



Comments to the Board - External

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June 16, 2016 Board Meeting

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May 28, 2016

Attn: Peter Lee
Covered California Board
Covered California
1601 Exposition Boulevard
Sacramento, CA 95814

Re: 2016-2017 Covered California Navigator Program Budget

Dear Mr. Lee and Covered California Board:

California Coverage and Health Initiatives (CCHI) is writing on behalf of the CCHI members, all of whom are committed to reaching out to, educating, enrolling and assisting consumers so they can enjoy the benefits of Covered California and receive valuable in-person, in-language assistance in hard-to-reach communities over the last year. Some of these organizations have been working to increase access to affordable, high quality health care since the First Open Enrollment Period to the remaining uninsured and often overlooked communities that truly require targeted, culturally and linguistically appropriate assistance.

As we look toward the 2016-17 Navigator Program, we would like to share some of the challenges we faced and the successes we achieved to demonstrate how Covered California's strong commitment to supporting the work of community-based entities through the Navigator Program has helped even the hardest-to-reach consumers to attain the benefits of the new health care marketplace.

Thank you for taking our concerns under advisement when designing the 2015-16 Navigator Program. The use of block grants, the recognition of the full range of navigator activities, and the more frequent progress reports provided by Covered California have all been helpful to Navigator grantees over the last year. However, as we reviewed the proposed 2016-17 budget for the Navigator Program, we are very disappointed that its funding has been cut by more than half, from its original budget allocation of \$13 million (or \$10.5 million of the actual funding for Navigator grants) to \$5 million. We strongly hope that the board will consider fully funding the Navigator Program this year at \$13 million as allocated in its 2015-16 budget or at a minimum, maintaining its current allocation of \$10.5 million for Navigator grants and certainly not decreasing it by more than 50%.

Secure, continued funding for in-person, in-language assistance from community-based Navigator grantees is critical to Covered California's success. The Navigator Program supports Covered California's strategy not only to provide equitable access to the most vulnerable and

hard-to-reach populations, but its needed ability to retain consumers to ensure the financial stability of the marketplace. We believe that, ideally using the original \$13 million allocated would strengthen the program. In order to ensure the current level of in-person, culturally and linguistically competent assistance that Navigator grantees across the state provide, it must be maintained at its current funding of \$10.5 million rather than being severely cut as proposed by the staff.

It is not clear why the staff considered only three options: \$3 million, \$5 million and \$7 million and decided upon the \$5 million amount - with no notice to the public beyond release of the budget on May 9th and no input from any stakeholders, including its Marketing, Outreach and Enrollment Assistance Advisory Group, which has not met since December 16, 2015. As it was, last year Covered California decided not to use all of the \$13 million allocated for the Navigator Program in its 2015-16 budget but only distributed \$10.5 million in Navigator grants. Thus, there was already a decrease of \$2.5 million from last year's budget, which would have likely increased the numbers of consumers reached through the Navigator Program. When reviewing the proposed 2016-17 budget and the amounts in the 2015-16 budget, the proposed \$5 million for the Navigator Program represents only 1.6% of the total budget for Covered California and only 5% of the total Outreach and Sales, Marketing budget compared to 3.1-4.0% of the total budget for Covered California and 8.6-10.7% of the total Outreach and Sales, Marketing budget. This is both a huge dollar and percentage decrease from last year's budget (the range is dependent on whether one uses the \$13 million total allocated in the 2015-16 budget v. the final distributed amount of \$10.5 million). It would be a terrible waste to lose the experience and knowledge developed by the Navigator Program's culturally and linguistically competent Certified Enrollment Counselors (CECs). Therefore, we strongly feel that \$10-13 million in continued funding for in-person, in-language assistance from community-based Navigator grantees is critical to Covered California's strategy to both target the most vulnerable and hard-to-reach marketplace eligible populations and retain existing low-income, LEP enrollees.

During the consumer coverage renewal period, many Navigator organizations that served low-income limited English proficient (LEP) communities took the initiative to call individuals and families they had served in the past to remind them that it was time to update their income information and renew their Covered California health plan. This was essential to maintain coverage and APTC for the many LEP enrollees who did not understand the Covered California and health plan notices, which were only in English and sometimes Spanish. As you know, Navigators also provide significant amounts of pre- and post-enrollment support with respect to a wide range of issues, including assisting with the application, selection of a health plan and/or primary care physician, managed care pre-authorization processes, accessing missing documents, such as the 1095-A, inappropriate billing issues, among a myriad of other problems that often arise.

