

Moving from Coverage to Care

The Affordable Care Act (ACA) is achieving record gains when it comes to bringing people into the health insurance system. Much of this success is due to the efforts of assister programs.

However, enrolling people in health plans is just the first step toward opening the door to health care. Because of the complexity of health insurance — and because many new enrollees have limited history with insurance — we should also invest in coverage-to-care programs that help people put their insurance to use. We can do this by building on the solid foundation established by assister programs across the country.

COMMUNITY PARTNERS HAVE BEEN KEY TO THE AFFORDABLE CARE ACT'S COVERAGE SUCCESSES

The 11.7 million who signed up for marketplace coverage during the ACA's first two years of enrollment¹ did not do it alone. Many turned to assistance programs to help them understand their coverage options and complete the application process. The same is true of the 12.6 million new Medicaid enrollees.²

In the first open enrollment period alone, enrollment assisters helped more than 10 million people seek coverage.³ The programs that employ assisters are operated by community groups, federally qualified health clinics, and other agencies.⁴ Such organizations often have the advantage of being embedded in their communities and are thus able to provide information that is linguistically, culturally, and geographically relevant.

Programs providing enrollment assistance may

be "Navigator," "certified application counselor," or other programs.⁵ Each helps people select, apply for, and enroll in coverage. In addition to this function, assisters identify barriers to ongoing coverage,⁶ such as technical issues with marketplace websites and enrollment systems, inadequate translation, or affordability problems.

Thanks to the help provided by these enrollment professionals, the United States is reducing its uninsured rate at a record pace.⁷ Consequently, the Obama Administration is continuing its investment in the Navigator program, extending grants from one year to three in the latest round of funding.⁸ Some states also have invested in multi-year grants to Navigators in their state-based marketplaces.⁹ New York, for example, awarded five-year grants to participating agencies.¹⁰ However, as important as it has been to expand the ranks of the insured, more will have to be done to ensure that coverage translates into access to quality, affordable care.

GETTING PEOPLE ENROLLED IN HEALTH INSURANCE IS JUST THE FIRST STEP TO CARE

Signing up for insurance is just the first step toward getting health care. Many people — but especially who have a limited history with insurance — need education and support when it comes to understanding coverage.

This includes everything from learning insurance basics to finding a doctor who meets their needs to getting help appealing a denial of care. One survey has found that large shares of new enrollees do not know the amount of their deductibles (37 percent) or the amount of subsidy they're receiving (47 percent). Many are not familiar with premiums, copayment, and covered benefits.¹¹ The knowledge gap leaves many new enrollees without the tools for obtaining the care to which they're entitled under their new health plans.

The federal Department of Health and Human Services (HHS) has acknowledged enrollees' need for assistance in the transition from "coverage to care."¹² In a discussion guide for community partners, HHS notes that "many of the newly insured have little or no experience with health insurance or available health care services and may need to rely on organizations they trust ... to help them work through the health care system."¹³

CONSUMER ASSISTANCE PROGRAMS

In addition to enrollment assister programs, the ACA also provided funding for Consumer Assistance Programs (CAPs) to educate enrollees about their rights and responsibilities and help them with insurance appeals and grievances after enrollment. In many of the states with CAPs, these programs have been attached to state agencies rather than offered through community partners. (As of 2015 the vast majority of states did not have a CAP program in operation.)¹⁴

Although CAPs and assister programs are distinct under the ACA, both point to the need that enrollees — especially new enrollees — have for support. Moreover, the assister programs have been one of the ACA's great successes and provide an important foundation for building a coverage-to-care infrastructure. An expansion of the functions of this infrastructure can help ensure that the ACA not only transforms our health insurance system but also makes a real difference in people's health — particularly those communities that have been long underserved.

THE COMMUNITY SERVICE SOCIETY OF NEW YORK'S COVERAGE-TO-CARE APPROACH

The Community Service Society of New York (CSSNY), with grants from New York State, has established a community-based, multi-faceted coverage-to-care approach that helps people obtain coverage and put their coverage to use. The organization's approach involves two major programs: the CSS Navigator Network (CNN) and Community Health Advocates (CHA). These programs operate statewide.

In addition, CSSNY is participating in Harlem Health Advocacy Partners, a new initiative to target health insurance/health care education, enrollment support, connection to services, and insurance troubleshooting in New York City Housing Authority homes.

CSSNY's approach draws on the following components:

- ▶ **Phone-line assistance.** A toll-free helpline fields calls from consumers looking to connect to enrollment assistance, ask questions about coverage, or get support troubleshooting insurance issues (such as coverage denials or billing problems).
- ▶ **In-person help.** Advocates at community organizations and small business groups around the state provide in-person assistance to those seeking coverage.
- ▶ **Trainings and education.** CSSNY holds trainings and provides technical assistance for both consumers and community partner organizations.
- ▶ **Community networks.** Incorporating more than 30 community-based and small business organizations into its programs, CSSNY's navigator/CHA programs reach diverse communities and constituencies throughout the state.
- ▶ **Language access and cultural competency.** The programs offer help either in-person or through a translation service in almost 200 languages.
- ▶ **Policy feedback.** With reach in so many of New York's diverse communities — and through such a variety of community partnerships — CSSNY is able to spot issues in health care programs as they arise and keep policymakers informed.

