



ASIAN AMERICANS  
**ADVANCING  
JUSTICE**  
LOS ANGELES

February 15, 2019

Covered California Staff and Board  
Via email at [CommunityPartners@covered.ca.gov](mailto:CommunityPartners@covered.ca.gov)

**Re: Comments, Recommendations, and Questions for Covered California Navigator Program Request for Application 2019-2022 (RFA)**

On behalf of the Asian Americans Advancing Justice - Los Angeles (Advancing Justice-LA) and its 20 Navigator collaborative partners, I am submitting our written feedback in response to the Navigator Program Funding and Scope of Work Discussion held on Friday, February 8, 2019. As you know, our collaborative has been an enthusiastic and supportive partner with Covered California since its inception and has worked closely with Covered California, which has become the most successful marketplace established under the Patient Protection and Affordable Care Act (ACA) in the nation. Through a collaborative effort with many interested stakeholders, Covered California has reduced the uninsured by more than half in the state and made health coverage more accessible and affordable for all Californians. As a Covered California Navigator, Advancing Justice-LA and its collaborative have reached and educated more than 2 million people, resulting in over 8200 Covered California enrollments and renewals between 2014 and 2019. As we complete the sixth Open Enrollment Period (OEP), we have gained much experience in reaching the hardest-to-reach populations in the state by providing the full range of navigator activities, including outreach, education, enrollment, renewal, and post enrollment (OEE) support, especially targeting Asian American, Native Hawaiian, and Pacific Islanders (AANHPI), immigrants, lower-income individuals, and limited-English proficient (LEP) populations. Many of our clients are immigrants who are unfamiliar with our health care system with low health literacy and LEP so require a lot of one-on-one assistance.

We appreciated Covered California for inviting the current Navigators as well as other interested stakeholders to the February 8th meeting and Robert Kingston's Navigator Program presentation. While we have a better understanding of some of the proposed changes to the Navigator Program, the presentation raised more questions than it answered. From the beginning, we have participated in multiple discussions over the years about the Navigator Program through its many iterations and would like to offer you some of our questions and recommendations regarding the proposed changes to the Navigator Program for 2019-2022. Ultimately, we provide these comments with the hopes of improving an already successful Navigator program. We want to work with Covered California's staff to ensure that the Navigator program continues to be a success.

## **I. General Key Recommendations (additional arguments below):**

- 1. Preview Specific Goals and Targets for Individual Grantees:** Since there are no goals associated with any grant amounts, it is very difficult for Navigators to evaluate the impact of the proposed changes on our current work. We need to see specific goals or targets Covered California expects Navigators to meet in order to determine whether or not we can meet the goals, whether for enrollments and renewals or effectuated enrollments and renewals. We recommend that Covered California provide the enrollment and renewal goals associated with the funding amounts and share this information with the Navigator Program Work Group participants before the February 21st Board meeting.
- 2. Continue the Current Model of Funding and Scope of Work:** In the absence of a preview of specific goals and targets for individual grantees, we would recommend that Covered California continue the current model of funding. Unfortunately, the models shared with the stakeholders do not appear to take the additional time needed to assist hard-to-reach populations into account and are not comparable because they are based on the different factors, raise more questions/concerns, and do not offer meaningful alternatives to the current effective funding model. Given the current success of the Navigator Program, we recommend the current program with the established methodology of counting enrollments and renewals with a slight variation to count effectuated passive renewals. This would be the simplest and most straightforward funding model to adopt.
- 3. Encourage grantees to engage in social and earned media:** Although Navigators currently use social and earned media to conduct outreach and education, requiring specific goals and metrics would create additional work for many Navigators, would not be a strategic or effective use of Navigator staff, and would not reach the intended population of many Navigators, who target the hard-to-reach populations, including immigrants, older and lower income individuals, and limited English Proficient (LEP) community members. Moreover, it is difficult to prove the direct impact the number of followers, retweets or “likes” through social media would have on an organization’s enrollment or renewals. Therefore, we would recommend that Navigators share their social and earned media activities in their reports but not be required to meet certain metrics for their social and earned media. Many of our Navigator partners with small staff have shared that with limited time and resources emphasized, they need to focus their attention on serving clients and providing navigation services.

