

## How Will Health Insurance Exchanges Reach Our Nation's Racially and Ethnically Diverse Communities?



One of the centerpieces of the Affordable Care Act of 2010 (ACA) is the creation of Affordable Health Insurance Exchanges—also called “Marketplaces”—which will offer access to health insurance for millions of people in the United States starting on January 1, 2014. The exchanges will offer a choice of easily comparable insurance plans to individuals and small businesses. They will also subsidize insurance premiums for low-income individuals and families who qualify. The exchanges will also educate consumers, assist them with determining eligibility for public and private health insurance, and provide an electronic system for enrollment. One key to the effectiveness and success of the exchanges will be the ability to reach all consumers—including those from diverse racial and ethnic heritage—to ensure they understand and can navigate the process of choosing a plan and becoming insured.

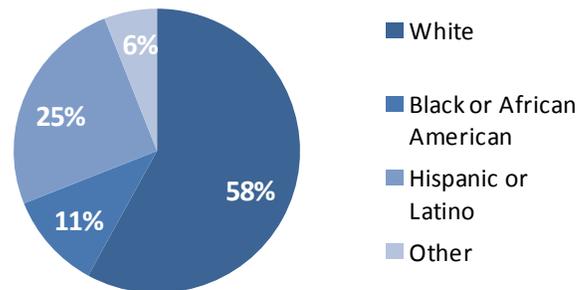
### Why Address Language, Culture, and Diversity in the Exchanges?

Lack of health insurance is a major reason why many African American, Hispanic or Latino, immigrant, and other diverse populations are unable to access care, delay or forgo care, and ultimately face poorer health—including higher rates of disease and mortality. Barriers to obtaining coverage for these populations often include limited English proficiency, cultural differences, lack of trust, and low literacy, among other factors.

Ensuring diverse individuals and families gain insurance coverage is critical to improving not only their overall health and well-being, but that of the entire nation. This priority is also critical to reducing medical errors, improving quality, and reducing unnecessary medical costs.

An estimated 24 million people will be eligible for individual insurance through the exchanges. About 42% (or over 10 million) of these people will be African American, Hispanic or Latino, or from another Non-White racial and ethnic group (Figure 1). Nearly one in four will speak a language other than English at home.

Figure 1. Projected Percent of Health Insurance Exchange Enrollees by Race and Ethnicity



Source: Kaiser Family Foundation, *A Profile of Health Insurance Exchange Enrollees*, March 2011.

### How Does the ACA Address Language and Cultural Diversity in the Exchanges?

The ACA includes at least 7 provisions to ensure that the exchanges, and health plans offered through them, will reach racially and ethnically diverse populations in marketing, education, and outreach. In general, these provisions focus on ensuring language access (such as translation services, interpretation, and multi-lingual information), culturally appropriate outreach and education, and non-discrimination. Following is a summary of these 7 requirements, including information on accompanying federal rules and guidance that have been issued to date:

**Navigator Program in Exchanges.** Exchanges are required to have a Navigator Program to assist consumers enrolling in coverage and provide culturally and linguistically tailored and appropriate information, including meeting the needs of those with limited English proficiency. Exchanges must develop training standards to assure navigators are qualified to assist underserved populations in determining eligibility and to address language and cultural needs and preferences in enrollment. These standards also apply to in-person assisters, a category of helpers added by subsequent federal guidance.

**Plain Language in Health Plans.** Health plans in the exchange must provide enrollment data, financial disclosures, and other information in plain language to applicants, enrollees, and general public, including those with limited English proficiency.

**Summary of Benefits and Uniform Glossary.** For plan years beginning on or after September 23, 2012, health plans must provide a standard summary of benefits document that is culturally and linguistically appropriate and follows the federal template, as well as provide a standard glossary of insurance terms, to all enrollees, employers, and others who ask. Health plans must provide a summary of benefits in other languages when 10% or more of the population living in the enrollee's county are literate only in the same non-English language. In 2012, 255 U.S. counties met this threshold for Spanish, Chinese, Tagalog, and Navajo.

