Outreach, Education, Enrollment, Assistance

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NCIOM North Carolina Institute of Medicine
shaping policy for a healthier state

Agenda

- Different types of consumer assistance
- Different types of consumer assisters
- Relevant recommendations from:
  - Other Health Reform workgroups
  - Prior subcommittee meeting
- Roles, training and responsibilities of different consumer assisters
  - Including but not limited to navigators

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Different Types of Consumer Assistance

Outreach and Education

Activities:

- Mass media
- Mailings
- Community meetings
- One on one information

Groups:

- Government, non profits, business, schools

Enrollment Assistance

Activities:

- Linking consumers to toll-free hotline/website
- Helping people understand choices

Groups:

- Providers
- DSS
- CBOs
- Friends/family
- DOI (Smart NC)
- Others?

Health Plan Selection

Activities:

- Helping people and small businesses understand and select appropriate health plan

Groups:

- Agents/brokers
- Others?

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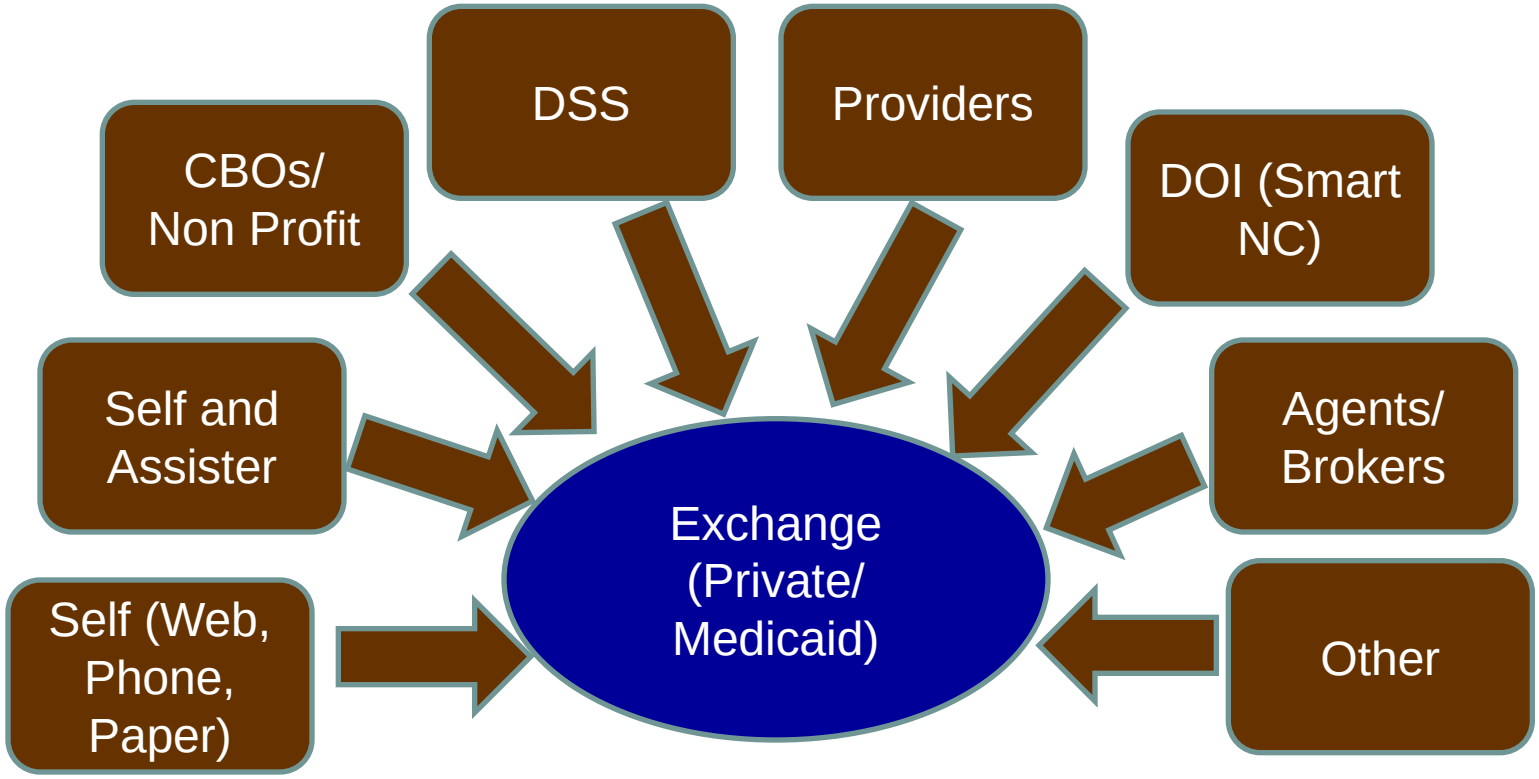
Enrollment Assistance



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Different Requirements May Apply to Different Groups

- Enrollment Assisters:
  - Who will they reach (target populations)?
  - Training requirements (if any)?
  - Certification requirements (if any)?
  - Linking consumers to trained assisters?
  - Compensation (if any) and how?
  - Code of ethics/contractual obligations?
  - Methods to ensure accountability?
- Which of these groups should be recognized as official navigators?