**II. Cost Per Effectuation (CPE)/Benchmarks Comparisons** - While we appreciate Covered California’s attempt to share several different methods to calculate the CPE, we question whether looking at CPE is the best way to base funding decisions on, and one of the benchmarks is not even a CPE model (see Benchmark 2, Cost of Acquisition, which is itself a flawed calculation). Moreover, we do not believe that three of the Benchmark models presented at the meeting are appropriate comparisons to the current funding model of the Navigator program. In fact, comparing the four benchmark models causes greater confusion because each uses somewhat random factors, such as cost per acquisition, agent commissions, and an arbitrary hourly wage. It is also unclear which, if any, of these Benchmark models will be the basis of the payment for enrollments and renewals under the Navigator RFA, if the purpose is to find ways to cut

Navigator funding and is causing greater confusion into the discussion. **Although the funding amount and model has not been finalized according to Covered California staff, it is apparent that there will be a significant reduction in funding and likely increase in the number of enrollment and renewal goals for each Navigator.**

**1) Benchmark 1: Current and Proposed Performance Based Funding Model**

The performance based funding model presented at the meeting appears to be very similar to the current model with respect to fundamentally linking the number of effectuated enrollments and renewals to the amount of grant funding for each Navigator. Despite Covered California's claim that it is increasing the credit for the full range of Navigator activities, by only recognizing effectuated enrollments and passive renewals, it is not recognizing all of the work needed to reach and educate the consumer, to help the consumer understand the range of options and then to submit the application. It also does not take into account the additional time Navigators take to answer questions, to help clients deal with their health plans, to translate notices and other documents, to access health care services, and a myriad of issues for their clients.

While we understand the reasoning of changing the funding model to effectuated enrollments and renewals, which is to ensure that consumers are actually enrolled into a health plan, the consumers' enrollment and health care journey is long, often takes hours of education to get a consumer to select a plan, and does not end with enrollment and/or renewal assistance. If Covered California is truly a performance based model, then it should recognize the continuous full range of one-on-one assistance that the navigators provide to consumers, including the post-enrollment and case management services that Navigators provide. **Such personalized and persistent assistance is perhaps the main reason why Navigators have such a high renewal/retention rate, which also reflects the trusted and longstanding relationship that is built between the Navigators and community members. The investment in our relationships with our clients are key to ensuring the long term success of Covered California.**

We would also argue that neither the current nor the proposed funding model adequately "counts all the key performance measures of the Navigators." Moreover, the proposed funding model counts even less of the performance measures for the full range of services provided by the Navigators because it only counts "effectuated new sales and all renewals." However, as noted above, at least the current model recognizes the work needed to get the consumer to select a plan or to renew his/her plan. Moreover, neither model recognizes the critical work provided to lower-income consumers who are caught in the "churn" between Medi-Cal and Covered California, which is about 10% of Covered California's enrollee population. The return on investment to keep those enrollees in Covered California is low when one considers the Navigator Program costs only 2% of the total Covered California budget. Although Navigators are required to assist Medi-Cal enrollees with their applications and renewals, Navigators would do so regardless because their client population is primarily low-income, making them very sensitive to premium increases.

***Our Navigator partners have shared that they assist as many as three to four times as many Medi-Cal-eligible enrollees as Covered California enrollees.*** However, Covered California does not support any Medi-Cal navigation activities, including enrollment and renewals. Not only would the new funding model ignore vital Covered California and Medi-Cal navigation activities, it would reduce the current reimbursement rate from \$200 to \$155 per effectuation. It appears that under the changed methodology, Navigators would have increased goals and be required to do more work for the same or less funding. With last year's 24% decline in enrollments, this would shift the risk of decreased enrollment to Navigators, which is unfair. Moreover, since our client population is also comprised of immigrants with mixed-immigration status families, barriers are compounded by public charge fears and other anti-immigrant policies.

Therefore, the proposed model also implies that effectuated enrollments and renewals are much more important than other steps in the enrollment and renewal process. ***Ironically, Navigators are not allowed to help consumers make their first payments and often consumers need time to make their final decisions.*** It will require additional effort and follow-up to get consumers to "cross the finish line". The new funding model could also potentially require the Navigators to be more enrollment driven and might result in less time spent on other navigation services or post-enrollment support. ***Therefore, we recommend Covered California continue with the current funding model with a slight change to expand its methodology to include the following categories, which based on to recognize different functions: "run eligibility," "new enrollments," "active renewals," "plan selections," "terminated," "cancelled," and should also include "effectuated passive renewals".***

**2) Benchmark 2:** The Cost per Acquisition model seems the least comparable to the other Benchmarks since it does not even relate to CPE, does not reflect any of the work of Navigators, and is totally unrelated to the Navigator Program. We also have many questions about its calculation. Why are different months used to get averages (both 26 months v. 12 months)? Why is the Outreach and Marketing budget used rather than the Navigator Budget? However, instead of using the total Outreach and Marketing budget (one third of the total Covered California budget) to calculate this Benchmark, Covered California should use the Navigator Program budget (2% of the total Covered California budget) as it seems to be a fairer and more equitable way to calculate the costs attributable to the Navigator Program. This Benchmark seems to allocate the full costs of acquisition on the Navigator Program. A fairer calculation would reveal that Navigators should be paid about \$241 per effectuation on average:  $\$533 \times .02 = 10.66$ ;  $533 - 10.66 = \$522.34$  divided by 26 =  $\$20.09 \times 12 = \$241.08$ . Moreover, although the cost per acquisition may be useful for Covered California's purposes for budgeting, it does not recognize the value of the Navigator Program.

