



Comments to the Board

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January 18, 2024 Board Meeting

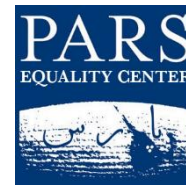
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Correspondence with Elected/Government Officials

- None

Correspondence with Stakeholders

- [**Covered California Navigator Program – January 17, 2024**](#)
Máirelise Robinson, Health Access Policy Manager, Asian Americans Advancing Justice Southern California and Doreena Wong, Policy Director, Asian Resources, Inc.





January 17, 2024

Dr. Mark Ghaly
Jarrett Tomás Barrios
Jerry Fleming
Kate Kendell
Mayra Alvarez

Re: Covered California Navigator Program

Dear Covered California Board Members:

In response to discussions on the evolution of the Navigator Program, we at Asian Americans Advancing Justice Southern California (AJSOCAL), Asian Resources Inc. (ARI), and the undersigned write to the Board to offer recommendations for the future of the program. For over a decade, our network has worked hand in hand with Covered California to support healthcare access for Californians and we keep the spirit of that successful partnership at the heart of our suggestions. In order for our CECs to continue their extraordinary work supporting Covered California enrollment in our communities, we ask that the updated program equitably compensate our CECs and center the unique needs of the communities we serve, which are often the hardest to reach and the most in need of our support.

AJSOCAL coordinates a network of partner CBOs, FQHCs, and community health clinics to ensure access to affordable, culturally and linguistically competent, and quality healthcare for Asian Americans and Pacific Islanders (AAPI) and other low income, immigrant, and limited-English proficient (LEP) communities. Our navigator network has collaborated with Covered California since its beginning to ensure our communities have access to affordable health coverage plans, enrolling and renewing over 2,000 individuals annually in Covered California in over 20 languages and dialects. We are proud of our longstanding partnership with Covered California and its many successes that we have contributed toward.

Equipped with Covered California, our communities are far more prepared to avail themselves of American health care and to begin leading healthier lifestyles. Our CECs often go above and beyond the scope of traditional enrollment counseling to address immigration concerns, provide digital support, and assist with translations. Our multi-lingual CECs provide these vital supplementary services to our communities to help them actually utilize their health benefits, avoid medical tourism, and remain enrolled in their Covered California health plans.

We appreciate the efforts and responsiveness of Covered California's staff to meet with advocates and to learn about the needs of CECs and our communities while redesigning the Navigator Program funding. The proposed navigator program improvements reflect the deep listening and collaborative partnership that Covered California staff has built with their community partners. Notably, the revised grant structure acknowledges that the "stretch goal" was too high and often unattainable, gives points to each eligibility run regardless of insurance affordability program eligibility or enrollment effectuation, dedicates 30% of funding to outreach and education efforts, and ends any clawback of funds.

We applaud the revised grant for including outreach activities on ethnic social media platforms so that the points for social media outreach more equitably recognizes CECs that engage with communities who do not utilize traditional American or English-language media platforms (such as Instagram and Facebook). Outreach through ethnic social media is vital to penetrate communities that are still not yet enrolled, so we are especially appreciative that points will be allocated per language and does not limit the number of ethnic social media platforms that can be counted. These amendments compensate CECs for the use of their linguistic skills and their efforts to engage their communities in their preferred medium, be it WeChat, WhatsApp, KaKao Talk, etc.

We also appreciate that Covered California is interested in engaging community partners to discuss further improvements. In particular, we are encouraged that Covered California acknowledges the importance of high quality, relevant in-language resources that certified enrollment entities create. Our data shows that 80% of our partners spend at least 50% of their time making supplemental informational material that is culturally and linguistically responsive to the needs of the communities they serve. We recommend contracting CBOs and CECs to leverage work that is already being done and to compensate CECs for their efforts and to provide Covered California with an expanded, high-quality library of in-language resources. We look forward to further discussing the creation of a resource hub for grantees populated with these materials designed by contracted CBOs. This partnership between Covered California and CBOs will assure that the highest quality resources are available for CECs and will be more responsive to the unique concerns of each community.

While the improved navigator funding model shows important improvements, we believe that it falls short in making the navigator program more equitable for CECs and the communities they serve in some key areas. Addressing the needs of our communities requires a very specific skill set, which we believe the Navigator Program can strengthen by reconsidering how it supports CECs. This is especially true considering that, for over a decade of enrollment, our efforts remain focused on the hardest of the hard-to-reach individuals. With this opportunity to reform the Navigator Program, we strongly urge the Board to consider the vital nature of CECs and our services. We therefore recommend the following:

1) Provide an Annual Inflation Adjustment.

While the proposed funding model reconfigures the funding structure, the overall grant award remains static over the course of three years without considering the increased cost of achieving outreach, education, renewal and navigation deliverable goals due to annual inflation. We therefore recommend that Covered California annually review and increase the grant awards, without any clawback, in

accordance with expected inflation to better help recipients budget for and accommodate expected cost changes. As inflation continues to increase, organizations must budget for increased administrative costs, which inevitably reduces funds available for programmatic outreach and education. An annual inflation adjustment would help organizations funded by the Navigator Program meet fluctuating administrative costs and achieve the deliverable goals set by the revised Navigator Program proposal.

