

Having Our Say!

Communities of Color's Stake in Health Care Reform

January 30, 2012

Diana Dooley, Chair California Health Benefit Exchange Board & Health and Human Services Agency Secretary

Peter Lee, Exchange Executive Director

RE: Marketing, Outreach and Enrollment Feedback

Dear Secretary Dooley and Mr. Lee:

On behalf of the Having Our Say coalition (HOS) we greatly appreciate the opportunity to share our comments with you regarding Exchange marketing, outreach and enrollment. Having Our Say, a statewide coalition of over 50 organizations, works to ensure that health care reform solutions address the needs of California's communities of color. Our goal is to work together to advance health policies that affirm our vision of inclusion and equality.

In 2014 Californians who make less than 400% FPL will be eligible for subsidies to purchase health insurance in the new Health Benefit Exchange. These subsidies will help over 2.3 million Californians afford health coverage. Of the eligible families, 65% will be people of color and 32% of the adults will speak English less than well (*Source: Equity Through Implementation*). As the implementation of the Affordable Care Act moves forward, and the California Health Benefit Exchange establishes its structure and operations, it is vitally important that this system reflects the needs of our diverse communities.

In order to determine what the California Health Benefit Exchange should do to ensure that eligible Californians are aware of the benefits available to them through the Exchange, CPEHN and the Having Our Say coalition held a number of conversations with partners and network members. This letter and the attached comment matrix summarize the findings from those discussions.

General Comments

In order to maximize enrollment in the Exchange, Medi-Cal, and other health coverage programs in 2014, the Exchange must start to educate people now about their eligibility for coverage. We recommend that the Navigator program be established and fully funded well in advance of the October 2013 enrollment date in order to ensure that Navigators have the necessary resources to successfully, seamlessly, and quickly enroll all those who are eligible and to dispel any myths or confusion as a result of deceptive marketing practices aimed at those who may not know about the law and their rights as consumers, including seniors, disabled, Limited-English-Proficient (LEP), immigrants, and communities of color. Since the role of the Navigator is to assist the consumer

impartially, the Exchange should contract with consumer-focused non-profit organizations with the demonstrated capacity to serve California's diverse communities. Below are some additional points we would like to highlight.

Key Comments

- A successful marketing and outreach campaign is one that is capable of reaching out to California's diverse communities. The state should conduct focus groups in multiple languages ahead of 2013 in order to target marketing efforts to racial and ethnic communities.
- In order to reach all communities the state needs to meet people where they are by providing enrollment in schools, clinics, community based organizations, churches, and medical/clinic settings, and offering sites at malls, shelters, and farmers markets. By addressing accessibility issues (e.g., transportation, internet, service locations) and offering information in various languages and easy to read formats, the Exchange, DHCS, and MRMIB can help maximize enrollment in these programs.
- The enrollment system should be designed with an appropriate rules engine which can successfully serve families with complex cases (e.g., mixed status families, employee versus individual, etc.). Individuals should be allowed to self-attest with regards to citizenship and other required eligibility documentation, with follow-up assistance to occur later. There should be an easy, clear, multilingual process set-up for those who will be requesting exemptions from Exchange coverage, including undocumented immigrants.
- The Exchange, DHCS and MRMIB should issue notices to the newly eligible in the LIHP, Family PACT, AIM and other public programs about the availability of coverage. Notices should also be sent to consumers experiencing life changing events that might make them eligible for coverage. The notices should include referrals to safety-net services for those ineligible for coverage in the Exchange due to immigration or other status.
- Applicants must be able to access culturally and linguistically appropriate consumer assistance electronically, by mail, by phone, and in person. The Exchange call center must be capable of providing interpretation in any language as required by California Government Code section 100503(y), Title VI of the Civil Rights Act of 1964, and Section 1557 of the ACA.

Sincerely,

ACCESS/Women's Health Justice
ACT for Women and Girls
Alliance of Californians for Community Empowerment
Asian Health Services
Asian Pacific American Legal Center
Black Women for Wellness
Cal-Islanders Humanitarian Association
California Immigrant Policy Center
California Latinas for Reproductive Justice
California Pan-Ethnic Health Network
California Partnership
California Rural Legal Assistance Foundation

Central Valley Partnership
Centro Binacional Para el Desarrollo Indigena Oaxaqueño, Inc.
Centro La Familia Advocacy Services, Inc.
Coalition for Humane Immigrant Rights of Los Angeles
Guam Communications Network
Korean Community Center of the East Bay
Korean Resource Center
Latino Coalition for a Healthy California
Libreria del Pueblo, Inc.
Madera Coalition for Community Justice
Nana's Wish
Pacific Islander Cancer Survivors Network
SSG – PALS for Health
Services, Immigrant Rights, and Education Network
South Asian Network
Time for Change Foundation
Vision y Compromiso