

Navigator Stakeholder Group

facilitated by Christina Wessel

- **Date:** February 19, 2015
- **Time:** 10:00 a.m. to 11:30 a.m.
- **Location:** MNSure, 81 7th Street, Suite 300, St Paul, MN 55101
- **Participants in attendance:** Christina Wessel, David Van Sant, Jackie Edison, Maureen O'Connell, Rebecca Lozano, Ralonda Mason, Jessica Karpinske, Sandee Lorentz, Marcel Lynn, Lauren Piper, Denise Anderson, Ruth Sherman, Der Yang

Topics

Update on IT priorities

David Van Sant

David thanked members for their feedback on how to prioritize the use of the \$34 million federal grant adjustment. David shared the priorities from the navigator community with MNSure's COO which included development and implementation of an [Assister portal](#) in time for 2016 Open Enrollment, caseworker processing of life events, and improvements that will enhance the consumer experience. The recommendations are currently with MNIT project planners for scoping. MNSure has not fully prioritized the list yet, although it was announced at yesterday's board meeting that work has already begun on three of the priorities - effective dates for caseworker portal, life events in caseworker portal and case worker portal task/list management. The board also added an additional item to the priority list – tools to improve the consumer experience.

Fiscal Year 2017 Program Policy Options discussion

Christina Wessel

The MNSure Consumer Assistance Partner team is looking at implementing new program rules that would take effect July 1, 2016, to coincide with the new grant cycle and MNSure's fiscal year. The new rules will cover all [core program elements](#), but the most significant changes would come in assister roles and funding structure.

Staff provided an overview of the timeline for developing and implementing new program rules.

- Staff has been considering our experience with the program, as well as the feedback we continually receive from stakeholders through formal and informal channels, to develop a proposal for an improved program model.
- At today's stakeholder group, we will share the model we think will be most successful. We are very interested in hearing your thoughts on the pros and cons, as well as any alternative recommendations.

- Staff will be presenting a policy statement to the board at the March 12 meeting. We will be asking for the board to approve that staff move forward on developing a general direction. However, no specific rules will be approved until after the conclusion of the 2015 Legislative Session.
- There will continue to be opportunity for discussion, input and fine-tuning the direction after any board action in March. Input from our stakeholders really does impact the decisions we make. It is important that we understand how any proposed changes would affect our assister organizations.

The current navigator program model is that nearly any organization can be a navigator organization, and anyone who meets the certification requirements can be a navigator. The benefit is that we have lots of people in the field to help consumers. But the challenge is making sure consumers have a consistent and high-quality experience, providing sufficient oversight and training, and maintaining the resources to sustain that navigator workforce over the long-term.

The reality is navigator organizations have already separated themselves into a tiered system. There are many navigator organizations that are able to dedicate staff to the work and have developed significant expertise. And there are many other navigator organizations that have added navigator work to their existing work because they saw the need and value for their clients. We want a model that has a place for both of these kinds of organizations. But we also feel it is important to adjust our structure to treat these organizations differently.

Staff is recommending a tiered and more integrated approach to our Consumer Assistance Program. The handouts we've shared ([FY 2017 CAP Program Policy Updates](#) and [FY 2017 CAP Tiered Model](#)) are draft documents and lay out our current thoughts around each potential role and the resources we'd make available and the expectations we'd have in exchange.

Application Assistant role:

- This new role would become a level of the current Certified Application Counselor role.
- More limited expectations for services, focused only on helping consumers complete the application. No requirements around outreach and education, assistance with QHP selection, or follow-up to ensure successful enrollment.
- Basic resources would be provided, including a "view-only" portal access to allow Application Assistants to see status of clients, robust training on application assistance, and continued access to the Assister Resource Center.
- This role is for organizations that have a commitment to helping their client-based (and potentially other community members) enroll in health insurance coverage. However, these organizations are not in a position to make navigation assistance a focus of their work. The key strength of these organizations is their ability to connect to uninsured individuals, particularly those that may otherwise never access application assistance.

Navigator role:

- High level of expectations for services provided around public accessibility and outreach, application assistance, enrollment and post-enrollment work, and coordination with MNsure.
- Increased service expectations would come with additional resources beyond the Application Assistant role, including full portal that enables Navigators to track and service all their clients, the ability to enroll on behalf-of a client (instead of using consumer portal), and additional training and MNsure support.

Application Assistant HPE role:

- This role, another level of the Certified Application Counselor role, is for hospitals that are approved for Hospital Presumptive Eligibility. There high level of expectations for services provided around application assistance and follow-up for those eligible for Medical Assistance and MinnesotaCare.
- This role would not include requirements around outreach and education, assistance with QHP selection or QHP follow-up.
- Increased resources would include full portal access that enables Application Assistants (HPE) to track and service their clients, the ability to enroll on behalf-of a client (instead of using consumer portal), and additional training and MNsure support.

We understand that to make this model successful, there are other important elements, such as an effective lead generation and tracking system to be sure that anyone we touch gets captured and followed to make sure they make it to the finish line. We acknowledge a tiered model raises concerns about all consumers having access to the same quality of assistance. However, we need to balance that with the concerns about people getting lost as they are “shuffled” between assisters. We want to catch consumers whenever and where ever we see them, but make sure they get successfully through the process.