The depth and breadth of support that Navigators provide to California's health consumers is a testament to Covered California's commitment to closing the enrollment gap and reducing health disparities by investing in trusted community-based organizations and bolstering the state's health access infrastructure. However, these services also require a significant investment of staff



time and capacity on the part of these organizations. We are aware of multiple instances in which CECs have spent in excess of 20 hours helping a previously uninsured LEP consumer navigate the health care system.

With each passing year, new consumers will be more difficult to identify and enroll. Those still uninsured will increasingly come from hard to-reach, immigrant and LEP communities, and retention of existing enrollees will also become increasingly important. Covered California had the foresight to invest in the development of over 6,000 CECs with the language capacity and community knowledge to provide that critical in-person assistance to these populations.

CCHI members are proud of how our partnership with Covered California has contributed to its overwhelming success over the last three years. We look forward to our continued partnership with Covered California and our joint efforts to assist vulnerable, hard-to-reach consumers. Thank you for your consideration. If you any questions or need further information, please contact Brenda Diaz (916)404-9442

Sincerely,

Yours sincerely on behalf of:

California Coverage and Health Initiatives



HEALTH ACCESS CALIFORNIA

BOARD OF DIRECTORS

June 15, 2016

Brian Allison
AFSCME

Nancy "Nan" Brasmer
CA Alliance for
Retired Americans

Kathy Ko Chin
Asian & Pacific Islander
American Health Forum

Lori Easterling
CA Teachers Association

Stewart Ferry
National MS Society –
MS CA Action Network

Aaron Fox
Los Angeles LGBT Center

Roma Guy
CA Women's Agenda

Betsy Imholz
Consumers Union

Paul Knepprath
Planned Parenthood
Affiliates of CA

Henry "Hank" Lacayo
Congress of CA Seniors

Ted Lempert
Children Now

Christina Livingston
Alliance of Californians for
Community Empowerment

Joshua Pechthalt
CA Federation of Teachers

Art Pulaski
CA Labor Federation

Emily Rusch
CALPIRG

Thomas Saenz
Mexican American Legal
Defense and Education Fund

Cary Sanders
CA Pan-Ethnic Health Network

Reshma Shamasunder
CA Immigrant Policy Center

Joan Pirkle Smith
Americans for
Democratic Action

Horace Williams
CA Black Health Network

Sonya Young
CA Black Women's
Health Project

Jon Youngdahl
SEIU State Council

Anthony Wright
Executive Director

Organizations listed for
identification purposes

Diana Dooley, Chair, Board of Directors

Peter Lee, Executive Director

Covered California Board

1601 Exposition Blvd

Sacramento, CA 95815

Via-email to: boardcomments@covered.ca.gov

Re: Proposed 2017 Budget: Call Center Capacity and Service Standards

Dear Ms. Dooley and Mr. Lee,

Health Access California, the statewide health care consumer advocacy coalition committed to quality, affordable health care for all Californians, offers comment on the proposed 2017 budget for Covered California.

We were dismayed to learn at last month's board meeting that there were a number of proposed changes in service to the public announced without prior discussion, or even informal consultation about cuts to the navigator program and consumer assistance. One of the most troubling cuts was the apparent reduction in service center capacity: it raised questions in our mind about whether Covered California will have the capacity to meet its own service standards for California consumers.

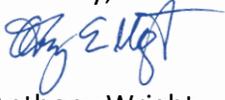
We reviewed the Executive Director's reports from January, February, and April to assess whether the service center was meeting service standards: we find that it did not. The percent of calls answered within 30 seconds varied from 45% to 58%, the percent of calls abandoned varied from 7.6% to 9.3%. In contrast, according to Covered California data county consortia had less than 3% of calls abandoned and met service levels above 90% in all but one instance.

We are troubled that almost four years after it opened the doors of the first service center, Covered California is still failing to meet its own standards for service and at the same time, the budget proposed for approval would eliminate significant service center capacity.

