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## Support Outreach, Enrollment, Utilization, and Retention for Medi-Cal and Other Health Programs in the State Budget!

3/29/18-- Health coverage options mean little if you don't know about available programs, the eligibility process is complex and confusing, or other barriers keep you from signing up. And simply enrolling doesn't do much if you can't access the services you need. Access to care ends if you are disenrolled even though you are still eligible, a risk that many consumers unjustly face.

Maternal and Child Access, a community-based organization serving low-income people throughout Los Angeles County, helps overcome all of these barriers through outreach, enrollment, utilization, and retention services, along with 17 other local groups. We find the most marginalized individuals in the communities with the most challenging barriers to coverage and access— low income working families with children, grandparents and other seniors, people with disabilities or in difficult immigration circumstances, limited English speakers, homeless veterans and others living on the streets, prisoners reintegrating into society-- and we stick with their cases until they get not only the coverage but also the medical care they need. Our efforts produce results because diverse communities trust us.

A statewide network of over 50 other organizations in rural and urban areas throughout California provides similar assistance. You'll find them here, [Statewide Network of OE Grantees](#), as participants in the state's [AB 82 Outreach and Enrollment Program](#) from 2016-2018.

But the funding for these essential outreach and enrollment activities is set to end on June 30. **We urge your support for our request to the Legislature's Budget Committees for \$26.5 million over two years to continue this important work**, for a total of \$53 million with federal matching funds.

- **This is both an efficient and effective investment.** In Los Angeles County alone, our groups have reached nearly two million people, provided application assistance to over 454,131 children and adults, and addressed over 350,225 access to care problems since 2003. Retention rates are in the high 80-90% range among the populations we have served.
- **This investment is also well worth the upfront cost.** Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases, like asthma, diabetes, high blood pressure, heart disease, and cancers. [Key Facts about the Uninsured Population, KFF, Nov 2017](#). When a person gets so sick they can no longer avoid trips to the doctor or hospital, treatment becomes far more expensive, including for Medi-Cal if the individual does eventually get help to enroll. Addressing health issues sooner rather than later is also vital for being able to work and support oneself and family. Continuing the investment in enrollment assistance is now more important than ever given the federal attacks on immigrants and on health programs of every kind.

States have cited strong leadership as a factor that contributes to successful coverage efforts. [Outreach and Enrollment Strategies for Reaching the Medicaid Eligible but Uninsured Population, KFF, March 2016](#). We urge our Legislature and Governor to exercise that leadership now to continue support for outreach and enrollment in the state budget.

For more information, please contact Celia Valdez at [celiav@mchaccess.org](mailto:celiav@mchaccess.org) or Lucy Quacinella at [lucyqmas@gmail.com](mailto:lucyqmas@gmail.com). **THANK YOU!**

March 9, 2018

The Honorable Joaquin Arambula, Chair  
Assembly Budget Subcommittee #1 on Health and  
Human Services  
State Capitol, Room 5155  
Sacramento, CA 95814

The Honorable Richard Pan, Chair  
Senate Budget Subcommittee #3 on Health and  
Human Services  
State Capitol, Room 5114  
Sacramento, CA 95814

**RE: Outreach and enrollment funding for Medi-Cal and other coverage programs**

We are writing on behalf of the undersigned organizations to request support for the important work of ensuring access to and utilization of health care services for low-income Californians by funding outreach, enrollment and troubleshooting. The organizations represented in this letter are partners and members of the statewide *Covering Kids and Families* and *Los Angeles Access to Health Coverage* coalitions.

For nearly 25 years, CHC has been at the forefront of policy work to eliminate health disparities by promoting social justice and achieving equity in community and environmental resources to improve the health and well-being of underserved populations. CHC has a long history of working on policies to improve access to high quality healthcare. Our Statewide Covering Kids and Families (CKF) and LA Access to Health Coverage Coalitions represent over 100 organizations across California and Los Angeles County who touch the lives of thousands of Californians by assisting with enrollment and retention in publically-sponsored healthcare programs.

