

January 30, 2012

Diana Dooley, Chair
California Health Benefit Exchange Board
2535 Capitol Oaks Drive, Suite 120
Sacramento, CA 95833

RE: Responses to Stakeholder Questions: Assuring Maximum Enrollment – California Marketing, Enrollment, Eligibility and Retention

Dear Chair Dooley and Exchange Board Members,

Planned Parenthood Affiliates of California is pleased to provide feedback addressing many of the issues raised in the comprehensive list of stakeholder questions released by the California Health Benefit Exchange Board. We appreciate the opportunity to provide this input and appreciate the Board's effort to engage with stakeholders during this essential implementation period. Planned Parenthood will build on the responses below in our continuing effort to provide feedback and input to the Exchange.

**MARKETING, PROMOTION AND OUTREACH
(Comments addressing Questions 5, 8, & 9)**

We believe that community-based health centers and clinics, including Planned Parenthood health centers, offer an excellent venue to engage prospective and eligible people to enroll in the Exchange. . Planned Parenthood affiliates in California operate more than 100 community health centers that serve nearly one million low-income, ethnically diverse individuals every year. As such, Planned Parenthood is uniquely qualified to serve as a gateway to the Exchange, including many of patients who are served by the state's Family PACT program, the majority whom will be eligible under the ACA for expanded Medi-Cal coverage.

Sales, outreach and channels to reach target population

Reaching targeted specific populations (ethnic, age, public program participant, etc.) to enroll in the Exchange will require outreach to these individuals in ways that they can trust, with information that is culturally and linguistically appropriate, and that is relevant to their own situation in life. Nonprofit organizations, cultural groups, religious institutions, and existing health care providers that currently serve these populations can serve as trusted conduit of information.

Planned Parenthood has been proven to be a highly trusted source of information and place for women and men to obtain reliable reproductive health information and to receive confidential health care services.

In addition, the Exchange will need to employ unique and creative strategies to successfully reach, engage and enroll the “young invincibles,” those women and men who are young and healthy and perceive that they do not need comprehensive health coverage or that the cost of doing so is prohibitive. Because more than 50 percent of our clients are between 18 and 29 years of age, Planned Parenthood health centers provide an excellent place to reach this target population.

Tactically, we believe that the Exchange will need to utilize a comprehensive, multi-faceted outreach strategy that includes paid and earned media, outreach at targeted community events, the use of navigators and assisters in targeted communities and the recruitment of opinion leaders within targeted communities to serve as a trusted voice to promote enrollment in the Exchange. Many models of community intervention exist in public health to reach targeted groups with social norm and/or behavioral change and take-action messages. One very successful model in California is the state’s tobacco use prevention campaign and the smoking cessation program directed by the California Department of Public Health Tobacco Control Program.

Populations least likely to enroll

Those least likely to enroll will be individuals without citizenship documentation, people worried about income and qualifying, people with English language challenges and others who are marginalized in society – people who are homeless and those with mental illness, alcohol/drug addictions, etc.

Pre-enrollment/ Automatic enrollment (Comments addressing questions 14 and 46)

Pre-enrollment through current public programs such as Family PACT is the most efficient and expeditious way to capture the population Medi-Cal and the Exchange will serve. Because of PPAC’s familiarity with the Family PACT program we wish to emphasize the benefits of capturing this patient population for enrollment in the Exchange. Our qualified patients are enrolled on site in the Family PACT program, and are immediately eligible for family planning services under the program. These patients are essentially healthy individuals who are the dream enrollees of any health plan – primarily low cost, low usage patients. Family PACT eligible enrollees are uninsured individuals whose income is 200% FPL or less.

However, PPAC urges the Exchange Board NOT to auto-enroll individuals if this means enrolling individuals without specific consent by the individual. Family PACT provides highly sensitive services to its enrollees. Eligibility for Family PACT includes insured individuals who, for confidentiality purposes, must seek out-of-plan providers for these sensitive services. Due to

this recognition of the sensitivity of the services provided, we believe it would be a violation of patient confidentiality to automatically enroll Family PACT beneficiaries in the Exchange.

