

March 28, 2014

**The Honorable Kathleen Sebelius
Secretary of the U.S. Department of Health and Human Services
Washington, DC**

Dear Secretary Sebelius,

Applying for health coverage and selecting a health care plan is a complex process and Navigators and Certified Application Counselors (CACs) serve an essential role in helping millions of Americans enroll. A recent survey by Enroll America of nearly 3,500 individuals indicates that among consumers who attempted to enroll during the first three months of open enrollment, those who reported having in-person assistance were roughly twice as likely to succeed in enrolling. As national organizations with long-standing experience in assisting consumers with health coverage, we have provided policy expertise, technical assistance and training to assisters through multiple avenues during implementation of the Affordable Care Act. Based on these experiences, we offer our insights and recommendations on ways to strengthen the Navigator and CAC programs so assisters are better able meet the needs of consumers, especially minority and other vulnerable communities.

Boost the level of funding for Navigators to ensure that consumer assistance is readily available. While funding for assistance in states with Federally Facilitated Marketplaces was not limited to Navigator grants but also made available through funding for community health center enrollment counselors and direct contractors in select demographic areas, it was still insufficient to meet the needs of consumers. Additional resources for direct Navigator funding and continued funding of enrollment counselors are needed to meet consumer demand for assistance and achieve our coverage goals, particularly during the second enrollment period when the renewal functionality and processes will be new.

Encourage strategies that use resources efficiently. Regardless of how much funding is allotted to support Navigator grantees over the next year, it is critical to support Navigators and assisters in ways that maximize the number of consumers who can be helped effectively with limited federal dollars. We have identified a number of strategies that would allow Navigators to stretch their resources to reach the largest numbers of consumers, including:

- Awarding grants to organizations that can coordinate the consumer assistance effort in a state or region and ensure that Navigator resources are directed at the places and populations most in need. Investing in this level of coordination and oversight minimizes duplication and ensures a holistic approach to assistance across the state or region.
- Allowing Navigators to provide assistance over the phone, at a minimum in instances when the Navigator has already received authorization from the consumer in person, will save time and help ensure that more individuals complete the enrollment or renewal process.
- Creating a dedicated, live Navigator/assister support unit, so that assisters can identify and get expert assistance in real time. Assisters often have more experience and expertise than call center personnel. Dedicating an expert unit to support them will advance problem resolution and troubleshooting of systemic issues.
- Creating a dedicated assister web portal will enable Navigators and CACs to efficiently provide application assistance, while enabling the marketplace to track enrollment by assister and more readily manage its oversight responsibilities.

Continue to invest in improvements to the application process and HealthCare.Gov to ease the path to coverage for consumers and reduce the need for consumer assistance, including:

- Improving key application functions through tweaks in the wording of application questions, greater use of “help text,” and enhancements to notices. In particular, notices should include income used for eligibility determinations to help assisters identify erroneous determinations and advise consumers on appropriate steps to resolve issues.
- Providing [HealthCare.Gov](#) and paper applications in additional languages to meet meaningful access standards. During the first open enrollment period, not having applications available in languages other than English and Spanish created significant demand for assister services already stretched by limited resources.
- Evaluating and improving the “identity-proofing” and “qualified immigration status” verification processes. These two steps have proven particularly challenging for lawfully-present immigrants who qualify for financial assistance, and have put extraordinary time demands on the assisters who are helping them.

In the attached document, we provide detailed recommendations for these and other program improvements, with a special emphasis on serving underserved and immigrant populations, in three key areas:

- 1) Refining the Navigator Federal Funding Opportunity Announcement (FOA) and award process
- 2) Strengthening the infrastructure to support Navigators and CACs.
- 3) Enhancing the training and continuing education for Navigators and CACs.

We also want to commend your agency for proposing new regulations that offer relief from over-reaching state Navigator laws that not only restrict but also have had a chilling effect on consumer assistance. Many of our organizations plan to submit comments supporting the new rule.

Thank you for your consideration of our recommendations. We will look forward to continuing to work with your staff and to supporting assisters to ensure that every American has an opportunity to secure health coverage.

Respectfully,

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Community Catalyst
Families USA
National Health Law Program

Center on Budget and Policy Priorities
Enroll America
Georgetown Center for Children and Families

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Recommendations for Improvements to the Federal Navigator and Certified Application Counselor (CAC) Programs

1) Refining the Navigator Federal Funding Opportunity Announcement (FOA) and Award Process.

