



HEALTHCARE REFORM AT THE LOCAL LEVEL:

Framework For A Navigator Program
In New York City



Human Resources
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AN ISSUE BRIEF

HEALTHCARE REFORM AT THE LOCAL LEVEL:

**Framework for a Navigator Program
In New York City**

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Introduction

Federal health care reform, as created by the Affordable Care Act (ACA),¹ promises some benefits and new assistance for the uninsured in New York. The advances prescribed by the ACA will take shape against a rich landscape of successful health insurance coverage initiatives for children and adults in New York, rooted both in the State's leadership in setting policies to expand access to public and private coverage and in innovations at the local level to make these policies real and maximize their impact. More so than for many other parts of the country, it is imperative that the achievements New York has made in helping its residents gain coverage are built upon and not reduced as reform is implemented.

An important new resource for increasing coverage under federal health care reform will be "Navigator Programs." To be established by health insurance Exchanges, Navigator Programs will provide grants to eligible organizations to act as "navigators." Navigators will primarily provide education to residents and small businesses about coverage available in Exchanges and help them enroll in a plan.

Coordination with existing health insurance resources is critical for the success of any Navigator Program and, to a great extent, the Exchange. This is especially true in New York City (NYC), which in many ways is unique in the State in terms of its size, diversity of population and public-serving infrastructure.

A City of immigrants, over 3 million of NYC's 8.3 million residents are foreign-born, and almost half speak a language other than English at home. In fact, there are an estimated 200 languages spoken in NYC.² A wide array of public and private resources has been developed to serve the City's population, unparalleled in its scale and richness in ethnic, cultural and linguistic diversity.

In its role as the local administrator of the Medicaid program, NYC has devoted a tremendous amount of expertise and resources in creating highly effective enrollment and outreach strategies that meet the needs of the its diverse population. Through a network of City agencies and local organizations, NYC has put cutting-edge technology to work to ensure that enrollment is easier and more streamlined than ever before, with more points of access for residents in neighborhoods across the five boroughs. The City has also built extensive tools and partnerships at the local level to aid consumers and business owners searching for more affordable private health insurance options

As both health care reform and the consolidation of the administration of Medicaid at the state-level usher in new coverage options, rules and ways to access health insurance, it is imperative that the achievements already made by the City in reaching those eligible for public health insurance – nearly 3 million low-income residents are currently enrolled in public health insurance³ – are sustained while new help is extended to struggling uninsured middle income families. There is a significant risk that, if the local 'front doors' that City residents and businesses use to access coverage are changed in implementing these reforms, there could be erosions in the coverage gains already achieved.

The best way to maintain and build on current health insurance successes is to establish a discrete Navigator Program in NYC that leverages existing resources. A NYC Navigator Program would enhance an Exchange's ability to efficiently and effectively maximize enrollment.

Background

The Affordable Care Act (ACA) offers a number of new resources to expand health insurance coverage, including:

- New ways to access private and public health insurance through Health Benefit Exchanges (Exchanges) and public health insurance (PHI) online enrollment options;
- Help for consumers who have problems with their health insurance coverage through funding to support Ombudsman / Consumer Assistance Programs;
- Education and enrollment help for individuals and small businesses purchasing coverage in the Exchange through Navigator Programs; and
- More opportunities to facilitate auto-enrollment, eligibility determinations and maintenance of coverage through data sharing.

Configuring new resources to augment the existing infrastructure and services already in place in NYC will enable more efficient and effective implementation of reform and achievement of coverage goals. Coordination with existing resources is especially important for the Navigator Program.

In general, the ACA requires Exchanges to establish and fund with operational dollars (not federal funds) a Navigator Program. The Navigator Program will award grants to qualified entities, such as professional organizations, community non-profits, chambers of commerce, unions, Small Business Administration partners, licensed insurance agents, etc., to perform certain duties, including:

- Conduct public education activities to raise awareness of coverage available in the Exchange (qualified health plans);
- Distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits and cost-sharing reductions;
- Facilitate enrollment in qualified health plans;
- Provide referrals to the consumer assistance program or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange or Exchanges.

The federal government will establish standards to ensure navigators (grantees) are qualified (e.g., provide fair and impartial services), but at a minimum, health insurers and entities that receive consideration from an insurer in connection with enrollments into coverage cannot act as navigators. More information about ACA requirements for navigators is provided in Attachment A.