Community based enrollers<sup>i</sup> have always been extremely important in providing assistance for enrollment:

- In 2011, of the 212,102 joint applications processed for Medi-Cal and the Healthy Families Program, 75,684 (36%) were processed with the assistance of a Certified Application Assistant (CAA) of the 102,855 applications submitted using the online Health-e-App system, almost half (45,283) were submitted by a CAAs.<sup>ii</sup>
- In 2014, Covered California certified more than 6,000 Certified Enrollment Counselors (CECs), who in turn enrolled 339,000 individuals during the first Affordable Care Act (ACA) open enrollment period, of which 68% were enrolled in Medi-Cal and 32% were enrolled in Covered California.<sup>iii</sup>
- A local example of the vital role played by enrollers can be found through the LA County Department of Public Health Children's Health Outreach Initiative (CHOI). Through 17 outreach contractors (with additional subcontractors) and two school contractors (LA County Office of Education and LA Unified School District) since 2003, 454,131 children and adults across LA County have received application assistance of which on average 83% annually have successfully moved into health coverage enrollment. Furthermore a total of 350,225 issues have been addressed by CHOI contractors including follow up to confirm enrollment, assistance with utilization of coverage, and completing annual redetermination. Since the onset of the ACA troubleshooting support has drastically increased.

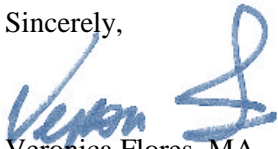
Over the years, a number of federal, state and private dollars have supported California's network of community based enrollers. Funding has ranged from grant-based funding to per application reimbursement through local First 5 commissions, private foundations such as The California Endowment (TCE) and state agencies such as Covered CA. Most recently for FY 2014-2017, DHCS provided statewide outreach and enrollment efforts were funded through a combination of legislative and foundation efforts (SB 18 and AB 82) and federal matching funds under Medi-Cal and the Children's Health Insurance Program (CHIP). Most of the non-federal funding will sunset at the end of June 2018. As such counties are set to lose over \$26 million as can be seen here [http://www.dhcs.ca.gov/services/medial/eligibility/Documents/OE/OandECountyCBOList\(6\).pdf](http://www.dhcs.ca.gov/services/medial/eligibility/Documents/OE/OandECountyCBOList(6).pdf).

For community agencies in Fresno County, for example, over \$1 million in outreach and enrollment resources are about to end. In Sacramento, local groups face a loss of nearly \$900,000, as do the partners in Santa Clara County. The combined cut for four participating North Coast counties (Del Norte, Mendocino, Sonoma and Marin) would be over \$562,480, and \$697,000 on the Central Coast (Monterey, San Luis Obispo and Santa Cruz). The sunset of this funding is just another in a long list of dwindling funding sources across the state for comprehensive enrollment services.

However, the need for these services has only expanded since the full implementation of the ACA. With more individuals entering the healthcare system, there are more challenges to understanding how the system operates. Furthermore enrollers have been presented with more complex situations such as assisting those with pre-existing conditions, people experiencing homelessness, and the recently incarcerated. All of whom require additional time to address their coverage eligibility and unique needs. In fact, enrollers have had to engage with potential eligible enrollees in new locations such as homeless shelters, work source centers or re-entry agencies. These complexities will continue to grow as our nation's social and economic supports are further eroded by the current decisions at the federal level. This assistance is especially important now with the number of foreign-born citizens and other California residents who are eligible for health coverage but uninsured or underinsured, the status of DACA recipients, and the prevalent confusion about the availability of coverage under various programs given attacks at the federal level. Enrollers find they need to address confusion, quell fears and provide resources beyond healthcare.

