Date:
May 30, 2012

To:
California Health Benefit Exchange
Department of Health Care Services
Managed Risk Medical Insurance Board

From:
Margarita Rocha
Executive Director
Centro La Familia Advocacy Services Inc (Centro)

RE: CA HBEX Proposal for California Assisters Statewide Design Model

Centro la Familia Advocacy Services (Centro) ensures that low income families have access to life sustaining resources. We have been serving about 3000 Fresno families annually with culturally competent advocacy and direct services since 1972. We have been active in convening similar agencies and others interested in health care issues since the health care reform act was initiated in California. Centro is very much aware of the unique challenges in reaching the very poor and non-English speaking populations, especially when introducing new programs or services.

We have been active in conducting public education and outreach activities to raise awareness of the Exchange, QHPs, public health insurance plans like MediCal and the availability of premium tax credits and cost sharing subsidies. We understand the essential role of Certified Applicant Assistors (CAAs) in assisting the uninsured with education, outreach, enrollment and navigation for the HBEx and we concur with the Exchange that the most important considerations are the needs of consumers. The consumers most in need of CAA guidance in these new procedures are those who are culturally and socioeconomically diverse, these also tend to be the most undeserved.

The Certified Application Assisters in California comprise the nucleus of the Distribution Channel. The CAA is often the key person that participants interact

with in terms of health care services and from whom they gain an understanding of what is available within a particular health plan. CAAs have proven their success and experience in educating and assisting individuals and families with health coverage enrollment for many years in California. The HBx will need a pool of skilled and knowledgeable individuals who can guide families through these new benefits, processes and eligibility requirements.

- Therefore, Centro is advocating that CAAs be paid a minimum of $70/enrollment in the first year with $30 for renewals.
- We are also recommending that grants be awarded to advocacy organizations with proven track records in conducting targeted outreach within hard-to-reach populations (such as non-English speaking residents, particularly those within unincorporated rural areas).
- Grants would have an additional objective to help to providing additional services such as education and utilization assistance, as well as the provision of other non-health social services (yet related to health, such as food and nutrition assistance, healthy housing – lead and pest free environments).
- A grant making approach that is effective is one which bases allocation by geographic and demographic concentration. For example, Fresno County has the dubious distinction of being the 'most poor' in the state – poverty is coupled with needing assistance in understanding public benefits and what the process is for obtaining and utilizing those benefits. This all takes time, energy and money to address.
- Centro is further advocating that in the second year, a $60/enrollment fee for CAAs, with continued grants for assistance with special populations (such as isolated rural communities, the non-English speaking elderly).
- Grant funding should be allocated to focus on helping families to find a medical home along with the goal of improving health. It is possible to efficiently provide assistance with utilization and education as part of the application process.
- One important point we would like to address is nomenclature -- in the document, clarification needs to address application and enrollment words. For example, one <u>application</u> can result in several *enrollments*. CAAs are exceptionally good at understanding these distinctions.

- As the accurate tracking of applications and enrollments is of primary importance, we are recommending that DHCS and MRMIB be required to share data electronically to EEs.
- A volunteer advocacy group should be encouraged and be actively included as part of training for effective outreach, perhaps this provision could be integrated into a grant rfp.
- And finally, Community Health Clinics should also be paid for enrollments.

Thank you for your attention to our comments and feedback.