Operating a Navigator Program in NYC

New York City is the most populous city in the United States⁴ and compared with other large cities, it has achieved high levels of health insurance coverage – namely, among the nation’s eight largest cities, New York City has the lowest rate of uninsured non-elderly adults and the highest coverage rate for children, with 95% of all children insured in NYC in 2009.⁵

These high coverage rates reflect in part NYC’s commitment to helping eligible residents enroll in public coverage through its administration of the Medicaid program, including its simplification efforts, development of technologies to allow electronic submissions of applications and renewals, and its engagement of public and private partners, including providers, to facilitate enrollment.

These coverage rates also reflect the City’s robust capacity to directly and through partnerships with outside entities engage in outreach and education for residents in need of public or private health insurance. The Department of Health and Mental Hygiene and the Health and Hospitals Corporation employ facilitated enrollers and financial counseling staff, respectively, to help residents enroll in public coverage, and the Human Resources Administration (HRA) coordinates a citywide initiative known as HealthStat that partners health plans and community-based organizations with City agencies to educate and assist eligible residents with enrollment in public health insurance programs in convenient neighborhood venues.⁶ Additionally, HRA partners with private and public business groups, associations and agencies that serve self-employed workers and small businesses to assist residents and small businesses in understanding their public and private coverage options.

NYC itself has extensive expertise and resources that can be leveraged to reach uninsured City residents newly eligible for coverage assistance under health care reform. For example, within City government and agencies there exist:

- Expertise in health insurance/managed care regulations, eligibility screening, enrollment, and assistance and services to special needs populations;
- Well developed and NYC-appropriate multilingual capabilities and infrastructure, such as 311 and agency Call Centers and, as requested, access to translators in-person through language banks or over the phone through language line services; and
- A robust network of resources for information dissemination and data collection, including physical locations for in-person assistance in City agencies’ community offices and health care facilities in neighborhoods throughout the five boroughs.

Perhaps most importantly, NYC has developed unique and well utilized technologies for serving the City’s residents, workers, and business owners. These initiatives and technologies, which include HHS Connect, 311 and 311 Online, ACCESS NYC, NYC Business Express, and NYC Health Insurance Link should be considered essential components of any Navigator Program in NYC.

HHS Connect - The most extensive and innovative of these technologies is HHS Connect (Health and Human Services Connect). Begun in 2007, HHS-Connect was established to facilitate data integration and exchange between existing agency-based information management systems while ensuring compliance with all applicable federal, state and local laws and regulations. The HHS Connect vision is to break information silos through the use of modernized technology and coordinated agency practices to more efficiently and effectively provide Health and Human Services to New Yorkers.

Much like what is envisioned for health insurance Exchanges, HHS Connect is a technology initiative whose goals are to create a more client-centric approach to the delivery of services, where client needs are assessed more holistically and services are planned and delivered with improved access to information and increased accountability and efficiencies. Already, authorized users in several City agencies have used HHS Connect's "Worker Connect" portal to perform more than a million transactions, such as access demographic, family composition and benefit status information and documents, giving their workers a more comprehensive cross-agency profile of clients' needs.

Within the next three years, HHS Connect will expand its data sources, increase the number of agency and provider participants, and add important new functionality that should be evaluated for their value to assist navigators and Exchanges (e.g., client calendar to allow workers to see key service milestones and critical dates for families related to their benefits across agencies). Capitalizing on HHS Connect's systems would enable both an Exchange and Navigator Program to leverage the work of City and community workers to help connect NYC residents to health insurance through transparent and efficient systems.

ACCESS NYC - ACCESS NYC is HHS Connect's public facing application. A free internet-based system, [ACCESS NYC](#) allows City residents to pre-screen themselves in seven languages for 35 City, State, and Federal programs. Residents enter their information online only once to find out for which of these programs they may potentially qualify. ACCESS NYC is also expanding the number of benefits for which residents can submit applications online. Currently, ACCESS NYC offers 5 fully automated online applications, including the Supplemental Nutrition Assistance Program (formerly known as Food Stamps) application, the subsidized school meals program application, and the combined Senior Citizen Rent Increase Exemption/Disability Rent Increase Exemption online application from Department of Finance. ACCESS NYC also offers the Medicaid renewal application online for many non-elderly residents. In its first four years, more than 1.1 million residents have visited ACCESS NYC and more than 270,000 of them have screened themselves for benefits. Any Exchange and Navigator Program serving NYC should develop data sharing capacities with ACCESS NYC to utilize the information entered by residents to enroll them in coverage directly online or connect them to a navigator for assistance, as appropriate.

