



# SAN DIEGANS FOR HEALTHCARE COVERAGE

A COALITION FOR HEALTH

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**SENT VIA EMAIL**

September 17, 2012

Mr. Peter Lee  
Executive Director  
California Health Benefits Exchange

**RE: San Diegans for Healthcare Coverage Recommendations and Positions  
California Health Benefits Exchange Plans and Decisions**

San Diegans for Healthcare Coverage is a 501(c)3 not for profit stakeholder coalition formed in 2001 with a mission of expanding coverage and access to care. Our unique coalition includes a broad range of constituency groups representing business, labor, consumers, hospitals, clinics, physicians, health plans, academia, community organizations and local government (Attachment 1). Since passage for the Affordable Care Act, our coalition has focused on planning for implementation to maximize the benefits to all San Diegans.

We have been engaged and following the planning and development of the California Health Benefits Exchange (HBEX) and State Medi-Cal expansion through Listening Groups, Focus Groups, Stakeholder and Board materials, Board meetings and webinars. As a result, we recognize the complexity and scale of the work that must be completed; however, we have some grave concerns about decisions that have been made or are yet to be made.

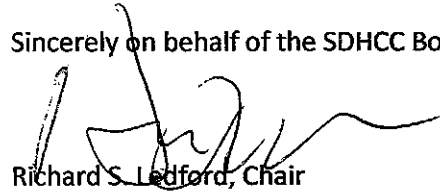
- Consumers should be to be the primary focus of discussion and the decisions. While we recognize that cost, key constituencies and expediency are relevant and important, we also know that success will depend on educating, assisting and providing appropriate options for those newly eligible for coverage; the newly eligible are a diverse population presenting cultural, linguistic and income challenges that can only be met in communities.
- We are concerned that the direction of the Exchange may not recognize that success will depend on coordinated efforts, as well as local trusted relationships, resources and assistance to successfully conduct outreach, education, enrollment assistance, transition and retention. We have experienced the poor results of not recognizing the need to invest in local efforts at the outset of program implementation (e.g., Medicare Part D, Earned Income Tax Credit), as well as the churning and process issues resulting from a lack of integration and focus on enrollment alone (e.g., Healthy Families)

Our coalition looks forward to working together with the Exchange and the State to ensure successful implementation of health reform for our community. To do that, however, we must look to the Exchange to establish policies and opportunities to support that relationship and goal. Our board has voted on a series of recommendations and positions to present to the Exchange to maximize success and benefits for our community. These recommendations and positions are enclosed (Attachment 2).

It is our hope that your recommendations to, and decisions made by, the Exchange board will be informed by our recommendations and positions. California is too large for the Exchange not to partner with organizations like ours to achieve our mutual goals of successfully enrolling and maintaining individuals in coverage and assuring access to care.

We would very much welcome the opportunity to discuss our positions further.

Sincerely on behalf of the SDHCC Board of Directors



Richard S. Ledford, Chair  
SDHCC Board of Directors

Cc: Diana Dooley, Chair, HBEX Board of Directors  
Robert K. Ross, HBEX Board of Directors  
Kim Belshe, HBEX Board of Directors  
Susan Kennedy, HBEX Board of Directors  
Paul Fearer, HBEX Board of Directors  
SDHCC Board of Director

## Attachment 1



SAN DIEGANS FOR HEALTHCARE COVERAGE  
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### Board of Directors

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Ledford Enterprises

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County of San Diego, Health and Human Services  
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**Steve Williams, Sc.D.**  
Associate Dean, College of Health and Human Services,  
SDSU

**Peter Zschiesche**  
Director, Employee Rights Center, Labor Council of San  
Diego

**Attachment 2**  
**San Diegans for Healthcare Coverage**  
**Health Benefits Exchange and State Implementation Decisions and Direction**  
**SDHCC Positions and Recommendations (9/12/2012)**

**1. Outreach and Education (Marketing and Communication)**

- A. Recognize regional, coordinated outreach and education programs in both scope and scale of funding
- B. Recognize the need to allocate outreach and education funds to build the infrastructure and relationships essential to success in advance of open enrollment

**2. Service Centers (Call Centers)**

- A. Recognize and integrate local call centers such as 211-San Diego into State plans
- B. Use of the single application process initiated through CalHEERS must be seamlessly interfaced with County and State systems for streamlined eligibility (one touch and done)

**3. Navigators and Direct Benefit Assistors**

- A. Encourage regional collaboratives and/or entities to serve as Enrollment Entities (Navigator Programs) through which outreach, education and enrollment assistance is linked and coordinated to maximize access to all target populations
- B. Identify methods to provide payment for Medi-Cal enrollment and retention, recognizing that local organizations or jurisdictions may be able and willing to provide state match for enhanced federal match.
- C. Increase Navigator payment to recognize efforts for outreach, application assistance and retention incentives to limit churning of enrollees.
- D. Navigators should be encouraged to work with business and SHOP as 60% of uninsured adults are workers
- E. Providers are significant enrollment assistance resources and should be encouraged to continue to provide assistance to their patients (with limited requirements)

**4. Small Business Healthcare Options Program (SHOP)**

- A. Allow Navigators to educate and assist with SHOP enrollment when they are conducting outreach and assistance to employees (see Brokers)
- B. Establish assistance fees for Navigators assisting employers with their SHOP enrollment

**5. SHOP Employer vs Employee Choice**

- A. Allow employees choice to buy up from employer choice of plans (most similar to existing market where employer sets contribution level and employee chooses benefits)

**6. Qualified Health Plans Network Adequacy – Essential Community Provider Inclusion**

- A. Exchange should establish standards for network adequacy for Exchange products which are tied to consumer access (e.g, NCQA) and monitored; the ACA is about access and health improvement, not the status quo
- B. Use consumer geographic access/choice ECP standards, not rate regions, to ensure continuity, choice and access to care
- C. Eliminate or increase ECP percentage (15%) and apply separately by type of provider (hospital, clinic, PCP, Specialist)

**Essential Benefits Benchmark package** must ensure affordable access to necessary care and compliance (no high deductibles and/or high co-pays for low to modest income)