25 February 2011

Ed Heidig, Deputy Director  
Lynn Randolph, Deputy Director of Communications  
Ellen Badley, Program Specialist, Office of Legal Services  
California Department of Managed Health Care  
980 9th Street, Suite 500  
Sacramento, CA 95814

Re: Consumer Assistance Funds for Community-Based Organizations

Dear Mr. Heidig, Ms. Randolph, and Ms. Badley,

We understand that the Department will be distributing some of the federal Consumer Assistance Program grant funds received by the Department last year to community-based organizations for providing direct assistance to health care consumers. We applaud the Department for making this decision. We know from our work on health care issues that individuals and families sorely need information about the changes under the Affordable Care Act (ACA) as well as help enrolling in and navigating the health care system as reforms are implemented. Community-based consumer assistance programs help by providing one-on-one assistance to educate individuals about their health care options, to facilitate enrollment, maintain coverage, and troubleshoot problems that may arise in accessing care.

We have recommendations, based on our experiences, about criteria for the RFP to ensure consumers’ needs and the requirement in Section 1002 of the ACA for independent offices of health insurance consumer assistance are best met.

We believe local community-based non-profit organizations have a critical role to play in both the immediate and the long term need for consumer assistance programs. These organizations are trusted resources in their communities and often serve as the “go-to” source for individuals and families who might not otherwise seek assistance with health care questions. They understand how to reach and assist low-income and vulnerable populations, the people who will be most dramatically impacted by the new law and often are most in need of assistance. They know the local health care arenas and how to help consumers navigate them.
We urge that the Department:

1. **Fund experienced programs that offer the full range of consumer assistance.** For the most effective use of the funds, we urge the Department to grant funds to programs with trained staff with a proven track record of helping health care consumers with the *full range of types of assistance* health care consumers need. Similarly, programs should have knowledge of the eligibility and benefits of the *full range of health care coverage options* – both public programs and private coverage – from Medi-Cal to COBRA, from PCIP to employer-based coverage. Specifically, the Department should require programs to be able to:

   a. Educate consumers about all of their health care options from public programs to private options and how to navigate the health care arena, including how to select a plan and how to find a doctor or other health care provider;

   b. Advise consumers how to apply for coverage and importantly how to keep coverage to avoid a lapse;

   c. Advise and assist consumers with health care problems including: trouble getting an appointment, quality of care complaints, barriers such as lack of an interpreter or disability access problem, claims/payment problems; and

   d. Advise and assist consumers with the filing of complaints and appeals, including appeals of coverage denials with the health coverage program denying eligibility, appeals with the internal appeal or grievance process of the health care service plan, health insurer, or group health plan involved, and providing information about any external appeal process.

   Programs should be able to serve consumers through a variety of methods including by phone, by mail, and in person. *The federal requirements are clear that walk-in access must be provided and this is lacking in California’s Consumer Assistance Program.*

2. **Require capacity to serve California’s diverse population.** Over half (56%) of Californians are people of color and 40% speak a language other than English at home. Given the need to serve all California health care consumers, the Department should require that programs have experience reaching vulnerable, under-enrolled populations including low-income communities of color, people with disabilities, immigrants and Californians who speak English less than well. Programs must have the ability to serve consumers who speak English less than well through a combination of bilingual staff and an interpreter line.

3. **Ensure “independent” consumer assistance.** The HHS materials on Consumer Assistance Program grants were clear that the consumer assistance programs should be
independent and be able to “advocate freely and vigorously on behalf of consumers.”\(^1\)

The Department should provide funds to non-profit organizations whose primary mission is to assist health care consumers.

4. **Require standardized data collection.** The Department should require funded programs to collect uniform data elements to track the type of issues consumers are facing. This data should include demographic information including health status, gender, race, ethnicity, language, sexual orientation, and age to allow identification of problems specific to one particular group; type of coverage; health plan; type of problem; and output/outcome. Without a standardized system, it will be impossible for the State to build an information base about problem patterns within and across plans, information essential for comparative shopping by consumers and for the Exchange as it kicks into operation.

We would welcome the opportunity to discuss these recommendations with you. I can be reached at (916) 442-0753 ext. 18, elandsberg@wclp.org.

Sincerely,

Elizabeth A. Landsberg
Cary Sanders
Western Center on Law & Poverty
California Pan-Ethnic Health Network

Betsy Imholz
Beth Capell
Consumers Union
Health Access

cc: Eliza Bangit, Center for Consumer Information and Insurance Oversight, CMS
    David Maxwell-Jolly, California Health and Human Services Agency
    Herb Schultz, U.S. Department of Health and Human Services

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