311 and 311 Online - 311 is NYC's website and phone number for government information and non-emergency services. It is a City resource that residents are comfortable with and use a lot. Since July 1, 2010, there have been nearly 14 million calls to 311 and over 1 million visitors to [311 Online](#). On average, 311 receives 1.8 million calls a month.⁷ Built to connect residents to City services, 311 now includes human service referrals, making it the nation's largest social service information and referral center. Calls are answered by a live person 24 hours a day, 7 days a week, and assistance is available in over 170 languages. The call center uses a state-of-the-art database of information that

can be updated in real time. For an Exchange and Navigator Program in NYC, 311 and 311 Online can serve as powerful and ready resources for connecting residents to health insurance. These systems can be adapted to triage and refer residents with specific questions or problems to designated organizations, as well as track inquiries and complaints, which are useful for evaluating and informing interventions and corrective actions. They also can serve as broadcast vehicles for communicating with residents through website content, twitter, and mobile device applications.

NYC Business Express - [NYC Business Express](#) is a one-stop website that makes starting, operating, and expanding a business in New York City clearer, faster, and simpler. Launched in 2006, NYC Business Express provides business owners and entrepreneurs the information, instructions and tools they need to open and operate a business. Through NYC Business Express, businesses can learn about business requirements and incentives; apply for licenses, permits and certifications; check statuses of property related information; and search and pay for violations online. In 2010, the website was visited more than 530,000 times.⁸ With information and resources for virtually all business sectors in the City, NYC Business Express can target its content to specific industries and businesses of interest, such as owners interested in the Minority and Women-owned Business and Enterprise Certification Program (MWBE) or those seeking Food Service Establishment Permits. Over time, more and more City services and transactions with businesses will be conducted online. A Navigator Program seeking to engage businesses in NYC, especially small businesses, should consider NYC Business Express to be an efficient way of getting information about the Program into the hands of those business owners.

NYC Health Insurance Link – In September 2009, New York City launched [NYC Health Insurance Link](#) (NYC HiLink).⁹ An online resource, NYC HiLink has already helped more than 58,000 residents, workers, freelancers and small businesses educate themselves about their health insurance options. Using NYC HiLink, residents and businesses can find and compare private health plans from all insurers in NYC. It also connects residents to ACCESS NYC so they can pre-screen themselves for public coverage, helps uninsured residents learn about free or low cost local care options, and helps New Yorkers understand health care reform. In addition to potentially working with an Exchange to help residents find and enroll in coverage, the Navigator Program should capitalize on this ready resource as it seeks to assist residents with their health insurance needs. NYC HiLink is already being used by community organizations as they assist residents in need of help with private health insurance. The Navigator Program should leverage NYC HiLink as a resource for navigators as well as augment its educational information and referral mechanisms for residents and business owners who seek help from the site directly.

Key Responsibilities for a NYC Navigator Program

To best leverage these and other NYC and privately-built resources, relationships and capacities to reach the City's more than 1 million uninsured residents,¹⁰ a discrete Navigator Program should be established to serve NYC. This NYC Navigator Program should be data-driven to allow for optimal performance and efficiencies in its administration of grants.

For best results, the NYC Navigator Program should operate citywide and be empowered with a set of responsibilities sufficient to generate data-driven accountable delivery of navigator duties and to facilitate ongoing, coordinated development and implementation of education and outreach strategies among grantees and other partners.

The responsibilities of a NYC-specific Navigator Program should include:

- (a) Identification of target populations and factors that can facilitate delivery of outreach services using data on uninsured residents and small businesses eligible for coverage through the Exchange (e.g., analysis of survey data on geographic location, language, ethnicity, etc. of uninsured);
- (b) Assessment of existing resources and administration of grants to organizations best suited to reach targeted groups based on data on target groups and the applicant's ability to reach and engage them;
- (c) Development of educational materials for use by grantees (navigators) for target populations;
- (d) Provision of training to grantees (navigators) on responsibilities and protocols, including use of referral networks;
- (e) Development of outreach strategies in coordination with grantees (navigators) and other partners; and
- (f) Monitoring and evaluation of education and in-person enrollment assistance provided by grantees (navigators).

Considerations for implementing these responsibilities in NYC are discussed below.

Using data, identify and assess target populations for factors that can affect outreach

Data-driven assessments of target populations should inform selection of grantees; this includes analyzing demographic, economic and geographic information on the uninsured, underinsured and small businesses that the Exchange can serve.