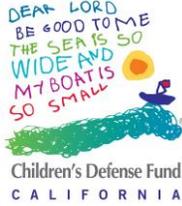
We are not seeking a specific configuration of call center capacity but we are questioning the wisdom of eliminating capacity when Covered California is not yet approximating its own service standards. We inquire as to what the plan is to provide adequate service center capacity within the proposed budget? We understand budget constraints but on behalf of the consumers of California, including both your

current and future enrollees, we seek to understand how Covered California will meet service center standards in the future. How will Covered California provide the service to California consumers that those consumers need and deserve?

Sincerely,

A handwritten signature in blue ink, appearing to read "Anthony Wright", is positioned above the printed name.

Anthony Wright
Executive Director



CHILDREN NOW



JUSTICE IN AGING
FIGHTING SENIOR POVERTY THROUGH LAW



May 31, 2016

Diana Dooley, Chair
Paul Fearer
Genoveva Islas
Marty Morgenstern
Art Torres
Covered California Board Members

Re: Funding for Independent Consumer Assistance in the 2016-17 Covered California Budget

Madame Chair and Members of the Covered California Board,

We urge the Board to continue funding for independent consumer assistance in Covered California's 2016-17 budget. Since 2013, Covered California has made a wise investment in ensuring that California consumers can call a state-wide consumer assistance program for help with difficult problems. Under the contract, Health Consumer Alliance (HCA) staff help consumers who have gotten stuck with a Covered California eligibility and/or service problem. HCA staff provide Covered California with monthly reports with data from the consumers who call HCA, identify systemic issues and client barriers, and work with Covered California to make system improvements to improve functionality and the consumer experience.

HCA Helps Covered California Meet Consumers' Needs

Since its inception, Covered California has rightly valued the goal of high quality customer service – knowing that to succeed its reputation would need to be one of a top-notch program that is responsive to the needs of its constituents. As with any complicated program, Covered California consumers sometimes have difficult problems that need an advocate who is both well versed in the program rules and able to help them through the problem resolution steps. Covered California themselves referred several hundred cases to HCA in 2015 – evidence of complicated cases that needed an advocate to work them through.

Eligibility for Covered California does not always equate to enrollment in coverage and access to services. This is where HCA comes in to assist Covered California consumers with such problems to make sure that consumers have been enrolled with the correct subsidy level and health plan with the correct premium and meaningful access to services. Covered California consumers with problems related to coverage eligibility, complexity navigating the Covered California system, conflicting and confusing notices, and incorrect premiums leading to collection, plan termination, and tax consequences lose hours of work and experience stress and anxiety trying to resolve these problems. Having a consumer assistance program to help consumers navigate difficult problems is vital for the people facing the problems and helps Covered California's standing.

HCA resolves problems at the lowest possible level – a goal Covered California rightly aspires to. For example, if a Covered California consumer calls HCA with a problem involving their health plan, HCA will do a conference call with the consumer and the health plan to resolve it before filing a grievance or contacting Covered California or the Department of Managed Health Care.

Covered California's HCA Contract Provides a High Level of Service and Expertise

The services provided by HCA are different from other organizations. Enrollment counselors, navigators, clinics and other community based organization refer cases directly to the HCA as a trusted community partner. The HCA programs are housed within legal services programs and employ paralegals and attorneys knowledgeable about eligibility rules, health plan requirements, and problem resolution options including grievances and appeals. This broad base of knowledge is important in resolving problems such as Covered California/ Medi-Cal transition cases, tax reconciliation matters, denials of care, billing problems, and eligibility appeals. Covered California is buying a high level of expertise, efficiency, reach, trust, and effectiveness with its HCA contract.

HCA Provides a Feedback Loop to the Board of Systemic Issues

Because they are serving consumers on the ground with complicated problems, HCA is well situated to advise the staff and Board about systemic problems. HCA meets with Covered California staff at least monthly regarding case trends and problems, works with

them to put systems in place to resolve those issues whether regarding multiple or unclear notices, transitions between Covered California and Medi-Cal, problems with Qualified Health Plans, issues with 1095As, CalHEERS, or inconsistency terminations. Often HCA and Covered California staff work together to address the issue such as reworking notices and putting systems in place to track appeals. When problems have not been resolved, HCA alerts you, the Board, which we hope serves an important role in making sure the Board is aware of systemic problems Covered California consumers are experiencing. This has led to important improvements in notices, transitions, appeals, CalHEERS, health plan problems and interagency collaborations. By continued funding for HCA, Covered California gains significant credibility by demonstrating an on-going commitment to being responsive to consumer needs.