**3) Benchmark 3:** The weighted average agent commission model for 2018 is also an ineffective comparison to use against the Navigator program. First, we believe that the commission of \$11 per member per month does not adequately reflect the agent's full commission received from the health plans. Agents often get bonuses from the different health plans that they are contracted with, which

has not been taken into account, so the estimate of the yearly total of \$132 may be inaccurate. In addition, agents have always received compensation for their clients' passive renewals. **Agents get compensated by every insurance product that they sell while Navigators are not "sales agents" and often are faced with some of the most challenging consumer cases, providing additional assistance to community members, including outreach, education, post-enrollment and case management.** Navigators also conduct community events and attend required and voluntary Covered California events and meetings. While agents are responsible for enrolling and renewing consumers, they are not required to provide post-enrollment support. It is also questionable whether agents provide access to care since we receive many referrals from insurance agents when consumers need additional assistance, especially to enroll into, and access, Medi-Cal. Third, Navigators also target hard-to-reach underserved populations and provide culturally and linguistically in-person assistance in many languages beyond the more common non-English languages that agents are able to provide, including Arabic, Bangla, Cantonese, Hindi, Hmong, Japanese, Khmer, Mandarin, Russian, Spanish, Tagalog, Thai, Urdu, Vietnamese, and much more.

**4) Benchmark 4:** The Hourly Benchmark model also seems to be a very arbitrary basis to determine the CPE. As Covered California staff recognized, this is not based on any study of work hours for Navigator activities, which would be extremely hard to do. Assigning a random number of hours for a particular task, such as to effectuate an enrollment, is highly arbitrary and subjective. From our experience, even a passive renewal may actually take a considerable amount of time to complete as consumers often have questions regarding their renewal even though they are staying within the same plan that they have been enrolled into for several years as prices and circumstances change. And as Covered California also acknowledged "hours of effort may be spent on consumers that never effectuate." Moreover, using an hourly wage, such as \$25/hour, as a basis for calculating the CPE is also arbitrary since there is no explanation for using that hourly wage and the combination of the hourly wage and number of hours does not accurately reflect how much time is needed to enroll and retain consumers in Covered California. Many of our clients come to our offices and clinics regularly for help with a wide range of problems and much more frequently than seven hours. We had one client who came in twice a week for almost four months at our Chinatown clinic for assistance. As noted above, it is due to the great lengths at which our Navigator partners are willing to assist consumers that translates into high renewal and retention rates. Because of the random choice of the hourly wage and the number of hours under this Benchmark model, we do not believe that this model accurately captures the work of Navigators.

**5) Conclusion:** Ultimately, the different CPEs/benchmark models are so different and based on such different factors that they are not comparable. We recommend Covered California continue with the current funding model with a slight change to expand its methodology to include passive effectuated renewals. Expanding the categories counted towards Navigator goals would increase the overall number of enrollments and renewals for Navigators and better reflect the true value of the range of their navigation activities, and bring down the cost of effectuations as well without increasing their workload.

### **III. Reporting of key metrics for earned media and social media**

While most Navigators use social and earned media to promote Covered California activities, to impose the new requirement for Navigators to meet key metrics for earned and social media will be an additional burden. As raised at the February 8th RFA work group meeting:

- The requirement would result in diversion of staff resources from conducting Navigator activities, such as enrolling and renewing consumers, to work on social and earned media, which could be a full time position, especially depending on the goals set by Covered California. Many Navigator entities are lean on staff and do not have a communications department or dedicated communications staff. They may have limited knowledge about how to use social media or obtain earned media.
- Moreover, it is difficult to measure and track social and earned media as many Navigators do not have the capacity or tools to collect the data. It would require additional staff time to set up systems to collect and report the data as well as maintain the data. Most Navigators do not have a clipping service of newspaper articles so we may not be able to collect all of the earned media, i.e., articles, recordings, videos, etc. that we have participated in. It will be especially difficult if the Navigators have subcontractors as it will take additional effort and resources to track and report social and earned media to Covered California. For example, Advancing Justice-LA and our collaborative currently do not do track our social and earned media. Although we may track our social media accounts, it is for the entire organization and not just for our Health Access Project.
- For many of the populations we serve, social media may not be the most effective or strategic way to reach them, especially for our communities who are largely immigrants, older, and LEP and may not be familiar with social media tools or have computers or cell phones. Moreover, social media is often used to publicize events rather than solicit enrollments. Also, the sample posts in the Covered California Social Media Tool Kits are in English, which is not helpful for LEP community members.