Within the pool of potential consumers, the Navigator Program should identify key segments of the population most appropriate for navigators to serve, such as:

- (a) Residents at risk for low participation rates despite being eligible for subsidized coverage, such as immigrants and persons in mixed-immigration status families;
- (b) Residents unlikely to access coverage through new online technologies, such as persons without access to technology or who are uncomfortable using it independently; persons with limited literacy; or persons with cognitive or physical limitations;
- (c) Residents who may require additional supportive services in order to successfully access and maintain coverage, such as persons with mental or behavioral health issues or persons with unstable housing arrangements whose psychological condition or social environment can create barriers to the successful and timely completion of health insurance application and renewal forms;

- (d) Residents newly eligible for subsidies (e.g., those with incomes between 133/150% and 400% of FPL) who have not previously been eligible for assistance with health insurance, may not be aware of their new eligibility, and may not be served by traditional outreach organizations; and
- (e) Residents whose participation is important for success of the Exchange (e.g., good risk and sufficient participation to achieve administrative efficiencies), such as small businesses, freelancers, and young adults.

Depending on the Exchange's capacity to automatically transition residents among coverage options when their eligibility changes, navigators may also need to play a role in assisting residents in program renewals and transitions. This may be especially true in NYC, where public health insurance coverage is higher than elsewhere in the State. Many of these City residents may have expectations of the Exchange based on their past experience with enrollment and renewal assistance offered through public health insurance programs and the facilitated enrollment program.

High level descriptive survey data indicate that, in many ways, NYC's uninsured reflect the City's diverse population: in 2009, 60 percent of the uninsured were foreign born.¹¹ Among all uninsured, both native and foreign born, 38 percent spoke only English, 62 percent spoke languages other than English as well, and approximately one quarter were linguistically isolated, meaning no adult in the home spoke English really well.¹² While a sizeable minority of the uninsured was eligible for public health insurance – approximately 400,000 in 2008¹³ – the majority were not. In fact, approximately 57% of the uninsured worked and 63% had household incomes above 150% of the federal poverty level.¹⁴ More in-depth data analyses of this type will enable the Navigator Program to identify ethnic and linguistic needs among target populations and ensure the availability of culturally competent services.

Administrative and other City data could also help identify uninsured residents and develop appropriate navigator services. In addition to the enormous amount of data available through HHS Connect discussed previously, discrete projects and data may be particularly relevant for planning navigator services. For example, NYC's Primary Care Information Project (PCIP), a project that uses health information technology to improve the quality of care in underserved communities in the City, has data on the proportion of uninsured patients at a subset of the practices who use its Electronic Health Record. These data can provide an additional way to identify and target outreach strategies and educational messages to practices that serve uninsured patients in NYC.

Assess existing resources and administer navigator grants based on ability of organizations to engage target groups

In addition to federal and state requirements for selecting eligible grantees to act as navigators, the Navigator Program should seek organizations that have demonstrated experience, capacity and commitment to: (a) successfully engage and achieve coverage goals for targeted groups, and (b) act as partners in implementing and evolving education and outreach strategies.

An important first step in identifying organizations that can work with and assist the Navigator Program is to assess existing resources. As appropriate, existing private and public infrastructure should be leveraged whenever possible to enhance the efficiency and effectiveness of the Navigator Program. As discussed earlier, in NYC opportunities to use existing initiatives and technologies such as HHS Connect, ACCESS NYC, 311/311 Online, NYC Business Express and NYC HiLink

should be evaluated for their ability to improve outreach and facilitate enrollment in or renewal of coverage. Similarly, to reach small businesses and healthy, more affluent adults, traditional health insurance marketing and sales channels may need to be engaged. This may include contracting with brokers, business chambers and professional associations. Continuing the practice of contracting with facilitated enrollers already present in targeted communities should also be considered as a way to facilitate efficient outreach to lower-income residents eligible for Exchange coverage.

When selecting grantees, the Navigator Program should consider the extent to which the organization will be able to successfully engage target groups based on the data known about these groups, such as geographic location and language capacity. For example, HRA used a commercial database of business records to identify where the highest concentrations of small businesses exist in the City and then targeted mailings promoting NYC HiLink to small businesses in those areas.

Over a decade of experience coordinating citywide education and outreach for public health insurance has identified key strategies for reaching NYC residents, including the importance of adopting multi-pronged approaches in order to ensure a broader and more effective reach as indicated by data.¹⁵ For example, within a target group, some members may benefit from different or varying education and outreach strategies. This may require the engagement of different organizations to serve as navigators in order to effectively reach subgroups within a given target population.