Cancelling the HCA Contract has Significant Ramifications for Covered California

There would be larger budget implications were Covered California to discontinue the HCA contract. The Service Center refers several hundred cases per year to the HCA. Some of those cases take dozens of hours of advocacy over weeks or even months to resolve. Moreover, due to the level of interagency coordination required to resolve many Covered California cases, it would be impossible for the Service Center fill this need, especially when it faces its own funding cuts. Moreover, Covered California notices advise consumers of the HCA as a resource so it is important to provide ongoing support for the HCA.

The HCA Contract is a Prudent Investment

We appreciate Covered California's need to maintain a prudent budget now that it must be self-sustaining on health plan assessments. We are keenly interested in ensuring that Covered California premiums are as affordable as possible, but spending \$1 million per year on independent consumer assistance is a smart investment. \$1 million of a \$308 million budget represents .03% of the overall budget. Without this investment, more cases will end up going to appeal or take additional Service Center resources – costing the program in dollars elsewhere in addition to the costs on consumers and customer satisfaction.

The Role HCA Serves Cannot be Replaced by an Internal Ombudsman Program

The budget presented to the Board on May 12th was silent on funding for the HCA contract, but Director Lee announced that such funding was not included. However, the draft budget proposes spending \$2 million per year – twice the amount of the HCA contract – on an internal “ombudsman program.” The role and structure of this ombudsman program has not been spelled out and we are not aware what the benefits of a new infrastructure separate from the Service Center would be. Regardless, an ombudsman housed within Covered California would not take the place of an independent consumer assistance program working from the outside to both assist consumers and advise Covered California of systemic problems to be addressed. There is

an inherent conflict of interest in relying on an internal ombudsman to resolve issues that sometimes stem from Covered California policies or actions. If there is only an ombudsman and not an independent consumer assistance program who would advocate for the consumers whose problems cannot be resolved informally and need to go to hearing?

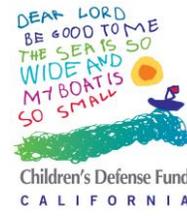
In sum, cutting funding for consumer assistance would be a disservice to Covered California consumers and the program as a whole. Without the assistance of experienced, knowledgeable advocates, some Covered California consumers simply will not be able to resolve their problems given the complexity of some of the issues, systemic problems and difficulty coordinating between Covered California and other entities such as qualified health plans, counties, and DMHC.

We urge you in the strongest terms to reinstate the funding for the Health Consumer Alliance in Covered California's next annual budget.

Sincerely,

Doreena Wong, Asian Americans Advancing Justice-LA
Richard Konda, Asian Law Alliance
Cary Sanders, California Pan-Ethnic Health Network
Kevin Aslanian, Coalition of California Welfare Rights Organizations, Inc.
Betsy Imholz, Consumers' Union
Kelly Hardy, Children Now
Elizabeth Zirker, Disability Rights California
Michelle Melden, San Diegans For Healthcare Coverage
Sonya Vasquez, Community Health Councils
Michelle Stillwell-Parvensky, Children's Defense Fund - California
Lynn Kersey, Maternal Child Health Access
Kevin Mattson, San Ysidro Health Center
Aileen Harper, Center for Health Care Rights
Silvia Yee, Disability Rights Education and Defense Fund
Carmela Castellano-Garcia, Esq., California Health+ Advocates
Anthony Wright, Health Access California
Kevin, Prindiville, , Justice in Aging
Anne Donnelly, Project Inform
Sarah Efthymiou, Public Law Center
Kristen Golden Testa, The Children's Partnership

cc: Peter V. Lee



June 15, 2016

Diana Dooley, Chair
Paul Fearer, Genoveva Islas, Marty Morgenstern, Art Torres,
Covered California Board Members

Re: Funding for the Health Consumer Alliance (HCA) in the 2016-17 Covered California Budget

Madame Chair and Members of the Covered California Board,

Covered California staff released the revised proposed 2016-17 budget. While we are pleased to see \$750,000 for the contract with the Health Consumer Alliance (HCA) to provide independent consumer assistance, we urge the Board to fund this vital function at the current level of \$1 million. This is the bare minimum needed for statewide robust consumer assistance, identification of policy-level issues, data reporting and development of systemic solutions working alongside Covered California staff. The funding for consumer assistance was cut by more than half last year from \$2.2 million to \$1 million and should not be cut further.

