

REPORT HIGHLIGHTS

The Seedco Health Insurance Navigator Enrollment Process in Georgia, Maryland, New York, and Tennessee

Policy Implications and Opportunities for Quality Improvement

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The Patient Protection and Affordable Care Act (ACA) put in place reforms that improve access to quality, affordable health coverage. One of the provisions of the ACA was the creation of new Health Insurance Exchanges, or Marketplaces, to provide a one-stop-shop for Consumers to compare plans, apply for subsidies or public insurance, and enroll in health coverage. The ACA also required each Marketplace to fund a Navigator function to provide in-person outreach, education and enrollment assistance. In 2013, Seedco was awarded funding to lead Navigator consortia in 4 states, Georgia, Maryland, New York, and Tennessee, overseeing Navigator training and program implementation.

Seedco is a national nonprofit organization, founded in 1987, with a mission to advance economic opportunity for people, communities and businesses in need. Seedco operates programs in workforce development and benefits outreach and enrollment; and provides technical assistance services for small businesses and nonprofits. Seedco Navigators operate in two states that opted to create their own insurance Marketplaces and that expanded Medicaid eligibility: New York and Maryland. Seedco Navigators also operate in two states that utilize the federally facilitated Marketplace and that opted out of Medicaid eligibility expansion: Georgia and Tennessee.



In light of the diverse environments in which it operated during the first ACA open enrollment period in 2013-2014, Seedco leadership commissioned an evaluation study to learn about barriers and facilitators to health insurance navigation. The study was conducted by researchers in the Department of Health Policy and Management in the College of Public Health at the University of Georgia. The full report, including executive summary and recommendations, is available from Seedco. Below we present highlights from the evaluation report and its recommendations.

Data Sources. Three sources supplied data for this study. All data were gathered and transferred in a manner complying with relevant laws and regulations protecting participants' informed consent and privacy. (1) Seedco Navigators collected demographic information about the Consumers they assisted, as well as certain information about those Consumers' health insurance choices. A brief survey administered by Navigators asked questions about Consumers' financial status, experiences delaying healthcare due to cost, utilization of healthcare services, and health literacy. Across the four states, 14,584 Consumers consented to allow their responses to be analyzed. However, many responses had missing data or were unusable for certain analyses. (2) Ten Consumers in each state were randomly selected (among those who consented) for in-depth telephone interviews. These interviews asked them to discuss factors that motivated them to seek in-person assistance and about factors that contributed to the quality of the navigation experience. (3) Five Navigators in each state were randomly selected for in-depth telephone interviews. They were asked to discuss dimensions of the Navigator role, barriers and facilitators to navigation, and training, useful resources, and other support.

SELECTED FINDINGS

Seedco Navigators succeeded in assisting Consumers from diverse communities.

More than three of five Consumers who received in-person assistance from Seedco Navigators were persons of color, and one in 10 preferred to speak a language other than English. One in four consumers assisted were from the 18-34 year old age group, whose purchase of private insurance is necessary for ACA health insurance reforms to remain financially viable.

Seedco Navigators succeeded in reaching Consumers in need of affordable health services.

Over half the Consumers with whom Seedco worked had deferred at least one healthcare visit in the preceding year because they couldn't afford it; one-third had deferred three or more medical visits. Only about one in 10 Consumers reported having any excess money beyond what they needed for expenses at the end of each month.

Rates of achieving enrollment or application success with navigators differed by region, by demographics, and by consumer financial status. Not all in-person assistance sessions culminated in successful enrollment. Completed enrollments were most likely in states with state-run Marketplaces rather than in those that used the federally facilitated Marketplace. Because many Asian Consumers were served by three particular Seedco partner agencies, the broader representativeness of Asian Consumers in this study is unknown. Given that caveat, Asian Consumers touched by Seedco Navigators were less likely to achieve enrollment success than were members of other racial/ethnic groups who likewise interacted with Navigators. Consumers who reported that they did not know their monthly financial status were likewise unlikely to experience successful enrollment.

Many Consumers enrolled in Medicaid (public health insurance coverage), even in states that did not expand Medicaid.