Finally, it is likely that Covered California will be providing less funding and/or increasing Navigators' effectuated enrollment and renewal goals. This will be an additional requirement without additional funding and increasing our overall Navigator workload. Since Covered California devotes so much funding to the Outreach and Marketing budget, over \$100 million to "aggressive investments in marketing and outreach to promote enrollment and retain consumers," it seems reasonable and fair to devote the less than \$7 million for the Navigator Program to direct assistance for enrollments and renewals, and not distract from its core purpose to assist consumers.

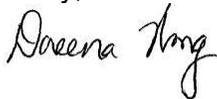
It would be helpful if Covered California could answer our questions related to the key metrics used to judge our performance associated with earned and social media for this addition to the proposed Scope of Work:

1. Will the metrics be tailored to each entity?
2. How will Covered California set clear goals that reflect effectiveness?
3. What specific metrics will determine whether Navigators will be penalized (if they over-perform with regard to their effectuated enrollments and renewals) or be rewarded (if they underperform) and how much will Navigators be penalized or rewarded?
4. What metrics would Navigators have to report to Covered California? What would count as "success" under social media?
5. How would Navigators report their earned media to Covered California, i.e., will Navigators need to share their published articles with Covered California? What would count as a "success" in earned media?
6. Will funding be increased to take into account additional social and earned media goals/metrics? Otherwise, those work/performance goals will be on top of our current navigator responsibilities.

For the reasons stated above, we would recommend that Navigators be encouraged to use earned and social media and report such activities with Covered California but should not be required to report key metrics for earned and social media, and particularly not on a bi-monthly basis.

We hope that Covered California staff will seriously consider our feedback/questions and incorporate our recommendations into the Navigator Program. We also hope that we could review an updated version of the proposed Navigator Program with much more details before the February 21st Covered California Board meeting so current Navigator grantees and other interested stakeholders will have an opportunity to provide meaningful feedback to the Board and/or support your recommendations. Please let me know if you have any questions or would like any further information. Thank you in advance for your consideration.

Sincerely,



Doreena Wong  
Director, Health Access Project

Advancing Justice - Los Angeles Covered California Navigator Program Collaborative Partners:

- Access California Services
- Asian American Drug Abuse Program, Inc.
- Asian Pacific Health Care Venture, Inc.
- Asian Resources, Inc.
- BPSOS Center for Community Advancement
- Chinatown Service Center
- Clinica Monsenor Oscar A Romero
- Families in Good Health
- The Fresno Center
- Healthy House Within A MATCH Coalition
- International Children Assistance Network
- Korean Community Center of the East Bay

- Little Tokyo Service Center
- Maternal and Child Health Access
- NICOS Chinese Health Coalition
- Samahan Health Centers
- South Asian Network
- Thai Community Development Center
- Union of Pan Asian Communities
- United Cambodian Community

## Appendix

### Advancing Justice-LA's responses to the Funding Analysis questions

What additional factors might be helpful for the Covered California Board to consider in order to make the decision on the appropriate funding option for the Navigator program?

1. Covered California should consider which Benchmark model best recognizes and provides credit for the wide range of assistance and services that Navigators provide, including outreach, education, enrollment, renewal, retention, post-enrollment, and utilization activities and fairly funds and supports all of the Navigators' efforts.
2. We have already provided the reasons why we do not believe that Benchmark model #'s 2-4 fairly reflect the amount of the Navigators' efforts.
3. We would recommend Covered California to use the current funding model of counting run eligibility, new enrollment, active renewal, terminated, plan selection, canceled, as well as counting effectuated passive renewals as part of the Navigator program measurement and goal.

For comparison, what impact would funding the program at an average Cost per Effectuation of \$132 or \$150 have on enrollment, education, and outreach activities?

- The major impact on Navigators would be that they would not be able to reach their current goals since less funding means less capacity to conduct all the activities required and expected by Covered California. It is unrealistic to expect the same amount of work and/or more work with less funding so if we are being reimbursed \$200 per enrollment or renewal, we would hope our enrollment and renewal goals would be lowered and commensurate with the reduction in funding.