Additionally, providing multiple convenient opportunities for residents to access coverage is also important. For example, a multi-faceted strategy has been developed with the City's Office of School Health whereby parents with children in public schools have several opportunities to request help with health insurance. They can request help when they apply for the school lunch program online through ACCESS NYC, when they enroll their child in school or when they register at a new school. These requests are transmitted electronically to HRA's Office of Citywide Health Insurance Access, where the child is checked for current enrollment in Medicaid and contact information for those not determined to have coverage are provided to the facilitated enroller partnered with the school. This type of established outreach system could be leveraged and expanded to allow parents to obtain help with private health insurance as well as through referrals to navigators, as appropriate.

As a condition of their grant, navigators should be required to fulfill ongoing reporting and training requirements necessary to ensure the integrity of the Navigator Program and the creation of a data-driven, consumer-responsive system for imparting the knowledge and information that consumers and business owners will need to make informed choices about their health insurance options and execute those choices within an Exchange. This includes a commitment by navigators to ensure staff is well-trained, personable, culturally and linguistically competent and mobile to interact with diverse populations.

Develop educational materials that can be used by navigators

In accordance with federal standards that will be established to ensure navigators provide fair and impartial information and services, the Navigator Program should create educational materials and templates for adaptation and use by navigators. These materials should be coordinated with other materials developed by the Exchange and external partners. Given the diverse population in NYC, the development of linguistically and culturally appropriate materials is especially important.

The Navigator Program should also ensure information about the Program and navigators, including how consumers can provide feedback, contact a navigator or request help, are integrated into and readily available on the Exchange website and phone services.

Train grantees on responsibilities and protocols, including use of referral networks

To achieve high levels of consumer service, navigators should receive sufficient and ongoing training and meet quality standards. The Navigator Program should provide training and technical assistance to navigators, including in-person training, online-refresher courses and resources, and regularly scheduled meetings to communicate and explore best practices, address problems and craft solutions.

The Navigator Program should also participate in maintenance of a citywide referral database enabling public and private organizations engaged in assisting consumers with health insurance to provide referrals to other resources as needed. This referral system should leverage existing resources regularly utilized by NYC residents, such as 311, to ensure callers are directed to the appropriate navigator or health care resource. It is important that the Navigator Program establish a referral resource to enable grantees to assist consumers who need assistance not provided by navigators.

The Navigator Program should provide trainings on the referral database and protocols to ensure navigators uniformly and consistently provide referrals for consumers most appropriately served by other entities and ensure a “no wrong door” pathway to health insurance help. For example:

- (a) Referrals to state Medicaid may be necessary for residents unable to enroll in public coverage through the Exchange, such as persons eligible for the Medicaid surplus income program or long-term care services.
- (b) Many residents in NYC may be ineligible or exempt from coverage; navigators should facilitate access to coverage or care for these residents through referrals to external partners, such as to providers that offer free or low-cost care. To serve the significant undocumented immigrant population that lives and works in NYC, a number of resources have been developed to ensure their access to health care. Navigators should inform uninsured undocumented residents of nearby health care facilities that provide free or low-cost care to lower-income residents regardless of immigration status, such as NYC’s Health and Hospitals Corporation’s facilities and community health centers.

Referral systems will also need to address coordination among other new resources created by the ACA. For example, the ACA specifies that navigators should refer residents who have grievances, complaints or questions about their coverage, including persons in need of help appealing a decision by their health plan, to the appropriate Ombudsman / Consumer Assistance Program or State Agency. For additional thoughts on coordinating new resources created by the ACA in NYC, see Appendix B.

Collaborate with grantees and other partners to develop outreach strategies

As experience with the facilitated enroller program in NYC has demonstrated, successful outreach strategies are ones that make getting coverage convenient, and ones that evolve over time to target remaining, harder-to-reach uninsured residents.

To ensure navigator services are convenient and evolve to meet consumer needs, Navigator Program staff should engage with grantee staff on an ongoing basis to assess activities and achievements and, together, identify ways to improve navigator services for the grantee's target population.

In addition to one-on-one strategy development, regular group strategy meetings should be convened among grantees serving similar populations – e.g., small businesses, freelancers, uninsured workers, young adults – during which time specific initiatives can be discussed and improvements or new strategies developed.

The development and implementation of strategies through the Navigator Program should be coordinated with the activities of other entities and public and private partners. Both quantitative and qualitative data should be used as part of this process, including data on grantee education activities and enrollments, consumer feedback, coverage rates for group(s) served by the grantee, and 'on the ground' experience of the grantee.

Monitor and evaluate education and in-person enrollment assistance provided by grantees

The Navigator Program should engage in ongoing monitoring and systematic evaluations of navigator services to inform development of future educational and outreach strategies, allocation of resources, and selection of grantees over time. These activities should be data driven, using information reported by navigators and, to the extent possible, data reported to the state, federal government or Exchange as part of state or federal reform. Ideally, access to relevant data from these sources will be automated, reducing administrative costs and burdens for both the Navigator Program and its partners.