**Claims Appeals Process.** Health plans must provide claims appeals notices to enrollees upon request in languages other than English if the address to which the notice is sent is located in a county where 10% or more of the population is literate only in the same non-English language. In such counties, the health plan must include taglines in the Non-English language on how to access language services provided by the plan. In counties meeting the language threshold, oral language services (such as telephone hotlines) must be provided. These requirements took effect for plan years beginning on or after January 1, 2012.

***Incentive Payments for Reducing Disparities.***

Health plans may reward quality and encourage activities for reducing disparities such as language services, community outreach, and cultural competency training. No federal guidance has been issued on this provision to date.

***Remove Cost-Sharing for American Indians.***

American Indians and Alaska Natives (AI/ANs) will pay no cost-sharing for health care obtained through a health plan in the exchange if they have incomes below 300% of the federal poverty level. Health plans are also required to provide monthly enrollment periods (as opposed to annual) to increase their opportunities to enroll. Exchanges are required to consult stakeholders representing AI/ANs, including Federally Recognized Tribes, which are located within an exchange's geographic area. Members of Indian tribes are also exempt from the individual mandate and will incur no penalties for not having insurance.

***Non-Discrimination.*** Anti-discrimination laws in the Civil Rights Act and other acts are extended to the exchanges and health plans offered within them. Individuals are not to be excluded from the exchanges, denied any benefits, or be subjected to discrimination based on race, color, and national origin among other factors.

## **What Progress are State-Based Exchanges Making?**

The Texas Health Institute reviewed a number of leading state-based exchanges or marketplaces to identify promising practices states are adopting to ensure effective outreach and enrollment across diverse communities. Among states included in its review were California (CA), Colorado (CO), Connecticut (CT), Maryland (MD), New York (NY), Oregon (OR), and Washington (WA). Following are ways in which these states are addressing culture, language, and diversity.

***Exchange Planning and Development.*** In exchange planning and development, these 7 states are addressing diversity and equity beyond what is required by the ACA. For example, they are:

- ✓ Requiring racial and ethnic representation on the Board of Directors (CA, CO, MD, and OR).
- ✓ Ensuring diversity and equity objectives are explicitly a part of the exchange vision and mission (CA, CT, OR, and WA).
- ✓ Requiring advisory groups to include racial and ethnic representation (CA, MD, and OR).
- ✓ Engaging racial and ethnic community members, advocates, and other representatives to provide input on various aspects of planning (all 7 states).
- ✓ Adopting a tribal consultation policy and consulting federally recognized tribes (all states except MD, which has no federally recognized tribes).

**Outreach, Education, and Enrollment.** As required by the ACA, these states are developing programs to ensure outreach, education, and enrollment processes are tailored for racially and ethnically diverse consumers. For example, they are:

- ✓ Targeting their outreach and education for people with limited English proficiency, and other diverse consumer groups (all 7 states).
- ✓ Ensuring their Navigator or Assister Program assists individuals from diverse racial, ethnic, and language backgrounds (all 7 states).
- ✓ Developing Navigator or Assister training materials on cultural and linguistic competency (MD and NY are leading, with CA, CO, CT, OR, and WA making some progress).

**Other Activities.** These 7 states are also progressing in ensuring other aspects of their exchange planning, development, and operation address racial and ethnic diversity, such as:

- ✓ Planning for their exchange Web portals to include translated materials or taglines with access to language materials or services (all 7 states).
- ✓ Planning to take cultural competency measures into account in selecting qualified health plans for the exchange (CA).
- ✓ Planning to measure disparities and diversity efforts for future improvement (CA is leading, with CO and MD making some progress).

## What Challenges Lie Ahead for Exchanges?

Demanding deadlines, tight budgets, limited resources, and incomplete guidance on implementation are among the broad challenges that many exchanges may continue to face. For example, while the ACA requires the establishment of a Navigator program, it does not allow the program to be funded through federal funds from state-based exchange establishment grants. States will need to find other sources to set up and sustain these programs. In reaching diverse communities, many states cite their challenges on how to effectively market to and educate individuals and families who may not be familiar with health insurance, including non-English speakers, immigrants from countries with little concept of health insurance, and culturally and linguistically isolated families in rural areas. Finally, in many states, information technology is driving the exchange implementation process more than consumer needs. States will need to make a concerted effort to ensure that financial resources are put toward ensuring the exchange experience is accessible to and tailored for racially, ethnically, and diverse communities.

