

New York State of Health: Documenting the Experiences of Community-Based Navigators

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Summary:

The Commission on the Public's Health System (CPHS) is a citywide, community-based health advocacy organization. We are committed to ensuring that the voices of underserved communities are heard, and are part of the decision making process around health care delivery.

CPHS gathered feedback on the opportunities and challenges that community-based navigators faced in the implementation of the Affordable Care Act (ACA). We drew on their experiences to draft a set of recommendations for policy-makers to consider. These recommendations aim to improve efforts to help people get insurance coverage.

An 11-question survey was conducted to better understand these opportunities and challenges. The survey targeted about 18 lead contracted community-based organizations. The survey was distributed to their subcontracted community-based organizations at over 180 sites throughout the five boroughs.

CPHS did not anticipate several challenges in obtaining responses to our survey. The major challenge was that the state was very cautious with releasing information. They stipulated that contracted Navigators needed to go back to them before providing information to media, or other entities requesting information on the progress of enrollment. The other challenge we faced was that we requested feedback during the first round of the enrollment period. The community-based navigators were extremely strained in trying to meet the March 31st deadline.

These factors combined to limit our outreach abilities or at the very least affected the return rate of surveys. Surveys were anonymous. We ended up with 12 surveys because either the Navigators were rightfully focused on helping people enroll in the correct plans or they did not respond to the survey and were requested not to publish feedback.

Although the sample size is small, the survey assessment and recommendations can still provide a picture of what went well and what can be improved.

Background

One of the major provisions within the Affordable Care Act (ACA) is the creation of Health Insurance Exchanges in the various states. As of October 1, 2013 New York State residents have the opportunity to buy affordable health insurance through New York State of Health, the official marketplace for individuals, families, and small businesses. Through this marketplace they can shop for, and enroll in health insurance coverage.

We all have different health care needs. Our finances and our families can be positively or negatively impacted by the choices we make on how we get our health care paid for. Enrolling in health insurance can be challenging. Choosing the plan that's right for us and our families is difficult. We deserve unbiased, and accurate answers from a knowledgeable source, who has our best interests in mind.

Navigators are here to do just that. There are about 500 navigators in New York State, who provide in-person enrollment assistance to individuals, families, small businesses and their employees. These groups need help applying for standard Medicaid and the new, private "Qualified Health Plans" (QHPs). One of the major contributors to success in New York with the enrollment has been community-based navigators. The navigators are an important resource because they understand and work with their own diverse populations. They provide vital interpretation and translation services to clients. They are also critical for Undocumented New Yorkers who are locked out the marketplace, but still have some options available regardless of their immigration status. These community-based experts are the trusted voices on health coverage. They can help to ensure that everyone who applies has the right information to choose the plan that's right for them.

Key Findings

The survey compiled responses from 10 non-profit service providers, 1 non-health care provider, 1 other (non-profit community resource center). The average number of people served by the community-based organizations, contracted as Navigators, was around 200 people. Some served as few as 8 or 20, others served as many as 5,000+. 2 out of the 12 of the community-based Navigators served all 5 New York City Boroughs. Four served strictly the Borough of Brooklyn. 1 out of the 12 more specifically served the Downtown, Fort Greene, Clinton Hill and Crown Heights areas of Brooklyn. 1 served the Lower East Side. And 2 out of the 12 served Staten Island.

A major important component of outreach and enrollment is the capacity to serve people with limited English proficiency. The Navigators that responded to the survey had the capacity to help New Yorkers who spoke the following languages: English, Spanish, Arabic, Yiddish, French, Portuguese, and Chinese (Mandarin and Cantonese). 5 to 12 of those Navigators provide assistance in both English and Spanish.

As part of the survey, CPHS sought to get a picture of how many people were being helped by the Navigators to enroll in the market place. It was a wide range, anywhere from 17-4300 people were given assistance in enrolling. The average number of enrollees was about 400 per Navigator site. We should note that these were people being helped to enroll and not the numbers that actually were able to get insurance from the marketplace. Those numbers, of people who actually enrolled and have an insurance plan can be found on the New York State of Health's website at <https://nystateofhealth.ny.gov/>. However, the count is only by county.

