

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

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Summary:

Commission on the Public's Health System (CPHS) is a citywide, community-based health advocacy organization committed to ensuring that the voices of underserved communities are heard and 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. We drew on their experiences to draft a set of recommendations for policy-makers to consider for improving efforts to help people get insurance coverage.

An 11-question survey was conducted to better understand those opportunities and challenges. The survey targeted about eighteen lead contracted community-based organizations and requested the survey to distribute 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 being very cautious with releasing information. They stipulated that contracted Navigators needed to confer with them before providing information to media or other entities requesting information on the progress of the enrollment. The other challenge was that we requested feedback during the first round of the enrollment period. The community-based navigators were extremely occupied in meeting the March 31st deadline.

This very much limited our outreach abilities or at least the return rate of surveys. The surveys were anonymous, but we ended up with only twelve responses. The Navigators were rightfully focused on helping people enroll in the appropriate plans, subsequently did not respond to the survey or were requested from us not to publish the feedback.

The sample size is small. However, we felt it was much better to get a few of the right people about what they think than none at all. The survey assessment and recommendations 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 to help individuals, families, and small businesses 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 what choice we make on how we get our health care paid for. So enrolling in health insurance can be challenging to choose the plan that's right for us and our family. We deserve unbiased and accurate answers to our questions from a knowledgeable source with 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— as well as small businesses and their employees—who would like help applying for standard Medicaid and the new, private “Qualified Health Plans” (QHPs), through the Marketplace. One of the major contributors to the success in New York with enrolling people has been the navigators who are community-based. It is had been very important resource because they understand and work with diverse populations, including providing interpretation and translation services. They are also critical for undocumented New Yorkers who are locked out the marketplace, but still have some options available no matter what their immigration status. These community-based experts are the trusted voices on health coverage who 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 ten non-profit service providers, one non-health care provider, and one other (non-profit community resource center). The average number of people that are served by the community-based organizations contracted as Navigators was approximately 200 people. Some Navigators served eight enrollees while other Navigators served over 5,000. Two out of the twelve of the community-based Navigators served all New York City Boroughs. Four served strictly the Borough of Brooklyn. One out of the twelve specifically served Brooklyn in the following areas: Downtown, Fort Greene, Clinton Hill and Crown Heights. One served the Lower East Side with two out of the twelve serving 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 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, from 17-4300 people were being helped to enroll. The average number of enrollees was about 400 per Navigator site. We should note that these are people being helped to enroll and not numbers that actually were able to get insurance from the marketplace. Those numbers of people 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 to how many hours did it take to enroll people. Eleven out of the twelve Navigators relayed one to three hours. One said more than eight hours. We also asked how long was it taking for people to get enrolled by an insurance company through the market place. This too was a wide range of responses. Most responses were from thirty minutes to forty-five days to 4 months. All the Navigators attributed the major delays to three challenges as follows:

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 used will not let you pass the identify screen preventing any further navigation.
3. **Submission of documents for eligibility determination:** Persons that were being helped many times did not have the necessary documents needed to determine eligibility. Client's income could not be verified was another issue. Income could not be match with what was on the state's portal system. Other times it had to do with delays from the state to verify quickly and provide a timely determination, especially if it related to immigration status. Any problems with associated with processing the application, the Navigator could not proceed till the state provided an answer to what was the problem.