## What Progress Are Health Plans Making?

Many health plans have taken steps to ensure information, resources, and services they provide are culturally and linguistically appropriate. While some health plans—such as those in the National Health Plan Collaborative of America’s Health Insurance Plans (AHIP)—were addressing diversity and equity well before the ACA, others are only getting started. Generally, given the need to ensure regulatory compliance, health plans have been swift to respond to the cultural, linguistic, and plain language requirements for summary of benefits documents, uniform glossaries, and claims appeals processes. Factors which have facilitated this process among leading health plans are: (1) leadership—or a champion—that recognizes the importance of addressing disparities and can shepherd related priorities to implementation; (2)

the recognition and integration of racial and ethnic health equity priorities early in planning; and (3) prior experience with culturally and linguistically tailored outreach and enrollment in Medicaid.

## What Challenges Lie Ahead for Health Plans?

Many health plans are struggling to meet federal requirements put forth by the ACA given tight deadlines and incomplete guidelines. Some are also concerned about marketing to individual consumers in such a short timeframe as they are more accustomed to marketing to employers. And as health plans seek to advance their client base in these new marketplaces, many worry about how best to reach and enroll a large proportion of low-income, racial and ethnic Non-White individuals and families. In addition, meeting language needs beyond what is required by the ACA may be more daunting than meets the eye. For example, health plans will need to decide whether and how to reach sizeable non-English speaking communities that may not meet the 10% threshold requirement. And how will they reach individuals who cannot read in the language they speak, or use regional dialects? Finally, in some communities, health plans will also need to overcome barriers to insurance related to trust—sometimes in combination with language.

## What Are Action Steps for Advancing Health Equity through the Exchanges?

States, health plans, community organizations, and others involved in exchange planning and operation must ensure equity is a central priority to effectively educate, reach, and enroll all eligible populations, including those from diverse racial and ethnic heritage. The *National Standards on Culturally and Linguistically Appropriate Services (CLAS)*, issued in 2000 by the federal Office of Minority Health, and enhanced in 2013, have been used by many health plans and can serve as a critical resource in broadly providing guidance on plain language, use of interpreters, training and education, diversity among navigators, and metrics to consider in measurement and evaluation, among other actions necessary for reaching diverse communities.

Drawing on and complementing these standards are specific actions that exchanges can take to advance racial and ethnic health equity:

### Exchange Planning & Development:

- ✓ Integrate equity and diversity in mission, objectives, and planning.
- ✓ Ensure inclusion, representation, and regular feedback from diverse communities.
- ✓ Incorporate feedback in development of Web portal, marketing, and outreach strategies.

### Outreach, Education, & Enrollment:

- ✓ Involve trusted representatives who are reflective of or from within the community.
- ✓ Make available translation and interpreter services when at least 5% of the population in a geographic area speaks the same non-English language.
- ✓ Assure that individuals providing outreach receive training in cultural competence.
- ✓ Assure communication and translations are culturally-appropriate.
- ✓ Communicate through a range of mediums—online, in-person, print, and ethnic media.

### Exchange Monitoring & Evaluation:

- ✓ Learn what other leading states and health plans are doing to address health equity.
- ✓ Monitor progress in reaching and enrolling diverse communities.
- ✓ Share your own lessons, challenges, and promising practices for advancing equity.

These actions can help states, health plans, and others assure that historically marginalized, diverse individuals do, in fact, obtain health care coverage.

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**Source:** Information included in this Policy Brief is drawn from THI's report entitled *Implementing Cultural and Linguistic Requirements in Health Insurance Exchanges*. To access the full report, visit: <http://www.texashealthinstitute.org/health-care-reform.html>.