***Therefore we request a minimum of \$26,500,000 in state general fund, to be matched by federal funds, for a total of \$53 million in order to continue the important work of outreach, enrollment and troubleshooting for health coverage programs for low-income Californians.*** The funds could be allocated to counties on the basis of a funding formula and administered by counties, as is under AB 82. However, we also encourage you to assess how to bring in counties who were not included in this formula such as Yolo. A great investment has already been made for community based enrollment services, with a staff of culturally competent healthcare experts who can help vulnerable communities navigate a complicated healthcare system and work to ensure that families retain health coverage. Losing these services due to expired funding will be a detriment for not only vulnerable communities, but the entire State of California. We thank you in advance for your consideration of this request and if you have any questions or would like to schedule time to meet with our partners please contact our Chief Program Officer Sonya Vasquez at (323) 295-9372x221 or [svasquez@chc-inc.org](mailto:svasquez@chc-inc.org).

Sincerely,



Veronica Flores, MA  
Chief Executive Officer

Cc:

The Honorable Holly Mitchell, Chair, Senate Budget Committee  
The Honorable Phil Ting, Chair, Assembly Budget Committee  
The Honorable Kevin de León, President pro Tempore of the Senate  
The Honorable Anthony Rendon, Speaker of the Assembly  
Scott Ogus, Consultant, Senate Budget Subcommittee #3 on Health and Human Services  
Members, Senate Budget Subcommittee #3 on Health and Human Services  
Andrea Margolis, Consultant, Assembly Budget Subcommittee #1 on Health and Human Services  
Members, Assembly Budget Subcommittee #1 on Health and Human Services

***Additional Signers:***

Maribel Marin, Executive Director  
211 LA

Nahla Kayali, Executive Director  
Access California

Kris Calvin, Chief Executive Officer  
American Academy of Pediatrics, California

Richard Konda, Executive Director  
Asian Law Alliance

Kazue Shibata, Chief Executive Officer  
Asian Pacific Health Care Venture, Inc.

Mark Diel, Chief Executive Officer  
California Coverage & Health Initiatives

Cary Sanders, Director Policy Analysis  
California Pan-Ethnic Health Network

Elvira Ramirez, Executive Director  
Catholic Charities of the Diocese of Stockton

Margaret Martinez, Chief Executive Officer  
ChapCare

Evy Lowe  
Director of Outreach & Outpatient Treatment Services  
Child and Family Guidance Center

Alison Buist, National Policy Director  
Children's Defense Fund – California

Maria Peacock, Director, Get Enrollment Moving  
(GEM) - Citrus Valley Health Partners

Elba Gonzalez-Mares, Executive Director  
Community Health Initiative Napa County

Tavae Samuelu, Executive Director  
Empowering Pacific Islander Communities (EPIC)

Ann Kinkor, State Legislative Advocacy Coordinator  
Epilepsy California

David G. Brody, Executive Director  
First 5 Santa Cruz County

Norma Forbes, Executive Director  
Fresno Healthy Communities Access Partners

Ben Hudson, Jr., Executive Director  
Gender Health Center

Adriana Jimenez, Program Director  
Give For a Smile

Candice Adam-Medefind, Executive Director  
Healthy House within a MATCH Coalition

Kevin Mahany, IE-CHI Advocacy Task Force Chair  
Inland Empire Coverage and Healthy Initiative

Christin Kim, Program Coordinator  
Korean Community Center of the East Bay

Long Beach Department of Health and Human Services

Los Angeles County Office of Education

Ezequiel De La Torre, Coordinator, Wellness Programs  
Los Angeles Unified School District

Alicia Kauk, Staff Attorney  
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Kent Woo, Executive Director  
NICOS Chinese Health Coalition

Kimberly Wyard, Chief Executive Officer  
Northeast Valley Health Corporation

Suzie Shupe, Chief Executive Officer  
Redwood Community Health Coalition

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Sacramento Covered

Saima Hussain, Deputy Director  
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Southside Coalition of Community Health Centers

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Maryjane Puffer, Executive Director  
The Los Angeles Trust for Children's Health

Maria Lemus, Executive Director  
Visión y Compromiso

Susana Sngiem, Executive Director  
United Cambodian Community

Luis Pardo, Executive Director  
Worksite Wellness Los Angeles

Judy Darnell, Vice President of Public Policy  
United Ways of California

Katie Villegas, Executive Director  
Yolo County Children's Alliance

Karen Lauterbach  
Director of Community Programs and Advocacy  
Venice Family Clinic

Gustavo Herrera, Western Regional Director  
Young Invincibles

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<sup>i</sup> Please note this term includes school and clinic based enrollers.