ENROLLMENT ASSISTANCE AND NAVIGATORS

(Comments addressing questions #20, 26, 27, 33, 40, 44 & 45)

Fully implementing the ACA will require multiple avenues of consumer outreach/ education and to enroll eligible consumers. Providers should not be prohibited from participating in enrollment and consumer assistance activities.

Planned Parenthood serves over one million Californians each year, the vast majority of whom will become eligible for expanded coverage in 2014. Employing navigators in community clinics like Planned Parenthood presents an essential opportunity to bring people into coverage as they are entering the health care system. Planned Parenthood provides care for many patients who are young and essentially healthy, but in need of reproductive health services like birth control. Getting these healthy young lives into coverage will be essential to building up a positive risk pool for expanded Medi-Cal and the Exchange.

Planned Parenthood health centers are located throughout the state in underserved areas, providing care for vulnerable and marginalized populations. In our communities, we are a trusted source of information and quality health care. Utilizing the trust capital of safety net health care providers like Planned Parenthood will reinforce the legitimacy of health care reform and new coverage options.

Creating a mechanism for provider based enrollment facilitates the "No Wrong Door" approach that has been one of the foundations of the ACA. A patient who walks into the doors of a health care provider, whether at a community clinic or an emergency room, should be able to apply for coverage and receive care that day.

Training and certification

Navigators who are responsible for helping consumers determine eligibility and enroll in coverage should be knowledgeable about eligibility and enrollment policies for public programs (Exchange, Basic Health Plan, Medi-Cal, Healthy Families), the ACA's premium tax credits and cost-sharing subsidies, safeguarding consumer information, and how to assist consumers in choosing plans that best meet their needs.

To accomplish this level of education and certification, we encourage the use of Internet based opportunities like online training courses and webinars to the greatest degree possible. These are ways to ensure adequate and thorough training while making the certification process easily accessible. Setting up onerous training or certification standards that require navigators to travel, or spend extensive amounts of time in a classroom setting will limit the ability of many potential navigators to participate.

Ensuring culturally and linguistically appropriate assistance

A system needs to be set up that will encourage the broadest range of navigators possible, to encourage the participation of navigators who can provide culturally and linguistically appropriate services for the diverse citizens of California. Every entity that employs navigators will not be able to provide services in all Medi-Cal threshold languages, and a referral system and available phone number should be available to connect those who need specialized language services, or other assistance, to a navigator able to help them. The Exchange should specifically seek to incentivize the engagement of a wide range of navigators by ensuring the training and certification process is not especially cumbersome or too expensive.

In addition, ensuring culturally and linguistically appropriate IT services for the enrollment system will allow both individuals and navigators to access and understand this system. The IT system should use terminology that is accessible to readers at a grade school reading level as recommendations by the National Institutes of Health. In addition, materials provided, whether by internet, mail, phone and in-person, should be translated into all Medi-Cal threshold languages. The IT system should be designed to allow users to easily access the enrollment system from traditional computers, tablets and other mobile devices.

Payment

To encourage the participation of organizations, individuals, and providers who can be leveraged as navigators, we recommend payment of a flat fee for each new or recertified enrollee, one which reflects the representative average cost of hiring and training navigators as well as the staff time required to assist an individual through the eligibility and enrollment process. Providing an extra incentive for the enrollment of non-English speakers would assist organizations and providers in hiring navigators able to provide culturally and linguistically appropriate services. A higher fee, or additional incentive payment, should be provided for enrolling individuals in all of the Medi-Cal threshold languages.

Current models for assisting individuals in enrolling in coverage

California's Family PACT Program provides an excellent model for provider-based enrollment and demonstrates the success of on-site provider enrollment in facilitating the enrollment process and allowing individuals to receive immediate access to services. Health care providers like Planned Parenthood that provide services to the populations most likely to become newly eligible for coverage under the Exchange are essential partners in the enrollment process.

These providers are already known and trusted within the communities they serve. They are likely to serve the population that may be most difficult to enroll into coverage: young, healthy individuals who are essential to the risk pool, yet less likely to seek coverage unless they understand the benefits.