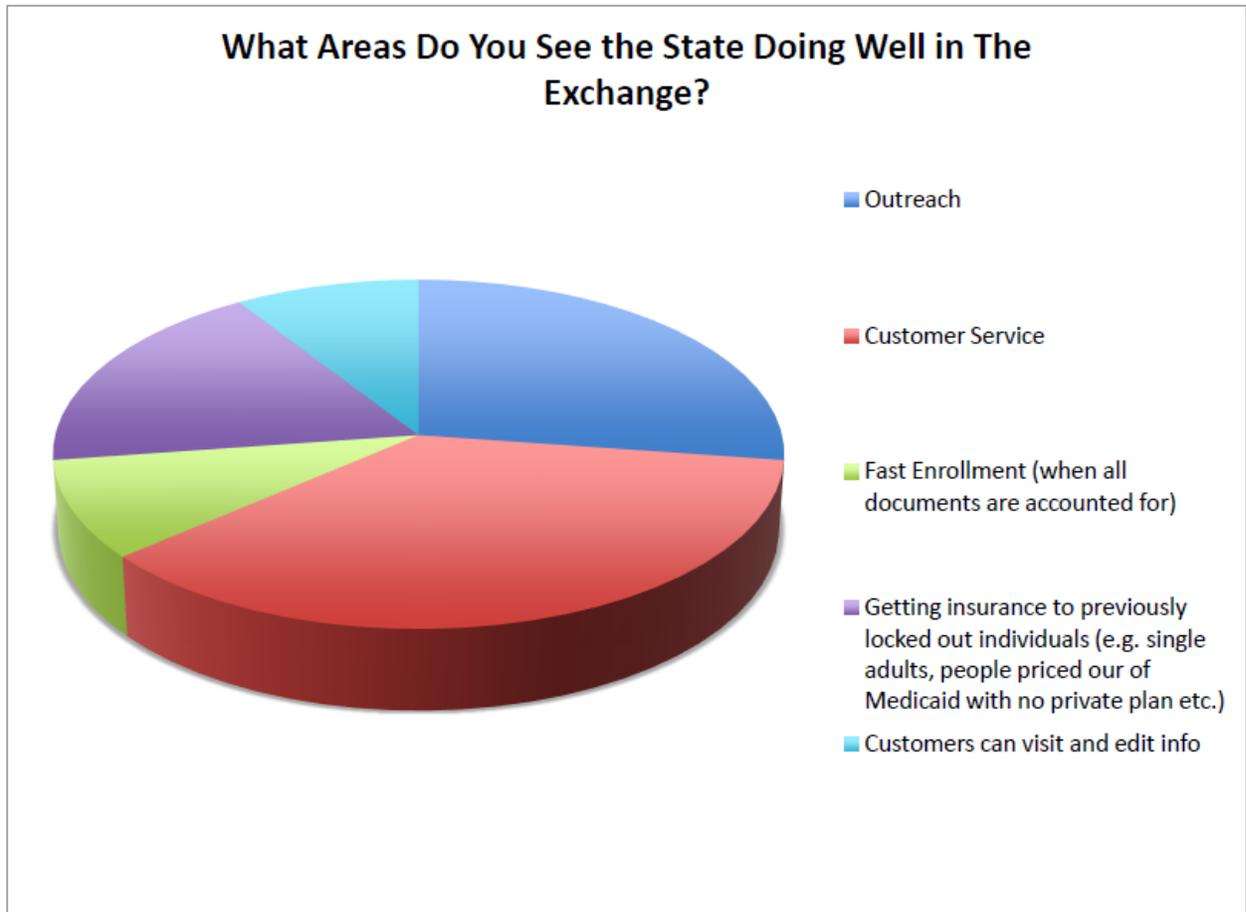
A major focus for CPHS is helping the uninsured and ensuring they have a voice in health care policy decisions. We wanted to know what the contracted community-based navigators did to connect the uninsured in their service area to health insurance or health services, especially those barred from participating in the marketplace. Most of the responses focused on ensuring culturally competent and easily readable information was available to everyone in every income bracket, especially in the language there were most comfortable in speaking and reading. Information would be based on the needs of the people they serve. This would be accomplished through a combination of planning events/fairs, workshops, opportunities for civic engagement in either changing policies, connecting or referring people to legal resources and wide range of health services and programs, and participatory research.

One of the most important questions we asked was around capacity to do the job effectively and what resources are needed. See below for responses to **Question 8 (1 being 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