CPHS also wanted to get answers as to how many hours it takes to enroll. 11 out of the 12 Navigators said 1 to 3 hours. 1 said more than 8 hours. We also asked how long it was taking for people to get enrolled by an insurance company through the market place. This too generated a wide range of responses. Most responses were from 30 minutes to 45 days. All Navigators attributed major delays to three main challenges:

1. **Explaining the health insurance options.** People have various needs and it takes time to explain all the options.
2. **Challenges with the NY State of Health system and existing databases.** For example, if someone qualified for Medicaid and has picked an insurer, it would take at least a month before the person would get a card. For undocumented, pregnant women, the NY State of Health computer system would not let clients pass the identify screen. This prevented further navigation.
3. **Submission of documents for eligibility determination:** Clients that were assisted often did not have the necessary documents needed to determine eligibility. Client income verification was a major issue. Income could not be matched with the state's portal system. Other sources of delays included failure of the state to verify documents quickly and provide a timely determination, especially relating to immigration status. Any problems associated with the processing of the application, meant that the Navigator could not proceed until the state provided an answer to the problem.

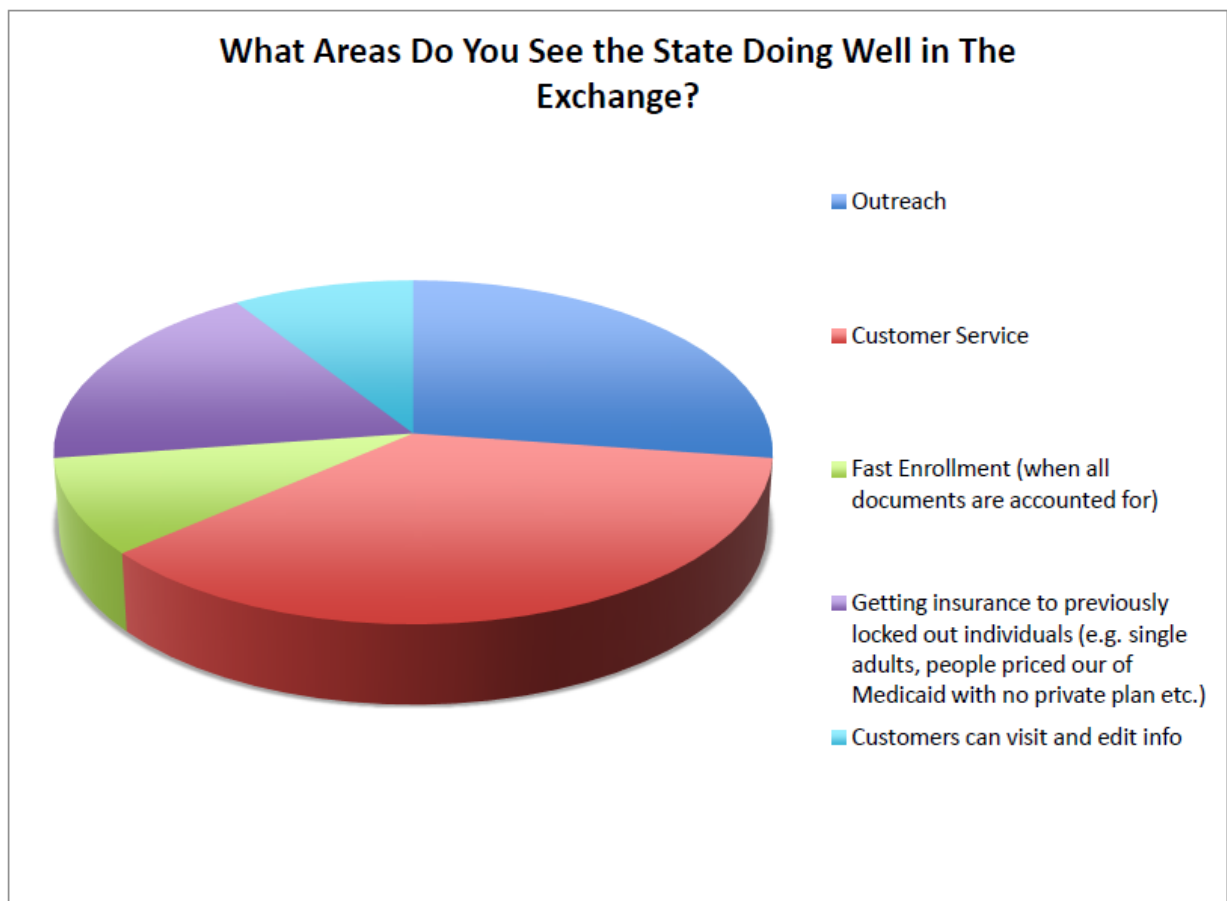
A major focus for CPHS is helping the uninsured. We need to make sure that they have a voice in health care policy decisions. We wanted to know what the contracted community-based navigators did to connect the uninsured in their service area to health insurance or health services. We were especially interested in those barred from participating in the marketplace. Most of the responses focused on ensuring that culturally competent and easily readable information was available. Most Navigators stated that this information was important for everyone in every income bracket. They stressed the importance of information being available in languages that clients are comfortable speaking and reading. Information distributed by Navigators should be based on the needs of the people they serve. Assessment of this need could be accomplished through a combination of events/fairs, workshops and opportunities for civic engagement. Changing policies, participatory research and connecting or referring people to legal resources and health services can all go a long way in helping the uninsured.

