



California Pan-Ethnic Health Network

Improving Enrollment of Communities of Color in Health Coverage: Recommendations from First Responders to Covered California and Medi-Cal

In January 2014, CPEHN began partnering with local community organizations to assess how well California’s outreach and enrollment efforts are going in Medi-Cal and Covered California, and develop solutions to address identified barriers and advocate for systems changes with state policymakers. Through this project we have gathered information from first responders on the ground working on enrollment, including community organizations, service providers, and Certified Enrollment Counselors (CECs) in the Bay Area, Los Angeles, San Diego, and Fresno. Our partners brought a number of issues to our attention, specifically on enrolling communities of color into health care coverage.

We have categorized these issues into several areas:

Covered California	
Issue	Recommendations
1. Website glitches: Certified enrollment counselors reported website glitches, particularly on the Spanish language website.	<ul style="list-style-type: none"> ○ Continue regular website maintenance during non-peak hours when possible. ○ Institute internal quality translation controls and ongoing community review of the Spanish language website.
2. Long call wait times and dropped calls: Certified enrollment counselors reported long wait times on the phone. For calls in languages other than English, CECs reported dropped calls while waiting to be transferred to multilingual call center representatives.	<ul style="list-style-type: none"> ○ Institute a phone tree directory to triage calls. ○ Offer call-back options in English, Spanish, and other languages. ○ Implement internal quality control testing of Limited English Proficient (LEP) call lines. ○ Provide capability to complete online applications in Med-Cal Managed Care threshold languages.
3. Inaccuracy of translated materials: CECs reported frustration with the inaccuracy of translated materials, including fact sheets. For example, Cambodian fact sheets are translated inaccurately, and Vietnamese fact sheets utilize language from a political era that some seniors might find offensive.	<ul style="list-style-type: none"> ○ Hire a Diversity Officer to work on materials development and quality control for all translated materials. ○ Employ a transparent and collaborative process to develop translated materials.
4. Lack of provider directory: CECs reported difficulty signing up consumers for coverage due to lack of a provider directory so consumers determine which providers can address their cultural and linguistic needs.	<ul style="list-style-type: none"> ○ Provide an integrated provider directory rather than the current links to individual health plan directories on the Covered California website. ○ Make health plan provider directories available in at least English and Spanish, and ensure that they are searchable by provider, hospital, and community clinic, as well as by the language(s) spoken by provider and staff.

<p>5. Lack of Availability of CEC trainings in other languages: CECs reported that while having interpreters available at Covered California trainings is helpful, it would be better if trainings were offered in other languages. Additionally, while the online trainings are helpful they are not offered in additional languages, a clear barrier for LEP counselors.</p>	<ul style="list-style-type: none"> ○ Provide in-person CEC training in other languages. At a minimum, Covered California should institute a train-the-trainer model so multilingual trained CECs can provide the same training to CECs in other languages. ○ Record online training modules and make them available in other languages.
<p>6. Lack of real-life enrollment scenarios and hands-on training tools in CEC trainings: CECs reported that Covered California trainings do not provide specific enrollment scenarios and updated information based on real life experiences during the enrollment period. Additionally, CECs would have appreciated a demonstration of CalHEERs including a “dummy” account to practice on as well as a more thorough review of the types of eligibility documentation clients must present.</p>	<ul style="list-style-type: none"> ○ Collaborate with CECs and Health Consumer Alliance partners to update the trainings with real-life scenarios that are applicable to the types of questions and situations CECs might encounter. ○ Include a CalHEERs demonstration in CEC trainings and a “dummy” account that Assistors can practice with. ○ Review with Assistors the types of eligibility documents (e.g. income etc.) clients must present at the time of enrollment.
<p>7. Lack of reimbursement and training for CECs on utilization assistance: CECs reported receiving numerous calls from clients asking for help with how to utilize their new health coverage.</p>	<ul style="list-style-type: none"> ○ Reimburse CECs for utilization assistance. ○ Develop and disseminate trainings and materials to CECs on how to assist clients with basic utilization questions.

