health insurance coverage.

Partnerships, Community Groups and Grant Programs

General

Public Hospitals should be a Key Partner in Promoting the Marketplace.

Given the populations and expertise we have in working with the targeted populations in this proposal, we can provide critical general exposure and targeted outreach. As such, we should be considered a key partner eligible for outreach materials, trainings and training tools to be provided to such partners.

Grant Program

1. Public Hospital Systems, including FQHCs, should be a Key Partner and Eligible for any Paid Education and Outreach Grants

Given the populations we serve and the expertise we have in reaching out to our respective communities, we believe that public hospitals and community clinics should be included as a critical partner in funded outreach plans. ACMC and other public hospitals are a trusted and credible source of information to the patients we serve. Not only do we serve Latinos, African Americans and the API community, but we also serve other important diverse, emerging and underserved populations such as Arabic, Russian, Eastern European, and low-income White populations. As a public hospital however, we have limited resources for education and outreach. As such, public hospitals should be specifically designated and eligible in this proposed plan for any grant program that focuses on education and outreach. Because providers such as ours can expand the marketplace to various diverse and underserved populations, we recommend that a significant amount of funding be dedicated to the Grant Program at the Gold level.

2. Public Hospitals should be Given Preference for Grant Funding.

Public Hospitals that serve a significant portion of the uninsured and targeted communities outlined in this proposal should be given preference for grant funding.

Health Care Delivery Systems and Providers Outreach

Public Hospitals, including the Association of Public Hospitals, should be explicitly included as a key Partner for coordination, outreach and education efforts.

Public Hospitals should be specifically designated as a system and provider entity in this part of the plan, particularly given our cultural and linguistic competency, our understanding of barriers to care, and our track record in serving underserved and hard to reach communities and patients. We should be provided with the necessary communication tools, training opportunities, and included in coordination with the development of the Assister's Program and any other efforts in coordinating communication. Inclusion in these efforts will allow us to conduct specific outreach,

awareness and educational efforts that will remove barriers to enrollment and facilitate efforts to inform the populations we serve about assister, navigator and other enrollment efforts conducted by the county and other key stakeholders in Alameda County.

Events and Festivals

Public Hospitals are a critical stakeholder and as such, should be included and invited to major events and festivals including The First Lady Summit.

Multicultural Planning

Latinos – A Critical Target//Reaching African American Targets

Latinos comprise 35% of our patient population throughout our entire hospital system. Often, community health centers that are an integral part of our ACMC public hospital system are overlooked. Like other community clinics in Alameda County, a greater percentage of Latinos utilize our community health centers. Like other community clinics, our community health centers have strong ties to the populations, including the Latino community. This trend is evident with other public hospitals throughout California. As such, public hospitals should be considered a Partner in reaching the Latino Community.

African Americans comprise a significant number of the patients ACMC serves, nearly 30%. ACMC has traditionally been very active in the African American community and should be seen as a community influencer in Alameda County.

Statewide Assistors Program

Assistors Role and Structure

We are pleased that public hospitals and community clinics will have a role in the Assistors Program as **Direct Benefit Assistors** (not compensated by the Exchange). Given the relationships we have with the diverse communities we serve, ACMC's ability to serve as a Direct Benefit Assister will be critical to achieve the goal of increasing coverage among Alameda County's uninsured population. We support the recommendations that include the following:

- Ability of Direct Benefit Assistors to be compensated by other sources
- Having a business interest in enrolling people
- Conducting enrollment as part of our community service mission
- Support efforts by the Exchange to secure funding to offset the cost of training for Navigators and Assistors given our limited resources to provide additional training
- Offering trainings, education, eligibility and enrollment activities, certification, etc., that are consistent with those offered to Navigators and will help ensure all eligible staff are effectively trained

Through our experience in serving low-income and uninsured patients, we have first-hand knowledge of the reality that many individuals enroll in coverage at the point of care. County eligibility workers and public hospital staff have gained significant experience in connecting patients to health coverage options. Public hospital systems have also played a major role in developing and implementing coverage expansion programs. Through the Low Income Health Program (LIHP), ACMC together with the County, the Alameda Health Consortium and the Alameda Alliance for have helped lead

efforts to enroll nearly 40,000 uninsured individuals. As California prepares for reform implementation, it is important that the Assisters program build upon this expertise in enrollment in public hospital systems in helping to connect the uninsured to coverage options. We therefore support the overall proposed Assisters framework and believe it will allow public hospital systems to serve as an important touch point for individuals to enroll in coverage.

Recommendations

- Amend the proposal to include the addition of a hybrid model that provides grant funding to qualified safety net and community leaders who can effectively work harder to reach populations and assist with outreach and enrollment efforts. Given the unique and mission driven role of public hospital systems and community clinics, these safety net providers should be eligible and allowed to compete for these additional grant funds.
- Provide for an adequate financial investment in the Grant Program funding (referenced in outreach plan) that will complement pay for enrollment funding mechanisms to maximize awareness about enrollment efforts and participation in affordable health insurance options.
- Develop an alignment system between Assisters Program, Direct Benefit Assisters and other aspects of outreach plan in order to provide a “no wrong door” and seamless and streamlined consumer experience.

Thank you for your consideration. If you should have any questions, please feel free to contact me at 510-535-7335 or via e-mail at pbarrera@acmedctr.org.

Sincerely,



B. Patricia Barrera, J.D.
Director of Legislative Affairs & Community Advocacy