One of the most important questions we asked was about capacity to do the job effectively and what resources were needed. See below for responses to question 8. Navigators were asked to grade resource importance with 1 being the least important 3 being most important.

1. Funds to expand navigator staff:
 - a. 9/12 navigators answer 3
 - b. 2 navigators answer 2
 - c. 1 abstains
2. Funds to do out reach
 - a. 8/12 navigators answer 3
 - b. 3/12 answer 2
 - c. 1 abstains
3. Ongoing technical assistance
 - a. 9/12 answer 3
 - b. 2/12 answer 2
 - c. 1 answers 1
4. Training for non-navigator staff on how the exchange works
 - a. 5/12 answer 3
 - b. 3/12 answer 2
 - c. 3/12 answer 1
 - d. 1 abstain
5. More info on navigators role
 - a. 6/12 answer 3
 - b. 3/12 answer 2
 - c. 2/12 answer 2
 - d. 1 abstain
6. More printed and web-based info on the exchange in LOTE
 - a. 6/12 answer 3
 - b. 2/12 answer 2
 - c. 3/12 answer 1
 - d. 1 abstain
7. Demographic and Geographic information on Exchange users
 - a. 6/12 answer 3
 - b. 4/12 answer 2
 - c. 1/12 answer 1
 - d. 1 Abstain
8. Other:
 - a. Funding for tools to work off-site

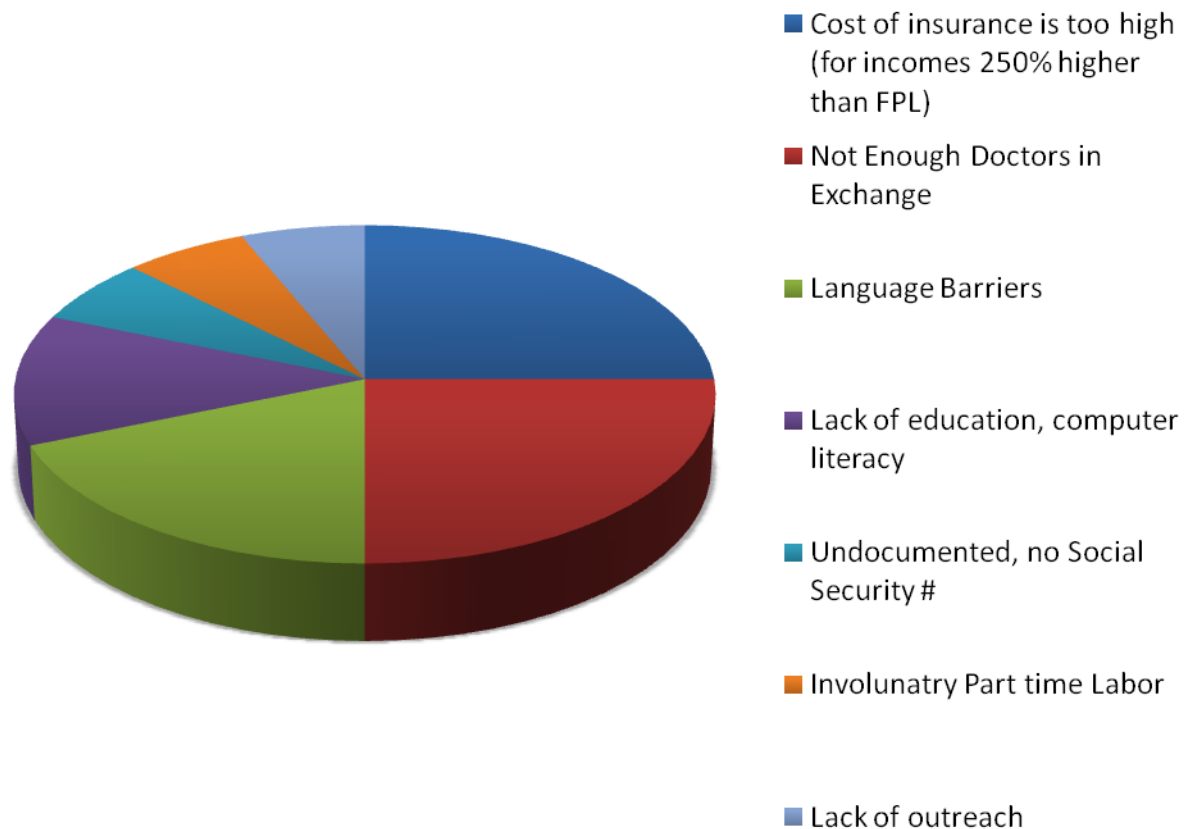
- b. Increase navigator salary (2), laptops computers
- c. Tutorial for people who try to sign up on their own
- d. Navigator trainings and update