By combining these activities, CSSNY has created a hub-and-spoke structure that directs resources to specific communities while maintaining a central point of contact for communication, coordination, and training. This structure also brings diverse organizations together in a learning community, helping them keep updated on enrollment issues and refine their approaches to outreach and assistance.

Through its programs, CSSNY has helped people navigate the insurance system by joining them on calls with insurers, pointing them to hospital financial assistance resources, supporting them with prior authorization requests, and providing other help.¹⁵ It is also important to note that CSSNY helps with both public and private coverage and also connects people to low-cost health services whether or not they ultimately are able to obtain insurance.

STEPS FOR ENSURING STRONG COVERAGE-TO-CARE PROGRAMS

The federal government, as well as state governments, should follow New York state's lead and build on the successes of navigator and consumer assistance programs, creating a permanent infrastructure for ensuring that our collective investment in insurance premiums translates into high-quality care.

- ▶ Provide ongoing, stable funding for assistance programs that go beyond enrollment help and provide ongoing education and support.
- ▶ Ensure that assistance programs are grounded in diverse communities, particularly historically underserved communities, and help reach people in their primary language.
- ▶ Require assistance programs to be free of conflicts of interest with regard to both coverage and care.
- ▶ Integrate programs that enroll people in coverage with those that help them put that coverage to use.
- ▶ Include all forms of coverage — and resources for those who remain uninsured — in assistance programs.
- ▶ Use a coordinated system across regions or states to ensure that all participating

community groups receive timely information about changes in health insurance programs, have access to technical assistance and expertise, and can share on-the-ground experience.

REFERENCES

- 1 "Nationwide nearly 11.7 million consumers are enrolled in 2015 Health Insurance Marketplace Coverage," Press Release, United States Department of Health and Human Services, March 10, 2015, <http://www.hhs.gov/news/press/2015pres/03/20150310a.html>.
- 2 "Health Coverage Grows under Affordable Care Act," Press Release, RAND Corporation, May 16, 2015, <http://www.rand.org/news/press/2015/05/06.html>.
- 3 "Using Volunteers in Navigator and Assister Programs: Doing More with Less," Families USA, August 2014, p. 2, http://familiesusa.org/sites/default/files/product_documents/ENR%20Navigator%20Volunteer%20brief_FINAL.pdf.
- 4 See, e.g., Office of Governor Brian Sandoval, Nevada's State Exchange Seeks Navigators and Enrollment Assisters, Press Release, March 1, 2013.
- 5 See, "In-Person Assistance in the Health Insurance Marketplaces," Centers for Medicare & Medicaid Services, <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html>; Karen Pollitz, Jennifer Tolbert, and Rosa Ma, "2015 Survey of Health Insurance Marketplace Assister Programs and Brokers," Kaiser Family Foundation, August 2015, <http://kff.org/health-reform/report/2015-survey-of-health-insurance-marketplace-assister-programs-and-brokers/>.
- 6 See, e.g., "ACA Enrollment Survey of In-Person Assisters, Navigators, and Community Partners: Report of Findings," Northwest Health Law Advocates, pp. 5-6, November 2014, <http://www.nohla.org/publications/surv14/Survey.pdf>.
- 7 Stephanie Marken, "U.S. Uninsured Rate at 11.4% in Second Quarter," Gallup, July 10, 2015, <http://www.gallup.com/poll/184064/uninsured-rate-second-quarter.aspx>.
- 8 Tricia Brooks, "Navigator Funds for OE3 Announced," Georgetown University Health Policy Institute, Center for Children and Families, April 15, 2015, <http://ccf.georgetown.edu/all/navigator-grants-oe3-announced/>.
- 9 See, http://www.ct.gov/oha/lib/oha/documents/hix/ct_level_1_grant_proposal_-_in-person_assisters_-_final.pdf.
- 10 New York State, Department of Health, Office of Health Insurance Programs, Health Benefit Exchange, Request for Applications, p. 4, <http://www.health.ny.gov/funding/rfa/inactive/1301300317/1301300317.pdf>.
- 11 Drew Altman, "A Perilous Gap in Health Insurance Literacy," Wall Street Journal, September 4, 2014, <http://blogs.wsj.com/washwire/2014/09/04/a-perilous-gap-in-health-insurance-literacy/>.
- 12 See, e.g., "From Coverage to Care: Discussion Guide for Community Partners," United States Department of Health And Human Services, Centers for Medicare & Medicaid Services, n.d., <https://marketplace.cms.gov/outreach-and-education/downloads/c2c-discussion-guide.pdf>.
- 13 Ibid, p. 1.
- 14 Consumer Assistance Programs, Centers for Medicare & Medicaid Services, <https://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/>.
- 15 Annual Report, Community Health Advocates, Community Services Society of New York, 2014, <http://www.cssny.org/publications/entry/community-health-advocates-2014-annual-report>.