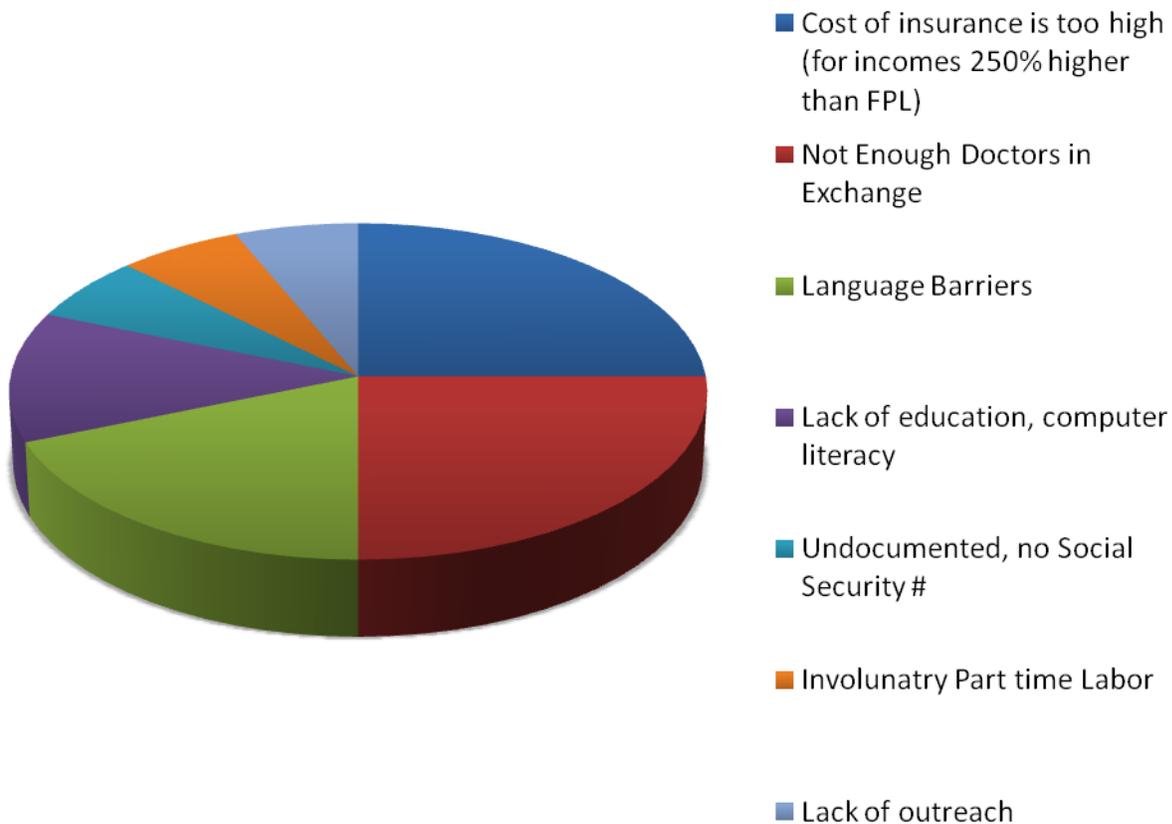
d. Navigator trainings and update

All the responses point out to the need for increasing capacity and sustaining success by having access to more resources that could range from more access to information, more staff, and more funding to do the work.



The pie chart above compiles all the 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 was already had better income eligibility requirements than most states. The online portal was another good idea, but delays did occur 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 Navigator's experience when helping people are very much the same barriers New Yorkers generally have been having to get access to health care services and programs.

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

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

Availability of the doctors: The uncertainty of doctors who will be accepting 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.

Communication and Language: There is not enough information on how and where to apply available for people with Limited English Proficiency (LEP). Some of the websites of the QHP's are challenging to navigate.

Other major issues were:

- Disparities in knowledge and access to computers and other forms of information. Historically New York has under-connected communities, especially low-income communities having access to internet and a range of free and low cost means to access the Internet.
- Fears to apply due to immigration status or families with mix statuses. Undocumented New Yorkers are not eligible, but they are options available no matter what your immigration status and that information needs to be promoted more.
- Prenatal undocumented women were unable to receive coverage due to no social security number.
- Growing trend of employers shifting the workforce to less 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 to a growing number of uninsured in job sectors 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 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 recommendation draw upon the survey responses, CPHS experience on the ground with underserved communities, trusted community-based organizations, providers, and the health care workforce. It is our hope that the State and City works with the contracted community-based navigators and health advocates on:

1. Strengthening grassroots level community education and outreach

- Support for the People's Budget Coalition for 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 many 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 programs about health coverage and care available to all New Yorkers, regardless of immigration status, and get them to Navigators and other experts to 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 that cover all the possible 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
- Allowing community-based organization Navigators to draft their own materials. There can be a universally agreed template between the state and the contracted community-based Navigators. However, they have to be able to edit the 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 or work on health care advocacy efforts to help people better understand their rights when accessing health care, especially low-income communities and those 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 their clients, members, or local residents about their tax fillings and how this relates to the determination of the subsidies in the ACA.
 - Tutorial for people who try to sign up on their own
- Continuing to provide and update trainings on a regular basis for contracted Navigators.
- Identifying more sites for the next round of education and enrollment. One way Navigators can reach patients and consumers is at settings where or when health care is top of mind.

- Encouraging health plans to give more direct information to the communities where members are wandering around where to look for primary care physician who accepts the Qualified Health Plan

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, what works and what has not work 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 closing that have left them without critical emergency room and other 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 and at 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 that can 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

- Develop strategies that can improve the amount of time it takes to get an eligibility response and acceptance from the state.

- 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, governance that is truly transparent, effective and accountable, people and organizations have access and a right 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 advocates that are not Navigators around successes and challenges.
- State and local elected officials should hold public forums focused on successes and challenges being faced in enrolling people into the QHP's.
- Review the various websites of the Qualified Health Plans to ensure they are easier to navigate for people who will try to choose a plan on their own. We recommend seeking assistance, but QHP websites should have some uniformity and ease in how information is communicated and found.

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 and eligibility requirements for tax credits, subsidies, and Medicaid. New York's contracted community-based Navigators are positioned in helping people because they understand the cultural norms, language, and needs of local communities. Increase and sustainable resources, access to accurate and culturally competent information in a variety of ways, and improvements in access to health care services and programs are critical to ensuring Navigators can do the job and a positive impact can be made in New York City.