Adding an annual review for inflation would be a more equitable way to fund navigators as compared to insurance agents. CECs and insurance agents are the primary enrollment aids available for our communities, but are funded very differently. Where CECs are compensated per-consumer enrolled, insurance agents are given a commission based on the health plan a consumer is enrolled in. This creates an incentive for agents to quickly enroll consumers in more expensive health plans, which may not actually meet the consumer's needs. Consumers also often are not provided enough pre-enrollment education and post-enrollment navigation support to ensure their health coverage is utilized. As premiums increase with the market, commissions increase for insurance agents as well. Annually accounting for inflation will help organization budget accordingly so that CECs can continue to give the greatest support and attention to their communities and fill the gaps left by insurance agents.

2) Adopt differential pay for multilingual CECs.

We recommend compensating navigators for language skills used, especially to work with the least common languages and dialects which are not captured by the mandated 5% threshold. All languages and dialects above this threshold are required by the Government Code section 7295.4 and 7296.2 to have translated materials and in-language assistance available. Considering California's incredible linguistic diversity, there are many languages and dialects which do not reach the 5% threshold. CECs are vital for these communities to receive the support that they need and should be compensated for their additional efforts to fill the gap.

As we understand, the majority of CECs are bilingual to support California's diverse linguistic communities. This is a vital and laudable statistic, and we commend Covered California for achieving this measure of language access. However, to reach consumers who speak less common languages, such as Indigenous and Pacific Islander languages, requires a specialized skilled workforce. The unique linguistic skillset that these CECs bring to Navigator Program are traditionally undervalued and undercompensated for, particularly when taking a competitive job market and higher-paying private or government sector opportunities into consideration. Among our network, 60% of CECs work with consumers in a non-English language a minimum of 90% of the time. However, according to the Fair Pay for Nonprofits in Southern California report, out of 992 organizations 81% (801) did not provide a stipend for bilingual/multilingual skills, leaving these bilingual workers uncompensated for their labor.

At present, the greatest need we are seeing among our communities is education and navigation support. Often consumers return to CECs with months of notices, sent to them in English, asking for translation assistance. Inevitably, this requires additional assistance from the CEC to respond to the notices and to retain, or to resuscitate, the consumer's Covered California insurance.

Our efforts have always been and continue to be focused on building health literacy and empowering utilization among consumers who have little to no familiarity with health insurance systems. Counseling consumers on how to utilize health benefits is the leading community educational need among our CEC network – and we are failing our communities’ health if we treat obtaining coverage as the same as utilization. CECs invest an average of 10 hours per consumer, educating them about the American healthcare system, translating mailed notices and letters from health plans, addressing their immigration concerns (specifically Public Charge rules), accessing digital devices, and assisting them with making doctor’s appointments. These efforts are critical for us to reach those who still are uninsured, to encourage our communities to remain insured, and to assure that enrolling in insurance is not the end of our consumers’ healthcare journey.

A modern Navigator Program should include a differential pay to reward multilingual CECs for the additional value and specialized skillset that they bring Covered California. Differential pay has become increasingly important as the value of linguistic skills for less common languages are more recognized, particularly to reach yet to be insured communities. In the past year, the API Equity Budget approved a line item for differential pay to support CBOs that engage our hardest to reach communities¹. Covered California can join the flagbearers of this movement by supporting the inclusion of a differential pay for CECs who must utilize multi-lingual skills for the majority of their work.

Another way to compensate CECs for their added linguistic skills is through the point system. Navigator entities should be granted 25% additional points per consumer for work done in-language, particularly the languages of the hardest to reach and historically low enrollment communities. Additional points should also be rewarded for in-language outreach, education, enrollment, retention and navigation activities. Compensating these skills, which are a necessity for the Navigator Program to succeed, will encourage retention, help CEC jobs compete in today’s economy, and assure that our CECs make a livable wage.

3) Increase caps for eligibility checks and outreach efforts.

One of the best innovations in the new proposed funding structure is credit for an eligibility run regardless of Covered California enrollment. We applaud Covered California recognizing that some CECs expend the same (if not more) effort to help applicants who are eligible for other insurance affordability programs such as Medi-Cal. Considering that each eligibility check will only count for one point per household eligibility check, rather than per individual eligibility check, we recommend increasing the eligible Application Assistance point cap from 125% to 150% to better capture CEC efforts. We would further recommend that it be considered, for future iterations of the Navigator Program, to award points for each individual for whom an eligibility check is performed. Regardless of whether the individual is eligible for Covered California or Medi-Cal, CECs provide extensive education on the variety of health coverage options and how they may fit each individual’s need, including a review of Covered California.