All the responses point to the need for increasing capacity and sustaining access. Necessary resources for navigators include more information, staff and funding to do the work.



The pie chart above compiles all responses into four common themes. What is not captured is some of the specific details. All respondents felt that the state did well in finally helping people who should have been eligible for health insurance but for some reason were not. The State did well with the Medicaid expansion, which already had better income eligibility requirements than most states. The online portal was another good idea, but sometimes things went wrong and delays occurred with the application process. According to the responses, a direct number for people to call about their options and issues was another good idea. The 3rd party for identification and income proofing was the right step and when it was accurate it made the process faster. Finally, advertising in various languages in community sites was essential for outreach.

What are Major Barriers to Enrollment In your Community?



The major barriers to enrollment that the Navigators experienced when helping people are very much the same barriers that New Yorkers generally had when to get access to health care services and programs.

There are gaps and social determinants that continue to persist. There were three major barriers identified:

Affordability of the plans: People are choosing the lower level plans that offer less coverage because they can't afford the premiums of the higher level plans.

Availability of the doctors: The uncertainty of which doctors will be accept the marketplace plans are forcing people to either choose a new doctor (if they had one) or a plan without everything they want to meet their health needs.

Language: There is not enough information on how and where to apply available for people with limited English Proficiency.

Other major issues were:

- Disparities in knowledge and access to computers and other forms of information. Historically, New York has many under-connected communities. Low-income communities have limited access to free and low cost internet.
- Fear to apply due to immigration status, or families with mixed status. Undocumented New Yorkers are not eligible, but there are options available no matter what your immigration status is. This information needs to be promoted more.
- Prenatal, undocumented women were unable to receive coverage due to no social security number.
- A growing trend of employers shifting the workforce to fewer hours to avoid offering health insurance. As a result, workers were being diverted to get coverage through the ACA. According to one of the Navigators, the number of full-time workers or jobs shifted to part-time has doubled since 2006 and has resulted in a growing number of uninsured in jobs like the retail industry.
- There is a general sense that outreach was done well by the state, but it was not nearly enough. A major hindrance was contracted Navigators not developing their own promotional materials. New York State awarded federal funds to networks of community-based organizations statewide to serve as "Navigators". Unfortunately, this funding could not be used to conduct basic public education and community outreach.

Recommendations

The ACA outlines numerous functions and responsibilities, states have significant flexibility in establishing and improving Navigator programs. The following recommendations draw upon survey responses, CPHS experiences on the ground, trusted community-based organizations, providers, and the health care workforce. It is our hope that the City and State works with contracted community-based navigators and health advocates on:

1. Strengthening grassroots level community education and outreach

- Support for the People's Budget Coalition for the Public Health Access Health NYC proposal will allow New York City to step forward to fill-in the gaps. Many New Yorkers have not benefited from federal health reform, especially immigrants and their families. Access Health NYC is a new proposal for a city-funded initiative to support community-based organizations (CBOs) that serve immigrants and other medically underserved populations. It will enable them to do outreach and public education in their communities about options for health care coverage and care, particularly for the uninsured. \$5 million would

allow 65 organizations to apply for grants of \$75,000 (average minimum), and provide adequate additional resources for training and program oversight. Grants would be awarded through a competitive bidding/RFP process, and could be multi-year. Grants would be allocated based on the number of uninsured per borough, and targeted to communities with high numbers of uninsured. Access Health NYC can augment the state's Navigator program by supporting outreach educating people about the health coverage and care available for all New Yorkers, regardless of immigration status. This program will help get them to Navigators and other experts to help them enroll in coverage.