Department of Health Care Services	
Issue	Recommendations
<p>1. Confusion for CECs regarding the continuation of Medi-Cal enrollment: CECs have expressed that some are aware that Medi-Cal enrollment is year round, while other enrollers are unclear about this key provision.</p>	<ul style="list-style-type: none"> ○ Develop a FAQ regarding year-round open enrollment for Medi-Cal. ○ Update trainings and webinars to reflect the differences in Medi-Cal enrollment.

Covered California, Department of Health Care Services, and Counties	
Issue	Recommendations
<p>1. Confusion for CECs regarding special enrollment: CECs have expressed confusion and a lack of communication regarding the special enrollment period, and those that may be eligible.</p>	<ul style="list-style-type: none"> ○ Ensure the Spanish language website is updated at regular intervals to reflect the latest messaging and communication about Special Enrollment periods on the English language website. ○ Translate Covered California’s FAQ on Special Enrollment periods into Medi-Cal Managed Care languages other than English and Spanish.

<p>2. Misinformation regarding eligibility for health coverage programs for Deferred Action for Childhood Arrivals (DACA) and five-year bar immigrants: CECs indicated that Covered California, DHCS, and counties have at times provided the wrong information to clients regarding eligibility for Medi-Cal and/or Covered California for DACA and five-year bar immigrants.</p>	<ul style="list-style-type: none"> ○ Fix the current CalHEERs programming errors regarding immigrant eligibility for 5-year bar and PRUCOL. ○ Develop best practices to ensure county workers and Covered California staff are trained on immigrant eligibility for health coverage. ○ Post specific Frequently Asked Questions/reminders for reference to provide county workers with accurate information. <p>UPDATE: DHCS is currently checking to see if there is a specific FAQ/reminder already in use.</p>
<p>3. Delay in CEC payments: CECs have indicated that they have only received partial payment for Covered California enrollments and still have not received payment for Medi-Cal applications, which creates a hardship for organizations relying on reimbursement to cover the costs of providing enrollment assistance.</p>	<ul style="list-style-type: none"> ○ Establish a point of contact for payment questions. ○ Communicate with CECs regarding the Status of Reimbursements for successful applications in both Covered California and Medi-Cal. <p>UPDATE: DHCS indicated in May that an interagency agreement is being finalized, and payments will start by the end of May. An update has been posted on their website: http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/OEworkgroup.aspx. DHCS also indicated that it would communicate payment updates directly to CECs.</p>

The following organizations participated in developing these recommendations:

- AllCare Alliance
- Asian Americans Advancing Justice – Los Angeles
- Berkeley Free Clinic
- Black Women for Wellness
- California Coverage & Health Initiatives
- California Health Collaborative
- California Partnership
- California Rural Legal Assistance Foundation
- Camarena Health
- Catholic Charities
- Children’s Defense Fund-California
- Coalition for Humane Immigrant Rights of Los Angeles
- Community Clinic Association of Los Angeles
- Community Coalition
- Community Health Councils
- Consejo de Federaciones Mexicanas en Norte América
- Council of Community Clinics
- Crenshaw Health Partners
- Employee Rights Center-San Diego
- Family Health Centers of San Diego
- Fresno Interdenominational Metro Ministries
- Give for a Smile
- Golden Valley Health Centers
- Hospital Association of San Diego and Imperial Counties
- Interfaith Coalition for Worker Justice of San Diego
- Interpreting for California
- Interpreting4CA
- Korean Community Center of the East Bay
- Korean Resource Center (KRC)
- La Maestra Community Health Centers
- Lifelong Medical Clinic
- Mid-City CAN
- Mid-City Clinic
- Mountain Health and Community Services
- National Immigration Law Center
- Northeast Valley Health Corp.
- Operation Access
- Physicians for a National Program California
- Roots Community Health Center
- San Diego Black Health Associates
- San Diego Family Care
- San Francisco Community Clinic Consortium
- San Ysidro Health Center
- South Asian Network (SAN)
- Southeast Asia Resource Action Center (SEARAC)
- Southside Coalition
- Special Service for Groups (SSG)
- St. Vincent de Paul Family Health Center
- Union of Pan Asian Communities
- United Taxi Workers of San Diego
- Urban Strategies
- Visión y Compromiso (VyC)
- Vista Community Clinic
- Watts Healthcare Corporation
- Young Invincibles

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