

ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER AFFORDABLE CARE ACT NATIONAL COLLABORATIVE PLAN

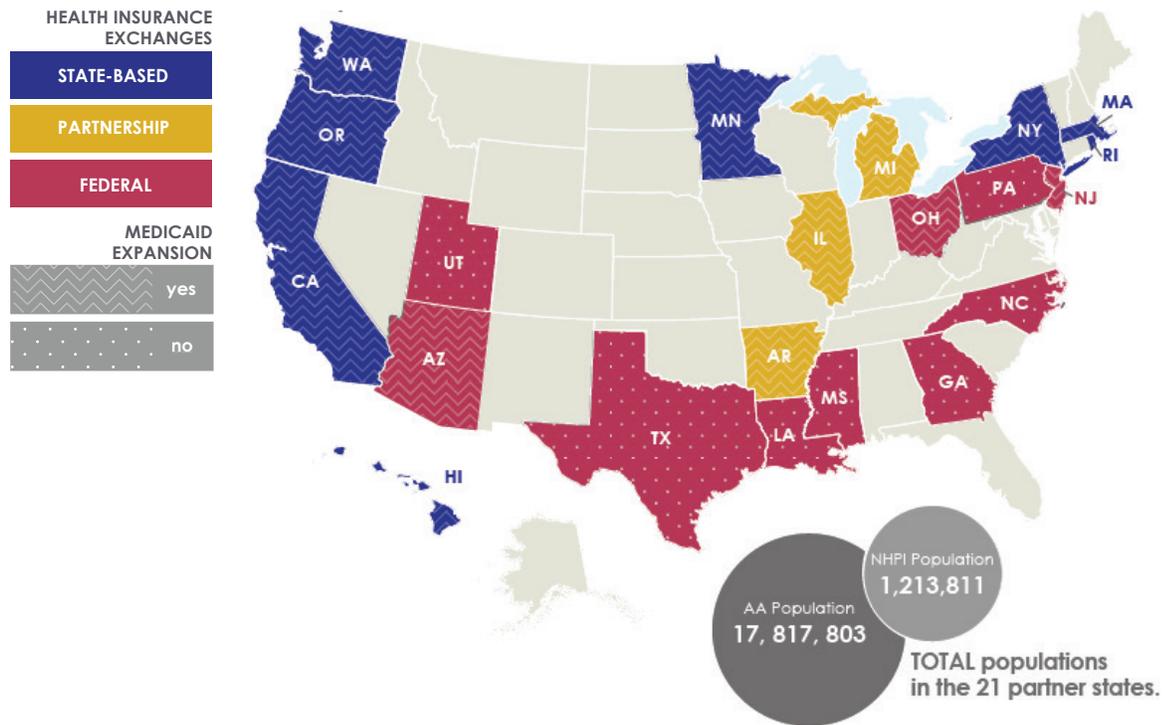
JANUARY 2014



ACA COVERAGE EXPANSION IMPLEMENTATION

The National Plan for outreach, education, eligibility, and enrollment to Asian Americans, Native Hawaiians, and Pacific Islanders is to:

- Cover the Federally Facilitated Exchange states of **AZ, GA, LA, MN, MS, NC, NJ, OH, PA, TX, UT**
- Cover the State-based exchanges in **CA, HI, MA, NY, OR, RI, WA**
- Cover the Partnership state of **AR, IL, MI**



LEAD ORGANIZATIONS



APIAHF influences policy, mobilizes communities, and strengthens programs and organizations to improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders.



AAPCHO is dedicated to promoting advocacy, collaboration, and leadership that improves the health status and access of AA&NHOPIs within the United States, its territories, and freely associated states, primarily through our member CHCs.



The mission of Asian Americans Advancing Justice | AAJC is to advance civil and human rights for Asian Americans and to build and promote a fair and equitable society for all.