Reaching these individuals at the time they are seeking services and allowing them to enroll in coverage and gain access to services without waiting could provide the incentive needed to reach this population. PPAC therefore recommends that the Exchange look to Family PACT as a model for enrolling individuals in coverage.

Measuring performance of eligibility and enrollment system

The evaluation of the eligibility and enrollment system should involve a transparent process and solicitation of feedback from various stakeholders, including beneficiaries and others involved in the health care system. Safety net providers like Planned Parenthood health centers who are currently service a large portion of the population that will be newly eligible for care will likely have valuable information to share about the experience of our clients in navigating the new eligibility system and enrolling in coverage. Other important stakeholder feedback will likely come from navigators, community health workers, and other trusted service providers within communities throughout the state. Over time, success should be measured by the system's ability to reach diverse and marginalized populations. Evaluation should also focus on coverage outcomes for individuals with incomes between 138-250% FLP who are likely to transition between Medi-Cal and the Exchange to ensure that this system functions appropriately to avoid gaps in coverage.

Question 46- What process can be used to minimize gaps in coverage and facilitate transitions between programs?

A key foundation of the ACA is that it provides a seamless coverage structure for Medi-Cal, other public healthcare programs and the Exchange to ensure coverage for the uninsured, most of who are poor. Still, there are some situations where gaps in coverage are anticipated, e.g., individuals who no longer qualify for the Exchange due to loss of income, individuals who fail to pay premiums, young adults who reach age 26 and must seek their own coverage, etc.

The bulk of transitions between the Exchange and Medi-Cal/Healthy Families is likely to be for individuals who have incomes from 138%-250% FPL. These are the people for whom an unanticipated car repair is necessary in order to get to work or a non-covered emergency medical expense undermines the ability to make a premium payment. In addition, fluctuating income due to layoff or losing a job, or due to pregnancy, may mean the individual qualifies for Medi-Cal rather than the Exchange. In order to minimize gaps in coverage and facilitate transitions between the programs we strongly recommend that transitions in coverage are streamlined so a single agency conducts eligibility determinations for both Medi-Cal and the Exchange. The eligibility determinations are made by the program based on information provided either by the enrollee or a government data source. The agency would already have all of the information necessary for enrollment in either program for an individual so the application/enrollment process would quickly take place.

An essential element of this model is that the plans serving this transitional population would all be Medi-Cal plans in order to guarantee continuity of care for the enrollee. Within this single

agency model there is also a need to harmonize the timing of coverage as between Medi-Cal and private plans since Medi-Cal's coverage is retroactive to three months prior to enrollment and private coverage begins the first month after enrollment.

What considerations should be made for payment grace periods?

Because the intent of the ACA is to establish a means for low income uninsured people to access and retain health care coverage, it is important to develop a process that allows individuals to remain covered during economically challenging times. Dis-enrolling individuals because of a temporary inability to pay for premiums undermines the entire purpose of the ACA. It would be important to seek information from enrollees regarding the reason for non-payment of premiums. Where there is a reasonable explanation, such as an unanticipated emergency expense, a grace period and opportunity to negotiate a payment plan that addresses the financial needs of the enrollee would be in order.

Question 52- To what extent should we maintain existing eligibility doors (e.g. presumptive eligibility for pregnant women)?

PPAC recommends maintaining all existing eligibility doors in an effort realize the goal of "no wrong door" to coverage. The purpose of current eligibility doors is to remove barriers to access for individuals in need of immediate non-emergency medical care. Presumptive eligibility for pregnant women is the perfect example of an eligibility door that eliminates barriers for uninsured pregnant women to access prenatal care for this high risk population.

Another example is the on-site enrollment for Family PACT, a critical component in the success of that family planning program. Based on the most current data, the Family PACT program averted 286,700 unintended pregnancies in 2007, saving the state \$1.88 billion in public sector costs from conception to age 2. In both these examples, access to immediate enrollment and services are critical to positive health outcomes for women and their families.

Thank you again for the opportunity to provide comments. Please feel free to contact me, at (916) 446-5247 or paul.kneprath@ppacca.org.

Sincerely,



Paul Kneprath

Vice President, Policy and Public Affairs

CC: Mr. Peter Lee, Executive Director, CA Health Benefit Exchange