One benefit of this methodology is the transparency it brings to year over year funding. What effect would a published productivity tier system have on multi-year planning?

- We agree that transparency is important, which has been challenging over the years since the program rules have changed almost every year for Navigators. For example, in 2015-16, we were given credit for passive renewals, then the next year it was changed and we only received credit for "active renewals." Now, for the proposed 2019-2022 Navigator Program, only effectuated enrollments and passive renewals will count rather than "run eligibility" and "plan selection." However, we do not think that the new methodology brings any clearer transparency, especially since Navigators have no idea how much funding will be provided for enrollment and renewal goals or how much social and earned media will count towards those goals. At the moment, there is a lack of transparency since there is no certain methodology that has been chosen.
- What is meant by a "published productivity tier system" If by "tiers," Covered California means "ranges" for the enrollment and renewal goals that would result in more unfairness in the Program? If there was a range, i.e., 500-750, for \$100,000, if Navigator A reached 500 and Navigator B reached 750, would they both receive the same amount of \$100,000, although Navigator B had 250 more enrollments and renewals than Navigator A? This result does not seem equitable and does not reflect the amount of work that each Navigator accomplished. Each year Navigator A would continue to be rewarded for less work than Navigator B.

- We would support the use of a consistent methodology with multi-year funding, i.e., three years rather than annually, to support longer term strategic planning for Navigators. Although we support 3-year cycles for funding, we believe that feedback about the Program and communication between Navigators and Covered California is useful to improve the Program

### **Advancing Justice-LA's responses to the Scope of Work questions**

What resources would your entity need to be effective at earned and social media?

- We would need more easily understandable materials as well as translated materials in multiple languages since Covered California posts are not accessible for our LEP consumers.
- Our Navigator Collaborative partners would need financial support and need training on using social media tools and earned media.

What earned and social media goals are appropriate?

- We do not believe that set goals or metrics are appropriate since it is difficult if not impossible to use an effective method to create goals and using the number of "likes," "retweets," articles, etc. is not a fair measure of our outreach and education efforts since our consumers tend to be older, newer immigrants and LEP.

Bi-monthly goals, or should there be separate OE expectations versus SEP?

- Clearly, more outreach and education happens during Open Enrollment than the Special Enrollment Period so there should be different expectations for the SEP. It also seems that bi-monthly goals may be too onerous and unnecessary, especially during the SEP.

How should expectations scale with entity/grant size?

- We believe that expectations should be scaled to the entity's size since larger entities tend to have greater capacity. However, to reach certain targeted populations, it requires a large collaborative effort with a combination of small and medium-size community based organizations and community clinics. Therefore, larger collaboratives may require a larger grant size but not all of the partners may not necessarily have as much capacity. Therefore, in terms of earned and social media, larger collaborations does not necessarily mean they have the communication infrastructure in place to conduct earned and social media work.

What additional considerations should be included in scope of work expectations?

- We would include the following criteria for the selection of Navigator entities:
  - Alignment with Navigator program objectives
  - Past experience and demonstrated success in providing enrollment assistance to Covered California eligible consumers
  - Distinctiveness from other funded entities

What current scope of work expectations should be removed?

- See page 6 "Scope of Work": With regard to the "referrals to licensed Tax advisors," the language is broader "Provide referrals to licensed tax advisers, tax

preparers, **or other resources for assistance with tax preparation and tax advice...**”

- We strongly recommend removing the reporting of key metrics for social and earned media.
- We have experienced a decline in new enrollments and in our numbers overall and are not sure if current enrollment/renewal barriers, i.e., increased premium costs, lack of the enforcement of the individual mandate penalty, etc., will continue to cause difficulty in meeting our enrollment and renewal goals. We are concerned that any additional requirements, which compound the challenges and increases our work will be burdensome. Thus, we hope that rather than limiting the number of enrollments and renewals that will be counted towards the Navigator goals, i.e., change to effectuated enrollments and renewals, Covered California will consider a methodology that is more inclusive, i.e., include passive renewals.

**Advancing Justice – LA’s additional questions:**

1. As we noted above, since there are no goals and allocations included in the presentation, will the specific goal and grant amount be different/unique for each current Navigator? If so, will the same amount be given to Navigators who have lower or higher goals than others?
2. Will there be any consideration given to current Navigators?
3. How will you evaluate whether new Navigator grantees know if they can meet their effectuated enrollment and renewal goals?
4. Has Covered California set aside enough funding to pay for the extra \$30/effectuated enrollments or renewals above the performance goal, i.e., has Covered California estimated the amount needed to pay for the extra number of effectuated enrollments and renewals above the allocated grant amounts?