- Identifying and providing more financial resources for the following:
 - Technical assistance
 - Outreach and education efforts including increasing printed materials in various languages. These materials must cover all the frequently asked questions people may have about enrolling.
 - Tools for Navigators to work off site
 - Computers or any other office equipment that will improve an organization's capacity or increase efficiency
 - Pay better or hire more staff to trained to become Navigators
 - Advertising in ethnic media
- Allow community-based Navigators to draft their own materials. There can be a universally agreed upon template between the state and the contracted Navigators. However, they have to be able to edit materials to be culturally, and linguistically appropriate for the communities they are targeting.
- Creating more opportunities for developing and implementing educational workshops. For example:
 - Know your rights workshops for all New Yorkers. Organizations can team up with non-profits that provide free or low-cost legal services to work on health care advocacy efforts. These efforts will help people better understand their rights for accessing health care. This is especially important for low-income communities and those individuals locked out of the marketplace.
 - Education with regards to tax filing status and income. Tax preparers, community-based organizations that work on financial literacy, and credit unions can team up to educate clients, members and local residents. Teaching people about their tax fillings and how this relates to the determination of the subsidies in the ACA is important for successful enrollment.
 - Tutorial for people who try to sign up on their own
- Continuing to provide updates and trainings on a regular basis for contracted Navigators.

- Identifying more sites for the next round of education and enrollment. One way that Navigators can reach patients is at settings where or when health care is on the top of mind.
- Encouraging health plans to give more direct information to the communities where members are wondering where to look for primary care physician who accept the Qualified Health Plans.

2. Improving the health care infrastructure

- Build trust between the state and the Navigators by having a conference meeting once a year after every enrollment period state-wide to discuss challenges. The meeting will help to determine what works and what has not worked on the ground.
- Encourage more doctors to go into the QHP's under the New York State of Health
- Revitalize and reinvigorate a call for community health planning. A health planning process that is broadly coordinated but locally grounded, culturally-relevant, periodic, and comprehensive to improve people's health. It must actively involve and draw on communities experience, wisdom, assets, and barriers. New York's capacity to meet current and new demands must be addressed.
- Ensure that the recently approved Medicaid Waiver will improve the delivery and coordination of health care and include meaningful community engagement. In New York City, our healthcare system is in the midst of an ongoing crisis. Against the backdrop of historical inequities in access to quality health care services – especially in low-income, immigrant and communities of color –we have seen the government fail to address communities health needs that include hospital closings. These closings have left New Yorkers without emergency room and other critical hospital services. Access to health care must go beyond an insurance card. Having insurance does no guarantee you access to quality and timely health care.
- Increase access to primary and preventive health care in a timely fashion. It is very striking how long it takes to schedule an appointment to get medical care at many health care facilities in New York.
- Reduce the serious disparity in the demand for physicians versus the supply of physicians, especially culturally competent doctors in underserved areas. This could be done by:
 - Revitalizing the pipeline for people of color interested in becoming a doctor or any of the other health professions.
 - Creating some relief around medical education debt to provide an incentive for newly trained physician to join the primary care workforce.
 - Develop collaborations with academic institutions to ensure their educational curriculum/training meets the demands and needs of the communities and health care industry.

3. Review and Expand the Criteria for Eligibility Determination

- People should be able to deduct their housing expenses (rent, phone, gas, light bills) from their income and therefore qualify to get the high Advanced Premium Tax Credit off of their insurance plan. Because of the Affordable Care Act, many people who buy their own health insurance will be eligible for financial assistance in 2014. This assistance, called a subsidy, lowers what you pay for your health coverage. There are two kinds of subsidies: the Advanced Premium Tax Credit and Cost Sharing Reduction. The Advanced Premium Tax Credit goes toward your health insurance premium.
- The state needs to make the necessary improvements to the online portal, database and documentation process to reduce delays in people being eligible for Medicaid or one of the QHP's.

4. Raise Transparency and Accountability

- New York State should be less strict about information being shared on the progress of the New York State of Health. CPHS understands that certain information can't be provided, especially information that can violate patient/consumer rights and unverified information. However, in governance that is truly transparent, effective and accountable, people must have access to crucial information about how government programs (like the New York State of Health) are working. There is still a need for greater and more meaningful participation and accountability, particularly when it comes to how public resources are used.
- New York State should conduct conferences with health around the successes and challenges of the Navigators
- State and local elected officials should hold public forums focused on successes and challenges being faced in the enrollment of people into the QHP's.

Navigators must be viewed as trustworthy sources of impartial information. They must be knowledgeable about all aspects of the ACA and New York State of Health, including the benefits and costs of all plans offered. They must know eligibility requirements for tax credits, subsidies, and Medicaid. New York's contracted community-based Navigators are uniquely positioned to help because they understand the cultural norms, language, and needs of local communities. Increased access to sustainable resources, accurate and culturally competent information, and improvements in health care services are all critical to ensuring that Navigators can do the job. By accepting these recommendations, a positive impact can be made for the future of New York City.