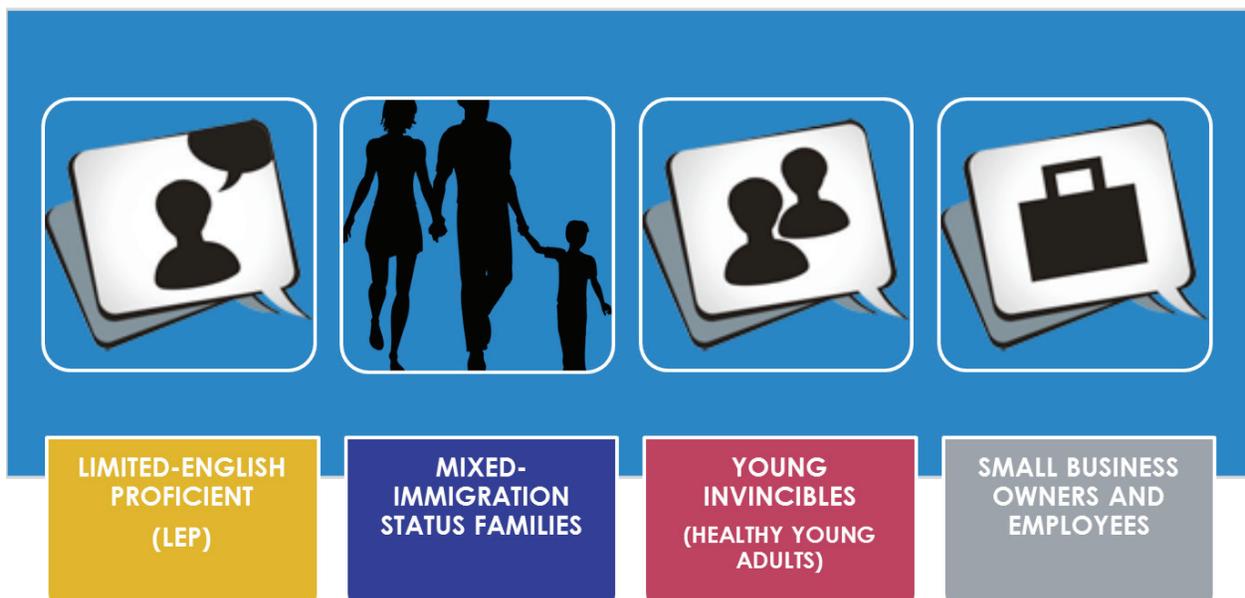
Our mission is to advocate for civil rights, provide legal services and education, and build coalitions to positively influence and impact Asian Americans, Native Hawaiians, and Pacific Islanders and to create a more equitable and harmonious society.

VISION STATEMENT

ALL PARTNERS are **actively engaged** to transform systems and institutions to provide **accessible**, high **quality care** that **empowers** AA and NHPI **communities** to lead **healthier** lives.

PRINCIPLES

- Optimize enrollment for low-income, limited-English proficient AAs and NHPIs, especially in mixed immigration status families, small businesses and among young adults
- Build the capacity of local, state-level, and national organizations to serve, advocate for, and engage with AA and NHPI communities.
- Create systems and structures for sustained and replicable efforts for future enrollment and campaigns
- Achieve efficiencies in centralized, coordinated strategies, utilizing assets and resources with the greatest capacity, experience, and expertise available.



PLAN OVERVIEW

The National Plan consists of 5 critical elements:

1. Outreach and education to 250,000 AAs and NHPIs in 21 states, through collaboration and mutual support
2. Eligibility determination and enrollment of 50,000 AAs and NHPIs
3. Coordinated national messaging, in-language, aligned ethnic media strategies & centrally produced promotional materials

4. Centralized translated materials and clearinghouse for outreach and enrollment
5. Centralized case documentation system, to expedite ombuds referrals, document patterns of barriers, and to monitor civil rights enforcement of language access and immigration status access.



With about 1.7 million uninsured AAs and NHPs, it is critical for an effective and coordinated campaign for both outreach & education, as well as for eligibility determination and enrollment. We anticipate that the greatest barriers to awareness and enrollment will be language and immigration status.

While CMS is offering language line access in 150 languages, initial tests showed a response time of up to 2 hours to locate the right interpreter. Moreover, the single streamlined application will not be translated into any other languages besides Spanish. Our network can create translated materials and post them to a centralized clearinghouse for others to use and share. We can also explore ways to work with CMS to post these translated materials to www.marketplace.cms.gov so they will be widely available to AA and NHPI communities across the nation.

The outreach needs to target three segments of our AA and NHPI communities: (1) mixed immigration status families, (2) “young invincibles” especially males ages 18-35, and (3) small business owners and workers in companies with less than 50 employees. Language access is a concern for all of these segments.

A case documentation system is perhaps the most important coordinated centralized function, of documenting cases where AA and NHPI individuals and families experience barriers to enrollment, documenting the reasons why. With this case documentation system, we will: (a) get cases to the appropriate ombuds function to facilitate enrollment, (b) document patterns of barriers so that a report can be provided within 30-60 days after the open enrollment period ends, so that the 2nd (and subsequent) rounds can become more accessible, and (c) use as a basis for any civil rights enforcement work as well as violation litigation.