Among Consumers whom Seedco Navigators succeeded in enrolling, those in New York (70%) and Maryland (56%) enrolled in Medicaid rather than in private insurance. Both states expanded Medicaid eligibility under the ACA, thereby enabling large numbers of Consumers previously ineligible for Medicaid to enroll. Georgia and Tennessee did not expand Medicaid eligibility. Nonetheless, nearly a quarter of Georgia Consumers and more than a third of Tennessee Consumers in the Seedco dataset did qualify for Medicaid.

This finding reveals a large reservoir of Medicaid-eligible Consumers who had not been receiving Medicaid benefits prior to Navigator assistance.

Only about one in 10 Consumers reported having any excess money beyond what they needed for expenses at the end of each month.

Rates of “success” in progressing through the enrollment process were highest for minority Consumers, for Consumers with a history of unmet medical need, and in Maryland. African American and Hispanic Consumers and non-English speakers were up to 50% more likely to have attained enrollment, compared with White Consumers and English speakers respectively. Consumers who reported that they had deferred medical treatment due to cost were more likely to ultimately enroll in coverage. These findings suggest, among other factors driving enrollment success, that Navigators were responsive to special needs and motivations of Consumers. Analyses indicate that Consumers from Maryland were more likely to have attained enrollment through their Navigator interaction (in any type of plan) when compared with those in all the other Seedco states. Note that, unlike in the other three states, Navigators in Maryland had access to applications after submission as they progressed toward approval within the State’s IT system, and served as an informal troubleshooting team to address technical problems that otherwise may have prevented enrollment.

Technical problems with online Marketplaces were not the only drivers for seeking Navigator assistance.

Fewer than half of the Consumers who participated in interviews had experienced frustrations with online enrollment before seeking in-person assistance. Some never even tried to self-enroll. Most sought out Navigators because the challenge of applying for subsidies and selecting a policy seemed too daunting.

Nearly three-quarters of the interviewees expressed enthusiastic satisfaction or used positive language to describe the Navigator interaction.

Consumer experience with Navigators was generally very positive. Consumers especially appreciated post-assistance follow-up from Navigators. Evaluation of the navigation experience was carried out by means of Consumer interviews. Nearly three-quarters of the interviewees

expressed enthusiastic satisfaction or used positive language to describe the Navigator interaction.

Many Consumers did not initially know how to locate a Navigator or what a Navigator does. According to interviews, Consumers who were unsuccessful with self-enrollment wished they had known about in-person assistance earlier. Most learned about Navigators through word-of-mouth or from agency referrals. They were confused about types of assisters, for example the distinction between Navigators, Marketplace call center assisters, and insurance brokers.

Navigator interpersonal communication, and especially follow-up, was the biggest factor in consumer satisfaction.

Consumers appreciated Navigators who explained complex ideas with clarity, who listened to them with patience, and who displayed professionalism. They especially appreciated follow-up contact from Navigators to help complete enrollment.

SELECTED RECOMMENDATIONS

Continue partnering with community agencies that serve diverse populations.

Work especially to improve enrollment success for Asian Americans and for people who do not prefer to speak English. The first step will be to gather more data about barriers that have resulted in lower rates than for other populations.

Publicize the Navigator role and concrete ways to access free in-person assistance.

Outreach activities that raise awareness of health insurance Marketplaces can be more explicit about Navigator access. Use community networks and media to spread positive stories about enrollment with Navigators.

For Consumers who do not qualify for health insurance marketplace subsidies, continue to facilitate access to Medicaid and to provide counseling for consumers who fall into the Medicaid gap. In states without Medicaid expansion, Consumers who fall into the Medicaid gap need counseling about low-cost medical services and other affordable healthcare resources.

Follow up with Consumers after they receive in-person assistance—Consumers need additional support in resolving enrollment issues and guidance about how to make the most of their new benefits. While privacy concerns may mitigate against retaining Consumer information, a mechanism for follow-up should be established.

Enrich Navigator capacity through peer networking and additional face-to-face training.

To read the full report, please visit www.seedco.org/UGANavigatorReport

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This highlights document condenses a full report prepared by the University of Georgia's Department of Health Policy and Management, Neale Chumbler (PI) and Donald Rubin (co-PI) and dated July 31, 2014. Any views expressed are solely those of the authors and do not represent positions or policies of the University of Georgia or its Board of Regents.

