

May 31, 2012

California Health Benefit Exchange Board 2535 Capital Oaks Drive, Suite 120 Sacramento, CA 95833

RE: CA HBEX Proposal for California Assisters Statewide Design Model

Fresno Healthy Communities Access Partners is a non-profit corporation of safety net and health care leaders working on improving access to health care for underserved populations in the San Joaquin Valley for the past seven years. We are the lead organization for the Children and Families Health Initiative for Fresno County and the OERU Partnership providing application assistance and social services support for children and families to obtain health insurance.

We have years of experience in helping the linguistically and culturally diverse families in this area and have made the following recommendations based upon on our lessons learned.

We believe the Certified Application Assisters should be the backbone of the Distribution Channel for the HBEX. They have proven their success and experience in locating, educating and assisting individuals and families in rural and urban settings to obtain, use and retain health coverage for many years in California.

Our recommendations are:

- CAAs should be paid a minimum of \$70/enrollment in the first year with \$30 for renewals.
 However, grants should be provided to target outreach for hard to reach populations and those
 providing additional services such as education, utilization assistance and provision of other
 non-health social services. Perhaps the 2006 state Outreach grants formula for allocation by
 geographic concentration may be a model methodology for these grants.
- In the second year, the fee of \$60/enrollment would be appropriate with continued grants for special populations.
- Grants funding pilot projects on a regional basis should be considered to focus more on the
 vision of improving health through the connection and use of a medical home. We are
 currently demonstrating that it is possible to efficiently provide assistance with utilization and
 education and retention as part of the application process, i.e. it does not need to be a separate
 step from application assistance. This can be more cost effective and efficient.
- FQHC clinics have long been our partners in Fresno County and have demonstrated partnership in all aspects of OERU and should be paid for enrollments. They are not for-profit entities and serve the same population we do and share our same goals.

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- Possibly a volunteer advocate group should be developed as part of the training strategy for the most effective outreach to the large numbers in the first few years of the Exchange. Investment in this volunteer workforce can leverage the work of the CAAs very effectively.
- We noted in the document that clarification needs to occur regarding the use of "application "and "enrollment". One application can result in several enrollments and this distinction is important in the payment formulas. Payment should be based upon an enrollment basis.
- DHCS and MRMIB need to be required to hare data electronically to EEs. The accurate tracking of applications and enrollments is critical. The CAAs need to be supported in serving these families with that information. We also have concerns that duplication of counting because of paper applications and electronic submissions may occur if not accurately and promptly tracked and reported.

Thank you for the opportunity to provide our input. We are available for further assistance and discussion: Nforbes.hcap@phfe.org, 559-320-0242.

Sincerely,

Norma Forbes

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Executive Director, Fresno Healthy Communities Access Partners Program Administration, Children and Families Health Initiative for Fresno County