As we have previously explained the community relies on HCA for several vital functions:

- When we encounter Covered California consumers with complicated problems such as coverage terminations, tax reconciliation problems, care denials, billing problems, transition issues, and eligibility appeals we can refer these consumers to HCA, knowing that HCA can provide direct assistance including help with appeals if necessary to get the problem resolved.
- This expertise in consumer assistance extends beyond strictly Covered California issues. The HCA advocates can address problems between Covered California and Medi-Cal, other state law protections such as continuity of care and health plan grievances, and help consumers navigate and communicate effectively with other

entities including the Department of Managed Health Care, county social services agencies, the Department of Social Services, health plans and medical groups.

- HCA provides monthly case data to Covered California staff regarding systemic problems. They try to resolve these problems at the staff level but if that is not successful they are an early warning system to both the Board and larger community of problems impacting consumers.

While we understand that Covered California is proceeding cautiously in developing a sustainable budget, we do not understand how funding HCA at its current level of \$1 million will put that at risk. One million dollars for statewide consumer assistance in addition to the data and policy work is more than a bargain.

While we appreciate Covered California's underlying goals in developing an "Internal Ombudsman Program" we do not understand how this additional level of infrastructure will add new value to Covered California when there are already escalation levels and processes within the Service Center, plan liaisons, a "back office" to resolve problems, an appeals unit and an informal resolution unit. We want Covered California to have internal venues to address consumer problems but think shoring up the existing pieces rather than adding yet another unit would be more prudent. We also fear the confusion that could come with another problem-resolution entity. We look forward to better understanding how the proposed ombudsman will work within and improve the existing structures rather than add duplication and confusion. Additionally, we hope consumer advocates will have an opportunity to give input on this structure.

We strongly urge the Board to fund the Health Consumer Alliance at its current \$1 million level rather than the proposed \$750,000.

Sincerely,

Richard Konda, Asian Law Alliance
Barbara Texidor, Bay Area Legal Aid
Beatriz Garcia, California Rural Legal Assistance
Alison Buist, Children's Defense Fund - California
Cary Sanders, CPEHN
Kelly Hardy, Children Now
Elizabeth Zirker, Disability Rights California
Anthony Wright, Health Access California
Kevin, Prindiville, Justice in Aging
Tricia Berke Vinson, Legal Aid Society of San Mateo County
Lynn Kersey, Maternal Child Health Access
Stephanie Lee, Neighborhood Legal Services of Los Angeles County
Cori Racela, National Health Law Program
Anne Donnelly, Project Inform
Kristen Golden Testa, The Children's Partnership
Elizabeth Landsberg, Western Center on Law & Poverty

cc: Peter V. Lee



June 7, 2016

Diana Dooley
Chair, Covered California
1601 Exposition Blvd
Sacramento, CA 95815

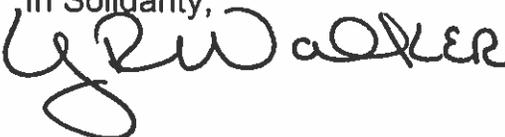
RE: 2016-17 Budget Proposal

Dear Chair Woman Dooley and Members of the Board:

SEIU Local 1000 is writing in support of a proposal within the 2016-17 Budget that will come before you for a vote at your June meeting. We appreciate your efforts to bring tasks in-house and to limit your dependence on outside contractors. Developing a workforce that can continue to meet the on-going needs of this remarkable agency supports the maturation of Covered California as it moves towards self-sufficiency.

Diminishing the amounts for contracts for the service center on-going operations and bringing in-house the consumer appeals procedure through the establishment of an Ombudsman program are two examples where SEIU feels the on-going fiscal health of Covered California will be enhanced.

We feel you have made an admirable effort in this budget to balance the demands required to support Covered California's continuing success.

In Solidarity,

YVONNE R. WALKER
President

cc: Members of the Board and Staff

YVONNE R. WALKER
President

THERESA TAYLOR
Vice President/
Secretary-Treasurer

TAMEKIA N. ROBINSON
Vice President for
Organizing/Representation

MARGARITA MALDONADO
Vice President for Bargaining

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