The data reporting needs of the Navigator Program should be considered in the design of the Exchange and any new insurer reporting requirements implemented for plans inside and outside of the Exchange. This type of planning and coordination can help develop efficient and meaningful data systems that minimize the cost and burden of data collection and reporting while maintaining a program that is data driven and responsive to results of monitoring and evaluation activities (e.g., have the ability to reposition grant dollars as indicated).

Examples of these types of data include:

- When a navigator assists a small business or individual in enrolling online for Exchange coverage, the submission process should allow for capture of the navigator involvement (e.g., navigator ID number associated with the application). Data on these enrollments, including non-individually-identifiable demographic information, should be available for each navigator for grantee and program evaluation purposes.

- For ongoing monitoring of navigator services, a grantee staff person (coordinator) should be responsible for submitting information on education and enrollment activities each week into an online reporting system, such as information about events attended, type of activity conducted, geographic location, enrollments completed, follow-ups required, and referrals made.
- For evaluations of individual grantees, the Navigator Program should use data on pre-determined benchmarks and expectations, both qualitative and quantitative, such as targets for in-person contacts, presentations, enrollments and referrals; participation in trainings and on-going education; consumer satisfaction or complaint reports; and achievement of post-training competencies.
- For development of new outreach strategies and selection of grantees over time, the Navigator Program should use data on enrollment in and out of the Exchange, CAP information, navigator reports, and survey data on health insurance coverage in NYC.

Concluding Thoughts

With extensive health insurance resources and relationships in place for serving NYC's large and diverse population, the goals of the Navigator Program to educate and enroll eligible individuals and small businesses can best be realized by establishing a discrete Navigator Program in NYC.

In addition to its unique demographics, most particularly a high percentage of foreign born residents with very diverse language needs, NYC has a rich history of harnessing its resources to identify and help enroll uninsured residents into coverage. Alongside the work done by community-based organizations, health plans and other private organizations, New York City agencies – who serve a broad range of residents and business owners – have been actively and productively engaged in this work, developing expertise and devoting significant resources to technologies such as HHS Connect, which helps connect residents to public programs more efficiently and effectively by allowing workers across agencies to share information as well as permits residents to check their eligibility for public programs themselves through the public-facing ACCESS NYC website.

A NYC-based Navigator Program offers the best opportunity for efficiently leveraging these types of existing infrastructure to ensure coverage gains for low-income residents are not disrupted and to maximize enrollment among struggling middle-income uninsured residents newly eligible for help with health insurance.

In addition, as gains with easier to reach populations are achieved, the Navigator Program will need to engage in more focused strategy development to target harder-to-reach populations, including potentially seeking out new avenues for reaching the remaining uninsured and new partnerships with non-traditional entities to offer innovative and convenient access points to coverage. As data sharing capacities increase across public and private databases, the Navigator Program itself will need to adapt and leverage these technologies to conduct more efficient outreach and offer better informed and capable enrollment services. These types of adaptations can also be best managed by a locally administered Navigator Program.

APPENDIX A - Excerpts from the Affordable Care Act - PPACA (Consolidated) Sec. 1311 (unofficial consolidated text)¹ – Establishment of a Navigator Program and Navigator Requirements

(4) FUNCTIONS.—An Exchange shall, at a minimum—....
(K) establish the Navigator program described in subsection (i).

* * * * *

(i) NAVIGATORS.—

(1) IN GENERAL.—An Exchange shall establish a program under which it awards grants to entities described in paragraph (2) to carry out the duties described in paragraph (3).

(2) ELIGIBILITY.— (A) IN GENERAL.—To be eligible to receive a grant under paragraph (1), an entity shall demonstrate to the Exchange involved that the entity has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be qualified to enroll in a qualified health plan.

(B) TYPES.—~~As amended by section 10104(b)2~~ Entities described in subparagraph (A) may include trade, industry, and professional associations, commercial fishing industry organizations, ranching and farming organizations, community and consumer-focused nonprofit groups, chambers of commerce, unions, resource partners of the Small Business Administration, other licensed insurance agents and brokers, and other entities that—

(i) are capable of carrying out the duties described in paragraph (3);

(ii) meet the standards described in paragraph (4); and

(iii) provide information consistent with the standards developed under paragraph (5).

