



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 enrollersⁱ 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.ⁱⁱ
- 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.ⁱⁱⁱ
- 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.

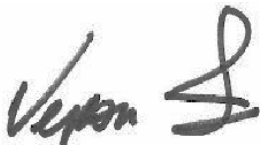
Over the years, a number of federal, state and private dollars have supported California's network of community based enrollers. Funding has ranged from grant-based funding to per application reimbursement through local First 5 commissions, private foundations such as The California Endowment (TCE) and 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.

Sincerely,



Veronica Flores, MA
Chief Executive Officer
Community Health Councils

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:

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Yolo County Children's Alliance

Gustavo Herrera
Western Regional Director
Young Invincibles

ⁱ Please note this term includes school and clinic based enrollers.

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

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