Allow coordinating entities to lead consortiums without a requirement to provide direct services. Experience in the first open enrollment period has substantiated prior lessons learned in assisting consumers with Medicaid, CHIP, and other coverage programs: that coordination is critical to maximizing enrollment. Coordination of assister services within a state or region, and for certain demographic groups is key to building knowledge and capacity; leveraging additional community resources; minimizing duplication of effort; freeing “boots-on-the-ground” organizations to concentrate on direct services; and encouraging smaller but capable community organizations that serve niche populations to participate. The roles that coordinating entities may undertake include:

- Acting as the fiduciary agent and consolidating grant reporting.
- Providing technical assistance and policy support to local Navigators, including on best practices in outreach, enrollment and policy changes.
- Identifying gaps in knowledge and training.
- Providing additional training to Navigators (particularly, as it relates to state programs/policies and resources).
- Serving as the liaison with marketplace, Medicaid and CHIP agencies.
- Ensuring full geographic coverage and targeting assistance where most needed
- Ensuring availability of assistance to minority groups (including but not limited to ensuring sufficient language assistance.
- Detecting and documenting systemic issues that need to be addressed at the state or federal level.

In the absence of strong consortium grantees that can play a coordination role, we encourage HHS to engage Regional Outreach Specialists to play a convening and ongoing support role to ensure that Navigator entities funded in each state are coordinating their efforts.

Balance the competing demands of the Navigator program to provide statewide services, target geographic areas with the greatest concentration of need, and meet the needs of vulnerable communities. We recognize that these can be competing priorities, and it may be challenging to find the right formula to ensure maximum coverage. But there were striking examples where this balance was not achieved in the initial open enrollment period. For example, key geographic areas with a high concentration of need like Miami-Dade County were not served adequately, many rural areas were not served at all, and in areas that were otherwise well served, there was no one to serve specific groups of immigrants in a culturally and linguistically competent manner. The following factors should be taken into consideration in determining the best allocations of funds:

- Use data to determine geographic locations with the highest concentration of need for assistance with both new applications and renewals, and to target large minority populations.
- Prioritize grant funding to ensure that more organizations serving minority communities, particularly immigrants and mixed-status families, receive awards.
 - The next FOA should ensure that there are sufficient Navigators to meet the linguistic and cultural needs of these communities, including offering additional resources for recruitment and training of community members to assist their communities. A

specific allocation of funding to serve minority and vulnerable communities is one model for achieving a better balance of funding for smaller CBOs that have strong relationships with underserved populations vs. larger statewide organizations.

- The FOA should emphasize the need for larger, statewide Navigators to partner with community-based organizations (CBOs) serving specific underserved communities (certain languages, minority groups) in areas where a specific threshold is met. For example, if a Navigator proposes to serve a large city, and at least five percent of the uninsured in that city are Korean, the Navigator applicant must address this need and/or be required to coordinate with smaller groups that will fill this niche if separately funded.
- Grant awards, productivity expectations and grantee performance evaluations should recognize the additional time needed to assist people with disabilities, immigrants and/or individuals with limited English proficiency.

Recognize the relevance of non-health consumer assistance skills in demonstrating expertise. The initial FOA required organizations to identify past experience in providing health coverage navigation. This may have discouraged applications from organizations skilled at providing assistance for other means-tested public benefit programs. Such organizations have strong ties to the community and existing experience working with individuals with limited English proficiency and underserved populations, but may not have specific experience with health coverage. The FOA should not exclude organizations that can demonstrate consumer assistance expertise along with the capacity to gain competence on the specifics of health coverage as part of their Navigator training.

Allow Navigators to provide non-health coverage assistance services with other sources of funding. Navigator entities need more flexibility to use assisters that help connect consumers to other programs and services. In the initial funding year, the federal Navigator program strongly favored the use of full-time Navigators dedicated to ACA coverage options, regardless of whether an organization had other funding streams to assist individuals with other needs, such as enrolling in SNAP or providing free tax preparation. Allowing this flexibility would achieve two important goals. First, low-income consumers would be able to access additional services that are important to their overall health and economic security. Second, by complementing assistance resources, Navigator entities would be better able to offer full-time, year-round employment critical to recruiting and retaining permanent, professional consumer assisters and assuring high quality assistance for consumers.

Provide Navigators greater flexibility and clarity on subcontracting. Navigator entities should be able to subcontract specific tasks or roles such as conducting outreach or providing translation and interpreter services, rather than requiring all consortium partners to perform all Navigator duties. Entities also need flexibility to revise their work plans relating to subcontracting and re-granting to address new needs or unexpected situations that arise during the funding period.

