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May 31, 2012

Mr. Peter Lee, Executive Director
Secretary Diana Dooley, Chair

RE: Comments on Assisters

Our organization has provided previous comments to the Exchange regarding Qualified Health Plans, particularly as they relate to immigrants and the working poor, the population UNITE HERE HEALTH serves. We appreciate the extensive review and recommendations provided by RHA regarding issues and opportunities related to the Assisters Program under the Affordable Care Act and on the California Health Benefits Exchange.

UNITE HERE HEALTH (the Fund) is a Taft-Hartley labor management Trust Fund that provides health benefits to almost 190,000 hospitality workers and their families in Los Angeles, Monterey, Las Vegas, Atlantic City, New York, Chicago and other locations across the United States. UNITE HERE union members and their families are the participants in our Fund.

Our union and our Health Plans have specific experience in the challenges of educating members about how to enroll for benefits, how to use benefits, and how to protect benefits – even in plans that do not provide many enrollment options. Our enrollment experience in many plans is that enrollment involves detailed assistance. At large enrollments of new properties such as hotels or casinos, application assistance is needed almost one-on-one for issues ranging from basic health care coverage terms such as the definition of a dependent and explanation of the difference between a co-payment and a co-insurance, to more complicated issues such as how to locate a duplicate birth certificate or out of country marriage certificate. The exchanges will require substantially more complex advocacy. We are mindful that most people that have health insurance today – including our members – are provided that insurance without a wide range of plan selection. The selection has been either completed or narrowed for them by their employer. New plan selection advocacy based on network design, affordability, geography, medical home access, etc. will make it essential that enrollees have advocates. We encourage the Exchange Board to keep in mind that while the uninsured may be unfamiliar with coverage, the insured are generally unfamiliar with choice.

We support the recommendations of the RHA report regarding the Assisters program, including the bifurcation of assisters into those paid and unpaid. We strongly support a Direct Benefit Assister

program that has trained advocates who are able to work with a specific entity or population for the following reasons:

1. Direct Benefit Assistors should be paid by the entity they are representing. This will preserve an affordable balance.
2. Participating entities should be member-focused. Non profit member-driven entities, such as unions, exist solely to advocate for and support their members. Membership trust is a cornerstone of the Union movement, and Direct Benefit Assistors working through union entities are uniquely suited to the mission of advocating for the individual and family interests for those that need new coverage.
3. While our health plans are solvent, strong and member-focused, the Affordable Care Act creates new and compelling incentives for existing employers to place their workers on the exchanges rather than to continue to cover their workforce. This is particularly true in the case of collectively bargained agreements which are exempted from the non-discrimination clause of the ACA that requires employers to treat all employees equally. We have grave concerns about the impact of the ACA on employer behavior, especially as many of our members in the hospitality industry will be subsidy-eligible. We will work diligently to ensure our members remain covered through their work and resist employer efforts to decline to provide insurance and/or reduce work schedules to below 30 hours/week. However, if we are not successful, our members will need trustworthy guidance on how to seek new coverage. Unions have ties to membership that can assist them in meeting their cultural, geographic, financial, and health needs, which they may not find on their own.
4. While outreach to the uninsured appears to be the focus of the Assister dialogue to date, we ask the Board to keep in mind that while the uninsured may be unfamiliar with coverage, the insured are generally unfamiliar with choice. Both need assistance.

Our suggestions to ensure the Assister program works as envisioned are:

1. Specifically include trusted advocacy groups like unions as eligible entities to serve as assistor entities – particularly as Direct Benefit Assistors. Unions, Union health plans and Taft-Hartley Funds are uniquely suited to this service – in fact, we believe we are the ideal model for individual and family health coverage advocacy and support. These assistors would be expected to advocate for specific plans, benefits, or populations, and in this way are fundamentally different than the navigators.
2. Allow the Direct Benefit Assistors to have expedited training and certification, with a heavy focus on the eligibility criteria for exchange participation, access to subsidy eligibility training and expertise, and alignment with public programs. This category of assistors could then chose to have expanded training about specific plan design options, but would not have to do so in order to provide Assister services to an entity or population group.
3. Support the RHA proposal of NOT requiring licensing for non-navigators.
4. Do not allow physician, hospital, and other medical providers to serve as Direct Benefit Assistors EXCEPT for public programs. There are too many inherent conflicts in providers being able to advocate for a particular plan that are unique to providers:

- a. Providers will be incentivized to select the plan that will reimburse them the greatest amount – which can often times be the most expensive plan option. This may work against the cost-conscious needs of the enrollee. It may also work against competition in the marketplace because the competing forces on the exchange – including cost -- are being overruled.
- b. Urgent care needs – an urgent health care issue is not an ideal time to shop for health care coverage – the patient is seeking services at a particular provider because they need help. In exchange for receiving timely help, patients often sign forms they either don't understand or they later regret – for example, sick and injured patients are routinely required to sign forms accepting responsibility for the costs of all care received, regardless of whether that care is covered or not. They do so in order to receive care. Again, the forces of plan shopping are overruled.

UNITE HERE HEALTH looks forward to helping the Exchange further develop the Direct Benefit Assister concept so that Unions, Union health plans and Taft-Hartley Trust Funds can help enroll populations that have grown to trust their expertise. Thank you for your attention.

Sincerely,

A handwritten signature in cursive script, reading "Ivana Krajcinovic". The signature is written in dark ink and has a fluid, connected style.

Ivana Krajcinovic
California Regional Director