¹ https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB102

We also recommend that the cap for outreach efforts be raised from 125% to 150%. Outreach initiatives are a primary way to engage with and to educate our communities. As previously discussed, education is one of our greatest community needs. Increasing the outreach cap will provide more opportunities and better compensate organizations for their efforts to empower our communities with Covered California health plans. This is especially true for organizations which serve more than 10 languages or dialects and would far exceed the 125% cap.

4) Expand approved uses for supplemental funding.

We recommend expanding the acceptable uses for supplemental funding so that CECs can use their grant awards to invest in new initiatives that will reach their communities. Specifically, supplemental funding usage should be expanded to include outreach and education activities, such as paid ethnic media and paid ethnic social media advertising. Expanding the acceptable usage of supplemental funding to include paid media would help expand CECs' reach to AAPI, immigrants and LEP communities, and create better outreach outcomes. This is especially true for organizations which work with several linguistic communities and may need additional or supplementary funds to cover the additional costs that involve multiple ethnic media outreach strategies via several different ethnic media outlets.

In closing, we are proud of our partnership with Covered California and all it has done for our communities. Now, with over a decade of success under our belts, we have learned the best practices and identified the needs that the Navigator Program should address for the coming decade as we close those last outreach gaps and help our communities toward a healthier future. We are immensely grateful to Covered California for responding to some our communities' most pressing needs that we have uplifted in the past in the proposed revised Navigator Program. We look forward to the opportunity to continue to work with Covered California, to further close the gaps to accessing coverage, and to continue to collaboratively discuss how the Navigator Program can best support our communities.

We look forward to the enhanced Navigator Program and the opportunities the future holds to dive deeper and to be even more intentional and equitable with the work our CECs do. If you have any questions or would like to discuss our recommendations further, please contact Máirelise Robinson at (213) 241-0269 or mrobinson@ajsocal.org.

Sincerely,



Máirelise Robinson
Health Access Policy Manager
Asian Americans Advancing Justice
Southern California



Doreena Wong
Policy Director
Asian Resources, Inc.

COMBATTING ASIAN INVISIBILITY IN HEALTHCARE : SERVING THE UNSEEN

California is home to the largest Asian American population nationwide with almost 6 million community members, of which 33% are Limited English Proficient (LEP) - a rate almost double the state's total population average. Due to the linguistic diversity within the Asian American community (with over 300 languages and dialects), it is difficult for any one specific linguistic community to reach the necessary language needs thresholds to trigger consistent, high-quality language assistance. Thus, AJSOCAL and its 16 statewide health access CBO partners assist thousands of community members annually, in over 30 Asian languages and dialects, with their enrollment and renewal applications for Covered California, Medi-Cal, and other local safety-net services.

SERVING THE UNSEEN

60% of health access partner CBOs report that their services and programs are provided in languages other than English 90% or more of the time. These in-language services are predominately provided in-house by multi-lingual staff, with less than 30% being outsourced to external interpreters as reported by 87% of partner CBOs.

The top 4 Asian languages served are Chinese, Vietnamese, Korean, and Cambodian, which is in alignment with California's top Asian LEP communities that experience LEP rates between 39% to 50%.

A HOLISTIC HEALTH ENROLLMENT SUPPORT JOURNEY

AJSOCAL and its partner CBOs take great strides to provide holistic support for LEP communities to access health coverage, which is the first step toward health equity. The enrollment process takes almost 10 hours per community member to meet their unique needs and consists of 4 specific steps:

PRE-SCREENING: 1.5 HOURS

- Discuss the client's current situation and identify their support needs.
- Inform the client of the documents required to apply for health coverage and where to find them.
- Schedule an enrollment appointment.

ENROLLMENT: 1.25 HOURS

- Provide the client with digital assistance (such as scanning supporting documents, locating e-mail addresses, and creating online accounts).
- Help the client complete and submit their application for Covered California, Medi-Cal, or other local safety net programs. This often also requires the application to be translated in-language.
- Educate the client on next steps following the application submission (i.e. how long until the client should hear about their application, how to make the first payment, etc).

PRE-ENROLLMENT EDUCATION: 3 HOURS

- Explain the importance and value of health insurance to the client.
- Educate the client on the different health coverage options available to them.
- Answer any questions and/or concerns the client has about health insurance. Some of the most frequent concerns are about immigration and public charge.
- Educate the client about healthcare terminology (i.e. deductible, HMO/PPO/EPO, premium, etc.).
- Review and confirm that the client has brought all the require documents to submit an insurance application.

POST-ENROLLMENT SUPPORT: 4 HOURS

- Follow up with the appropriate department to address any delays to the client's application.
- Check in with the client to make sure they are using their coverage and address any questions they have.
- Help the client search for and schedule appointments with in-network providers.
- Translate mailed notices and assist with the client's response when necessary.
- Provide digital assistance to create an online account with the client's carrier and teach them how to use their carrier's website.
- Educate the client on their healthcare rights and how to utilize health insurance (i.e. avail of benefits, transportation support, interpretation, etc.).