Recognize the need for assistance between open enrollment periods. Consumers need ongoing help with a variety of tasks including Medicaid/CHIP enrollment, reporting changes in circumstances, dealing with special enrollment periods and filing exemptions and appeals. Moreover, experience with Medicaid, CHIP, as well as the health reform in Massachusetts, shows that retention will present significant challenges, necessitating assistance at renewal in order to maintain our coverage gains. These post-enrollment services are particularly important for the second open enrollment period after consumers have had experience with their initial plan choice. Navigator

applicants should be required to address these needs in their proposals.

Require repeat Navigator applicants to describe their efforts in the initial year, clearly articulating their successes, challenges and outcomes. Current grantees requesting funding for the next cycle should be required to provide quantitative and qualitative information to demonstrate effective performance during the first funding period and they should explain how they plan to integrate lessons learned into their approach for the second funding period.

Require applicants to describe their plan for reaching specific demographic groups within the proposed service area. Applicants should explain how they selected specific strategies and activities and how they will assess their effectiveness in order to make quick course corrections if activities are not yielding desired results. The FOA (or related materials and information such as information provided during FOA related calls/webinars) should provide guiding principles for developing, implementing and monitoring effective outreach strategies.

Give weight to applicants who can describe a viable plan for training, mentoring and supporting their individual assisters. The effectiveness of individual assisters is essential to providing high quality consumer services. The FOA should ask entities to provide detail about how Navigator entities will train, mentor and support the ongoing professional development of their staff who provide consumer assistance.

Incorporate local voices into the review and evaluation process. Include the HHS Regional Outreach Specialists or other local stakeholders who are familiar with enrollment issues in the region as reviewers of applications.

2) Strengthening the Infrastructure to Support Navigators and CACs.

Dedicate an expert team within the call center and at case management sites to work with assisters to address complex questions and resolve issues with specific cases. In many cases, assisters are more knowledgeable than call center staff who rely mainly on scripts to provide assistance and whose training on policy is very limited. It is critically important that an assister unit be staffed with more experienced workers. Within this team, there could be sub-teams that focus on specific situations that are more complex. Having a specific multi-lingual, culturally competent team with expertise on immigrant-related policy and processes to provide assistance on related issues would be extremely helpful. Other sub-teams could focus on different issues, for example, assisting individuals who are self-employed. In addition to more expert teams, key call center staff and case workers need to have the tools and authority to resolve issues, including making changes to accounts.

Provide assisters access to policy experts in CCIIO to help troubleshoot issues regarding eligibility and the application process. While much work has been done to enhance the functionality of healthcare.gov, we anticipate that complicated consumer situations that require policy expertise, such as a deeper analysis of the business rules determining eligibility, will continue to come up.

Create an assister portal to facilitate application assistance, enrollment, follow-up, supervision and performance tracking. This is a top priority. A portal can be designed so that assisters login through a secure mechanism that validates their access, and associates application activity with them. These portals can be designed in different ways that can ensure data are secure and accurate. It can allow assisters to provide a higher-level of assistance, particularly for individuals who are not computer proficient, while protecting access to sensitive information. The portal should be robust

enough to allow assisters to provide the full range of services from helping consumers apply for financial assistance to plan comparison and selection. A portal is also key to monitoring and tracking the performance of assisters, and will greatly facilitate accurate reporting of aggregate data on the numbers of consumers served, as well as disposition of applications, renewals and enrollment, with information broken out by demographic groups. These data are essential for assisters and program officers to assess the effectiveness of their efforts, including detecting patterns of enrollment that could indicate steering toward specific plans. Lastly, connecting applications to specific assisters offers an opportunity to solicit consumer satisfaction with assister services through a variety of mechanisms, including follow-up surveys asking the consumer to rate the quality of the services they received.

Allow for a secure method for assisters to provide phone application assistance. It is critically important to allow assisters to conduct consumer assistance securely over the telephone. Consumers are often unable to complete the application and enrollment process in a single sitting for many reasons, including the need to obtain additional information, wanting time to weigh plan choices, dealing with system outages, or limitations in the length of time the consumer or assister has for an appointment. It is burdensome and inefficient for families to have to return in person to continue receiving help from an assister. This is especially true for consumers who live in rural areas and have to travel long distances to meet with an assister.

Although the call center can assist consumers with some aspects of the process, the customer service representatives do not have the depth of expertise, cultural competencies, or individual relationships with consumers that Navigators and other assisters do. The portal mentioned above can help ensure that assisters are able to provide specialized assistance to consumers over the phone in a safe and secure manner. A follow-up letter or email with transcripts of the information entered can be sent to individual so that they can review, correct any errors and attest to the information before the application is submitted for processing.