(3) DUTIES.—An entity that serves as a navigator under a grant under this subsection shall—

(A) conduct public education activities to raise awareness of the availability of qualified health plans;

(B) distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits under section 36B of the Internal Revenue Code of 1986 and cost-sharing reductions under section 1402;

(C) facilitate enrollment in qualified health plans;

(D) provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the Public Health Service Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and

(E) provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange or Exchanges.

(4) STANDARDS.—

(A) IN GENERAL.—The Secretary shall establish standards for navigators under this subsection, including provisions to ensure that any private or public entity that is selected as a navigator is qualified, and licensed if appropriate, to engage in the navigator activities described in this subsection and to avoid conflicts of interest. Under such standards, a navigator shall not—

(i) be a health insurance issuer; or

(ii) receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any qualified individuals or employees of a qualified employer in a qualified health plan.

(5) FAIR AND IMPARTIAL INFORMATION AND SERVICES.—The Secretary, in collaboration with States, shall develop standards to ensure that information made available by navigators is fair, accurate, and impartial.

(6) FUNDING.—Grants under this subsection shall be made from the operational funds of the Exchange and not Federal funds received by the State to establish the Exchange.

¹ Source: <http://docs.house.gov/energycommerce/ppacacon.pdf>

APPENDIX B – Coordinating New Health Insurance Resources

Clarifying the roles and responsibilities of new health insurance resources available through federal health care reform can help build a more cost-effective and coordinated system of health insurance help for NYC residents and small businesses, one that avoids duplication and engenders data-driven adaptation and responsiveness to consumer needs. These new resources include:

- New ways to access private and public health insurance through Health Benefit Exchanges (Exchanges) and public health insurance (PHI) online enrollment options;
- Help for consumers who have problems with their health insurance coverage through funding to support Ombudsman / Consumer Assistance Programs;
- Education and enrollment help for individuals and small businesses purchasing coverage in the Exchange through Navigator Programs; and
- More opportunities to facilitate auto-enrollment, eligibility determinations and maintenance of coverage through data sharing.

Clearly delineating separate and distinct responsibilities among these new resources will facilitate their coordination with each other and existing resources in NYC. This type of delineation does not mean that each role must be performed by separate entities. As appropriate, organizations that assure necessary separations of activities and staff competencies may assume multiple responsibilities (e.g., offer Navigator services and Ombudsman help).

Exchange and public health insurance (PHI) programs should help individuals and small businesses with (a) online, phone, mail-in and walk-in enrollment; (b) eligibility determinations, including discrepancies in documentation affecting subsidies; and (c) basic problems with their coverage. These staff should provide referrals to: (a) the consumer assistance program, for help with unresolved coverage or eligibility problems; (b) navigators, facilitated enrollers (FEs) or brokers, for in-person education or enrollment help; and (c) resources for ineligible / exempt uninsured residents.

Ombudsman / consumer assistance program (CAP) should coordinate and oversee provision of (a) help for unresolved problems with private or public coverage; (b) education of consumers about their coverage rights and responsibilities; and (c) collection, review and reporting of consumer problems. With their focus on problem resolution, CAP staff should use a simple screening and referral process for residents in need of enrollment assistance (e.g., refer to Exchange / website for independent enrollment; Navigator, FE or broker for in-person help; local resources for ineligible / exempt uninsured residents needing care).

Navigator Program should (a) using data, identify target populations; (b) assess existing resources and administer grants to eligible entities to act as navigators; (c) develop educational materials for use by grantees (navigators); (d) develop collaboratively with navigators and other partners strategies to reach target populations; (e) provide training to navigators on responsibilities and protocols,

including use of referral networks; and (f) monitor and evaluate education and enrollment assistance provided by navigators.

Data sharing should be maximized across public programs and databases to support the other health insurance resources by facilitating auto-enrollment and maintenance of coverage. Leveraging existing data allows for more efficient and targeted allocation of non-data (in-person) resources. In NYC, this can include assessing opportunities to use HHS Connect and other health and human services information systems to streamline outreach and enrollment.

As described in greater detail with regard to the Navigator Program, essential to the effective coordination of these new resources is the collection and use of data to evaluate and improve the delivery of these services citywide, as well as the establishment of clear referral systems and protocols to ensure “no wrong door” to help for all New Yorkers, regardless of their ability to access or afford federally supported coverage. Moreover, while this delineation of roles and responsibilities is based on a consideration of the health insurance outreach, education and coverage distribution channels already in place in NYC, other localities or regions may warrant a different structuring of these resources.

Endnotes

¹ The term “Affordable Care Act” is used in this document to refer federal legislation creating health care reform in 2010 and subsequent amending legislation, including the Patient Protection and Affordable Care Act (PPACA), the Health Care and Education Reconciliation Act of 2010, and the Medicare and Medicaid Extenders Act of 2010.