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Subcommittee October Discussion

- Group did not discuss:
  - Target populations
  - How to link consumers to trained assisters
  - Compensation (if any) and how
- Group did not fully distinguish between different types of assisters when considering:
  - Training requirements
  - What groups should be recognized as official navigators
  - Certification requirements
  - Code of ethics/contractual obligations
  - Methods to ensure accountability

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Subcommittee October Discussion: Training

- Group talked about the potential of different training requirements for different groups (but no specifics)
- Group generally liked the SHIIP training model
  - 13 modules available online
  - Generic training about insurance concepts, available insurance products (private and public), and how to enroll people online
  - Must pass competency exam to be certified
  - Regular updates and continuing education requirements

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Subcommittee October Discussion: Certification

- Group recommended that “navigators” be certified, but recognized that other “assisters” may not be certified

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Subcommittee October Discussion: Groups Serving as Navigators

- Group recommended that the HBE contract with at least two different types of entities in each county
  - At least one group would target small business, one group targeting uninsured
  - Should contract with sufficiently diverse groups to reach all potential eligibles

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Subcommittee October Discussion: Code of Ethics/Contractual Req'mts

- Group discussed the potential conflict of interest if providers serve as assisters (because providers may have financial interest steering patients to specific plans)
  - However, ACA specifically allows hospitals to assist patients in obtaining Medicaid (presumptive eligibility); state can also allow other providers to do presumptive eligibility (FQHCs, others)
  - FQHCs may have less conflicts than other types of providers (because they should be receiving prospective cost based reimbursement from all QHPs)

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Subcommittee October Discussion: Accountability

- Group recommended:
  - Navigators provide information on numbers of people served and types of services provided
  - State create a complaint system so people can provide feedback on specific navigators
  - State should establish minimum activity thresholds for navigators (eg, number of one-on-one counseling sessions, number of people who enrolled, number of people from target populations, number of people reached during information and outreach sessions)
  - Tracking who is providing assistance and what plans people are enrolling in

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Medicaid Work Group Recommendation

Develop a Broad-based Education and Outreach Campaign to Educate the Public about New Insurance Options

- DMA, DOI, and the HBE should work together to develop a broad-based **education and outreach campaign** to educate the public about different health insurance options and insurance affordability programs. As part of this effort, DMA, DOI and the HBE should:
  - Develop educational materials that explain the different insurance options and how people can apply for help paying for health insurance coverage.
  - Enlist the help of community based organizations, provider groups, and government agencies to educate the general population about the different coverage options.

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Medicaid Work Group Recommendation

Develop a Broad-based Education and Outreach Campaign to Educate the Public about New Insurance Options (cont'd)

- Special efforts should be made to identify and educate organizations that have relationships with traditionally underserved communities, including the uninsured, and small businesses.
- Provide enhanced training to organizations that are charged with assisting people enroll into Medicaid, NC Health Choice, or private insurance coverage offered through the HBE.
- Create a unified toll free telephone hotline that is widely advertise to provide information about the new insurance options.

- DMA, DOI, and the HBE should seek federal, state, and/or private foundation funds to pay for media coverage to educate the public about the new insurance options.

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Medicaid Work Group Recommendation

Retraining DSS Eligibility Workers

- DMA, DSS, and the North Carolina Department of Social Services Directors should provide training to county Department of Social Services (DSS) eligibility workers to help them understand the new eligibility and enrollment processes that will go into effect in the fall of 2013, and the new roles and responsibilities of DSS workers under the Affordable Care Act.
- Local Departments of Social Services should ensure that there is at least one DSS eligibility worker who is trained and certified as a patient navigator in each DSS office, to ensure that local DSS offices know about all the available insurance affordability options.

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Safety Net Workgroup Recommendation

Allow Safety Net Organizations to Function as Patient Navigators

- The HBE should train and certify staff at safety net organizations to serve as patient navigators. In accordance with the ACA, these groups would be required to:
  - Provide public education to raise awareness of QHPs.
  - Distribute fair and impartial information.
  - Facilitate enrollment in QHPs.

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Safety Net Workgroup Recommendation

Allow Safety Net Organizations to Function as Patient Navigators (cont'd)

- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman or other appropriate state agency for an enrollee with a grievance, complaint or question about their health plan.
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served.
- Meet standards to avoid conflict of interest.

- As staff of safety net organizations, they should also educate consumers and patients about appropriate use and location of care.

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Subcommittee Discussion: CBOs/Non Profits

- Which target populations can they reach?
- Training requirements (if any)?
- Certification requirements (if any)?
- Linking consumers to trained assisters?
- Compensation (if any) and how?
- Code of ethics/contractual obligations?
- Methods to ensure accountability?

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Subcommittee Discussion: Providers

- Which target populations can they reach?
- Training requirements (if any)?
- Certification requirements (if any)?
- Linking consumers to trained assisters?
- Compensation (if any) and how?
- Code of ethics/contractual obligations?
- Methods to ensure accountability?

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Subcommittee Discussion: DSS

- Which target populations can they reach?
- Training requirements (if any)?
- Certification requirements (if any)?
- Linking consumers to trained assisters?
- Compensation (if any) and how?
- Code of ethics/contractual obligations?
- Methods to ensure accountability?

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Subcommittee Discussion: DOI (Smart NC)

- Which target populations can they reach?
- Training requirements (if any)?
- Certification requirements (if any)?
- Linking consumers to trained assisters?
- Compensation (if any) and how?
- Code of ethics/contractual obligations?
- Methods to ensure accountability?

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Subcommittee Discussion: Agents/Brokers

- Which target populations can they reach?
- Training requirements (if any)?
- Certification requirements (if any)?
- Linking consumers to trained assisters?
- Compensation (if any) and how?
- Code of ethics/contractual obligations?
- Methods to ensure accountability?

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Subcommittee Discussion: Others? (Who?)

- Which target populations can they reach?
- Training requirements (if any)?
- Certification requirements (if any)?
- Linking consumers to trained assisters?
- Compensation (if any) and how?
- Code of ethics/contractual obligations?
- Methods to ensure accountability?

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Subcommittee Discussion

- Which of the “assister” groups should be officially recognized and compensated as “navigators”?

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