Encouraging Navigators and assisters to work with other organizations to help consumers with the account creation process will enable trained assister personnel to devote most of their time to the actual application, eligibility, and enrollment process.

Improve key application functions so that assisters can better serve consumers, including:

- Consumer notices should include income used for the eligibility determination and/or other eligibility factors. This will help assisters better identify erroneous determinations and advise consumers on when to report changes in income, file an appeal, or provide additional documentation.
- Evaluate and improve the “identity-proofing” and “qualified immigration status” verification processes. Assisters have spent considerable time helping consumers navigate these two often onerous processes. Many individuals have been stuck because they are not able to complete the identity or qualified immigration status verification requirement or their application was significantly delayed. HHS should consider offering an alternative path to the “dynamic” version of the online application that bypasses federal databases for people who are unable to get through these stringent processes.

Provide healthcare.gov and paper applications in additional languages to meet meaningful access standards. The “job aids” (translated versions of the paper application that cannot actually be completed by applicants) have not been helpful because most assisters are helping individuals

complete the online application. It is critical that CMS come into compliance with meaningful access standards by making the paper and online applications available in the multiple languages needed by the communities served by the FFM. Careful attention should be given in the development of these translations to ensure they are completed by qualified translators and are rigorously reviewed for quality. While this may seem burdensome, it is essential to create fair access and can also be helpful for states, by reducing the burden of having to create quality translations from scratch.

Clarify the rules surrounding collection and retention of consumer contact information and consent requirements. Assisters need more guidance on accepting “leads” from organizations conducting outreach, retaining consumer information gathered at outreach events, following up with consumers to schedule assistance appointments and complete the enrollment process, reminding consumers about renewal, assisting with other post-enrollment activities, and on the appropriate and inappropriate use of personally identifiable information.

Clarify through guidance or other methods when separate state certification or licensing requirements, or other activities, run the risk of preventing navigators and assisters from performing outreach, application, and enrollment activities. We appreciate the recent proposed rule that addresses this issue given that many states continue to put up roadblocks or are otherwise intimidating assister organizations from engaging in assister-related activities. Many of our organizations will be commenting on the NPRM separately.

3) Enhancing Assister Training.

Additional training is needed and could be provided through a continuing education system that Navigators (and potentially other assisters) are required to complete.

- Hands-on web-based training that accesses a live testing environment of the healthcare.gov interface (or assister portal) and requires trainees to work through both straightforward and complex example scenarios would be immensely helpful.
- Live training opportunities are needed to supplement online training. These could be regional or state-based or could be delivered by roving or contract trainers who can deliver in-person training.
- Funding opportunities should include "technical assistance" grants so that organizations with proven track records and experience with health coverage, and particularly those working with minority and underserved communities, or other specialty skills, can train and provide technical assistance to Navigators and other assisters.
- Require a minimum number of “continuing education” credits for all assisters.
- Additional training or continuing education topics should include:
 - How to conduct effective outreach
 - Serving minority populations
 - Complex immigration eligibility rules.
 - How the verification of citizenship and immigration status should work, how to avoid errors, and how to help when paper documentation is required.
 - Working with interpreters.
 - Providing culturally competent services and addressing common barriers to access for families that include immigrants.

- How to reassure to mixed status families.
- Eligibility related training
 - Issues related to offers of employer-sponsored insurance.
 - State Medicaid and CHIP eligibility and enrollment policies
 - MAGI for Medicaid and exceptions for certain tax dependents or spouses filing separately.
 - Income counting rules, especially for complicated situations including seasonal employment, self-employment, dependent earnings, and how specific types of income such as social security benefits are counted.
- Tax-related issues
 - Complicated (but common) family situations, such as people who are married but are filing separately (including people who file as head of household) and non-custodial parents claiming their children.
 - Other situations that arise from the application of tax rules, such as how to help households with multiple tax units.
 - Tax reconciliation, reporting changes and how to improve income projection.
- Child-specific issues
 - The “family glitch”
 - Dental access through stand-alone plans, and
 - Child eligibility for Medicaid based on custodial parent household and income
 - How to talk to families about Medicaid and CHIP
- QHP-related issues
 - More detailed information about specific QHPs available in their state or region to better equip assisters in answering consumers’ questions and facilitate efficient enrollment.
 - Appeals process
- Post-enrollment issues
 - Changing plans
 - Special enrollment periods
 - Reporting changes
- Fraud and abuse prevention, detection and avoidance