² NYC Department of City Planning, “Population Facts” Last accessed on March 2, 2011; available at: http://www.nyc.gov/html/dcp/html/census/pop_facts.shtml

³ NYC Human Resources Administration Office of Data Reporting and Analysis, “Trend in Medicaid Enrollees, 2007-2011” Last accessed on March 2, 2011; available at: http://www.nyc.gov/html/hra/downloads/pdf/ma_elig_new.pdf

⁴ NYC Department of City Planning, “Population Facts” Last accessed on March 2, 2011; available at: http://www.nyc.gov/html/dcp/html/census/pop_facts.shtml

⁵ NYC Human Resources Administration Office of Evaluation and Research, unpublished analysis of the 2009 American Community Survey.

⁶ Established in 2000 and coordinated by the Human Resources Administration Office of Citywide Health Insurance Access (HRA/OCHIA), the HealthStat Initiative was established to mobilize select City agencies to identify and enroll uninsured New Yorkers eligible for PHI by working in partnership with managed care plans and a variety of community, faith-based and other organizations. Over time, HealthStat has evolved and HRA/OCHIA has fostered new collaborative relationships and balanced the dual tasks of developing linkages between enrollment partners and enrollment opportunities with providing technical assistance to a broad array of community stakeholders. Today HealthStat serves as a platform through which the City can help shape, continuously evolve and quickly implement outreach strategies with both public and private partners through a highly decentralized system of enrollment that provides countless points of access for residents. For more information on HealthStat, see “Connecting NYC’s Uninsured to Coverage: A Collaborative Approach to Reaching Residents Eligible for Public Health Insurance but not Enrolled” at

http://www.nyc.gov/html/hia/downloads/pdf/connecting_nyc_uninsured_to_coverage.pdf

⁷ Call data is from the Citywide Theme Performance Report for Citywide Administration, City of New York, Mayor’s Office of Operations. Report available at: <http://www.nyc.gov/html/ops/cpr/html/home/home.shtml>. Last accessed March 21, 2011. Online usage is from personal communication with Kristina Sell, Performance Manager, 311 on March 22, 2011 and April 5, 2011.

⁸ Website data are from personal communication with Justin Gale at the NYC Department of Small Business Services on April 8, 2011.

⁹ NYC Health Insurance Link (NYC HiLink) is an online health insurance decision support tool for NYC residents, sole proprietors and small businesses. It was developed by the NYC Human Resources Administration Office of Citywide Health Insurance Access and Management Information Systems with support from the New York State Health Foundation. NYC HiLink can be accessed online at www.nyc.gov/hilink.

¹⁰ NYC Human Resources Administration Office of Evaluation and Research, unpublished analysis of the 2009 American Community Survey.

¹¹ NYC Human Resources Administration Office of Citywide Health Insurance Access calculations of U.S. Census Bureau American FactFinder, 2009 American Community Survey 1-Year Estimates, Subject Table S2702 “Selected Characteristics of the Uninsured in the United States”, for New York City, NY. Last accessed on March 2, 2011; available at:

<http://preview.tinyurl.com/4j7m7wp>

¹² NYC Center for Economic Opportunity Unpublished analysis of U.S. Census Bureau American Community Survey Public Use Microdata Sample (PUMS) for NYC. March 2011

¹³ NYC Human Resources Administration Office of Citywide Health Insurance Access, “Connecting NYC’s Uninsured to Coverage: A Collaborative Approach to Reaching Residents Eligible for Public Health Insurance but not Enrolled”. May 2010. Last accessed March 2, 2011. Available at:

http://www.nyc.gov/html/hia/downloads/pdf/connecting_nyc_uninsured_to_coverage.pdf

¹⁴ NYC Human Resources Administration Office of Citywide Health Insurance Access calculations of U.S. Census Bureau American FactFinder, 2009 American Community Survey 1-Year Estimates, Subject Table S2702 “Selected Characteristics of the Uninsured in the United States”, for New York City, NY. Last accessed on March 2, 2011; available at:

<http://preview.tinyurl.com/4j7m7wp>

¹⁵ NYC Human Resources Administration Office of Citywide Health Insurance Access, “Connecting NYC’s Uninsured to Coverage: A Collaborative Approach to Reaching Residents Eligible for Public Health Insurance but not Enrolled”. May 2010. Last accessed March 2, 2011. Available at:

http://www.nyc.gov/html/hia/downloads/pdf/connecting_nyc_uninsured_to_coverage.pdf

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