<sup>ii</sup> Morales, F., Vasquez, S., and Galloway-Gilliam. L. (May 2012). Bridging the Health Divide: Designing the Navigator System in California. Community Health Councils.

<sup>iii</sup> Covered California, Covered California Open Enrollment 2013-2014: Lessons Learned (October 2014), 60.



March 2, 2018

The Honorable Joaquin Arambula  
Chair, Assembly Budget Subcommittee #1 on Health and Human Services  
State Capitol, Room 5155  
Sacramento, CA 95814

The Honorable Richard Pan  
Chair, Senate Budget Subcommittee #3 on Health and Human Services  
State Capitol, Room 5114  
Sacramento, CA 95814

RE: Outreach and enrollment funding for Medi-Cal and other coverage programs

Our organizations provide critical outreach, enrollment, utilization and retention services to individuals without health insurance or who are underinsured in Los Angeles County. Currently, in Los Angeles, there are 17 outreach contractors with additional subcontractors, two school contractors (LACOE and LAUSD), one training organization and its subcontractor, plus one IT contractor. We are part of a network of similar organizations throughout the state. The Department of Health Care Services' website about these efforts is here: [http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/OE\\_AB\\_82\\_71.aspx](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/OE_AB_82_71.aspx).

For FY 2014-2018, statewide outreach and enrollment efforts were funded through a combination of legislative and foundation efforts (SB 18 and AB 82) and federal matching funds under Medi-Cal and CHIP. Most of the non-federal funding will come to an end, however, at the end of June 2018. The at-risk dollar amounts for community organizations in Los Angeles and the other participating counties for outreach and enrollment in their local areas are here: [http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/OE/OandECountyCBOList\(6\).pdf](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/OE/OandECountyCBOList(6).pdf). For community agencies in Fresno County, for example, over \$1 million in outreach and enrollment resources are about to end. In Sacramento, local groups face a loss of nearly \$900,000, as do the partners in Santa Clara County. The combined cut for four participating North Coast counties (Del Norte, Mendocino, Sonoma and Marin) would be over \$562,480, and \$697,000 on the Central Coast (Monterey, San Luis Obispo and Santa Cruz).

We therefore submit this request for \$26,500,000 in state general funds for a two-year term, to be matched by federal funds, for a total of \$53 million to continue this important work of outreach, enrollment and trouble-shooting for health coverage programs for low-income Californians. The funds would be allocated to counties on the basis of a funding formula and administered by counties, as occurred under AB 82.

In Los Angeles County alone, we have reached nearly two million people and assisted over 202,000 with enrollment as of October 6, 2017. Retention rates are in the high 80-90% range among the populations we have served.

Our efforts have been targeted to reaching and assisting especially vulnerable populations, such as:

- Working but poor people, including families with young children and mixed-immigration status
- Limited English speakers
- Individuals needing mental health and/or substance use disorder treatment
- Young men of color
- Homeless families, including those with children
- People in jail or prison or who are being reintegrated into their communities after release

A similar set of populations would be targeted with the requested replacement funds.

This assistance is especially important now, given the number of foreign-born citizens and other California residents who are eligible for health coverage but uninsured or underinsured, the status of DACA recipients, and the prevalent confusion about the availability of coverage under various programs given attacks at the federal level.

We urge you to support our funding request to continue this essential work getting eligible adults and children into health coverage so that they may access medical care.

If you have any questions, please contact Lucy Quacinella at [lucyqmas@gmail.com](mailto:lucyqmas@gmail.com) or (415) 348-6336.

Cc:

The Honorable Holly Mitchell, Chair, Senate Budget Committee  
The Honorable Phil Ting, Chair, Assembly Budget Committee  
The Honorable Kevin de León, President pro Tempore of the Senate  
The Honorable Anthony Rendon, Speaker of the Assembly  
Scott Ogus, Consultant, Senate Budget Subcommittee #3 on Health and Human Services  
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