All stakeholders participating in the meeting agreed that a tiered approach is the appropriate direction to move and does reflect the current reality. But to go with this model, there would be other pieces that would need to fall into place to make sure it works seamlessly for the consumer. Stakeholders raised several important concerns that would need to be addressed:

Concerns regarding consumer roles:

- Consumers do not know the warning signs that something is wrong with their application. They need a Navigator to track their situation to make sure the application goes through successfully. Will those who work with an Application Assistant get the same level of service?
- Referring clients to other assisters increases the chances that a consumer will fall through the cracks. It can be very difficult to maintain contact with some individuals after the initial application.
- Is it fair for a consumer to sit down with someone who is not as invested as someone who has made the commitment to be a Navigator? An assister who is not held to the higher standard of a Navigator is more likely to create errors in an application.
- It is important to recognize that community members look to Navigator organizations for more than just application assistance. Once they make that connection, they will come back to the navigator for help with health-related concerns or other issues, like unpaid medical bills.
- It is very challenging for a Navigator to pick up working with a consumer who completed the application on their own or with another assister. A model that relies on consumers being referred to another assister for follow-up would need appropriate tools to support that.
- Completing an application correctly is very challenging. Navigators frequently see clients who have entered incomplete or incorrect information into an application and come to them for help to get the correct eligibility determination.
- Navigator-level assistance must be available to meet the needs of special populations, such as those with language barriers, including American Sign Language, Tactile Sign Language for DeafBlind and Low Vision (Large Fonts).
- It is important that DHS be engaged in the development of any program changes since the vast majority of Navigator/CAC work is with public program enrollees.

- Many assisters are in a position where they should be trained to help with QHP enrollments. For example, those assisting with mixed households. Also, many communities have developed strong relationships with local Navigator organizations, but may not be comfortable working with a broker.
- Assisters need access to better technology, like the ability to use screen-sharing software to help consumers enroll.

Recommendations regarding assister roles:

- All assisters, include Application Assistants, must have a high level of training in completing the application and meet a high standard. We should not minimize the importance and difficulty of the application process. There are very real and significant consequences if an error is made in the application so we must do our best to ensure that a consumer will have a correct application no matter whom they work with. Training should include, at a minimum, basic eligibility criteria and how to complete the application.
- All assisters should be trained in what happens after an application is submitted, even if they won't assist with follow-up. Consumers will have a very limited understanding of what to expect and assisters should have the skills to set expectations.
- Application Assistant organizations must be closely connected to Navigator organizations so they can benefit from the knowledge and experience of Navigator staff.
- Application Assistants and Navigators will need appropriate tools, such as effective screening tools and the ability to easily associate with a case for follow-up purposes.
- Provide assisters with a tool, like "In the Loop" (a joint project of National Health Law Program and Community Catalyst,) where assisters can ask questions, share information, and be mentored by more experienced Navigators.

During the discussion, staff made several clarifications in response to concerns and recommendations that were raised:

- MNSure outreach and marketing work will steer consumers towards Navigators, where they will get the highest level of service. For example, only Navigators would be listed on the online directory (listed by agency rather than individual) and any leads generated through outreach work would be given to Navigators (or agents/brokers) for follow-up.
- We understand Navigators often assist consumers who show up because they, or another assister, completed the application incorrectly. In the tiered model, those in the Navigator role would be able to see information about any client they are assisting.
- MNSure agrees that strong connections between Application Assistants and Navigators are critical and would facilitate those connections where they have not already developed.
- We appreciate the concern that not all those in the Application Assistant role will have the investment to maintain a high standard of assistance. Accountability will be built into the system. Technological changes around the implementation of this model would enable us to closely monitor the quality of service being provided by all assisters and provide performance support or take correction action if necessary.
- Assisters would be expected to clarify their role and set expectations with a consumer before helping. A consumer could choose to work with a Navigator instead of an Application Assistant if they want a higher level of expertise from the beginning. An improved screening tool might also enable assisters to identify a client who may have more complicated situation that should be referred to a Navigator for assistance.

- Realistically, MNsure cannot proceed with giving more system access and other enhanced resources with the current number of navigators – it is not possible to provide the training and oversight.

Staff also shared comments on the proposed funding structure. We are considering moving toward a more grant-based or an all grant-based model, and away from the per enrollment model. We believe this would allow us to use resources more efficiently and could eliminate many of the per enrollment payment issues we currently face. We would also consider the option of multi-year grants. We know there would be some organizations that could lose funding. However, loss of funding would also mean lower expectations around outreach and follow-up, and the organization would still have access to other resources, such as improved application training, screening tools, Assister Resource Center, etc. An all grant model could also include an incentive element – such as overall enrollment incentives, or incentives for converting applications into successful enrollments.

There was no consensus among stakeholder members around funding. Concerns raised included:

- Navigators currently work with many clients who show up at their door with incorrect applications. Navigators do not credit for this kind of work, either through public recognition or through payments.
- Current funding amounts do not allow us to pay navigators a competitive wage. We can't build a strong and experienced workforce if we keep losing them to better paying jobs with benefits. We are concerned about just becoming a training ground for county workers. This is particularly an issue in Greater Minnesota.
- It's also hard to keep staff when you can't provide any long-term guarantee of employment.
- The recent OLA report highlights the risks of moving to a total grant program. It makes it more political; grantees feel more vulnerable to public criticism. Also, how can an organization build their business model on a grant that could change yearly and is vulnerable to political attacks?
- Could MNsure negotiate a universal compensation rate with carriers for navigators that enroll consumers in a QHP?
- Whatever funding model MNsure selects needs to take into consideration the complexities that exist in serving consumers which aren't factored into current per enrollment payments. Complexities include remoteness (driving long distances) and specific populations. Some expressed concerns that incentives would not work fairly for organizations facing these kinds of challenges.
- Navigators do help consumers complete applications knowing the consumer will not qualify, but they need the denial letter in order to access other care. Navigators are not compensated for this assistance, even though it helps the consumer access appropriate coverage.
- It is important for MNsure to make sure organizations that may stand to lose funding in the new model are given the opportunity to provide input.