

Navigator Feedback & Recommendations

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This report was compiled by EverThrive Illinois and the Sargent Shriver National Center on Poverty Law, using feedback from over 500 Navigators and other enrollment specialists at in-person listening sessions during and after open enrollment and on HelpHub. Specific in person feedback sessions were facilitated through the CMS CHIPRA Connecting Kids to Coverage grant (in partnership with United Way of Metro Chicago and the Illinois Chapter of the American Academy of Pediatrics) and the BCBSIL Healthy Communities BRIC Building Refugee and Immigrant Communities Project (in Partnership with ICIRR and Asian Health Coalition).

The feedback is divided into three categories: 1. Training & Information; 2. Education & Outreach and 3. Enrollment. Suggested best practices are included in each category.

1. TRAINING & INFORMATION

For webinars, training sessions, and ongoing CEUs, provide training information through “quick refreshers”:

- **SHORT**—keep attention, condense need-to-know points, and encourage better retention of concepts and particulars of the processes.
- **CLEAR** – simplify information so it is not too text-heavy or dense, reinforce information, and bolster specificity.
- **FREQUENT** – regularly scheduled throughout the open enrollment period to keep Navigators fresh and up-to-date about ongoing changes.
- **ACCESSIBLE** – provide in-person trainings in different areas of the state and online materials for those who cannot attend (recordings, searchable e-reader materials.)
- **HANDS ON**— use question and answer components (live chats, in-person) and case-driven exercises.
- **MANAGE PARTICIPATION**— IPC and Navigator Managers would like access to training so they can better advise and supervise their team.

Navigators and CACs want frequent training with clear and detailed information to increase expertise and authority when they sit down with clients.

Extend Navigator resources to CACs and managers:

- **CACs TRAINING**— open up weekly webinars to everyone, invite CACs to in-person training sessions and CEUs, and better inform all participating parties.
- **FACILITATE COLLABORATION**— actively build connections between Navigators and CACs, using the consortium on the southwest side of Chicago as a model, to increase efficiency and sense of community.

Many CACs felt frustrated that they were doing the same work as Navigators but did not have access to the same depth of resources; they described this as feeling like “second class citizens.” Giving CACs access to the exact same resources as Navigators will increase their effectiveness (i.e., higher, more accurate enrollments) and likely result in more agencies becoming CACs.

Increase cultural competency and knowledge about immigration:

- **GAPS IN TRAINING** – include more information about LPRs, visa holders, required documentation, and options for those who are undocumented and uninsured.

- **MULTI-LINGUAL MATERIALS**– make RFI cards in all languages; private insurance companies should have translated materials to draw on (welcome letters, flyers, insurance term lists, procedures, etc.); have at least two translations organizations review materials for correctness and clarity.
Languages to target: Spanish, Polish, Mandarin
- **BUILD CLIENT TRUST IN NATIVE LANGUAGES**–increase the hiring and training of Navigators in languages in addition to Spanish, stress to consumers that enrolling in healthcare programs will not prevent them from becoming citizens.
- **ELIGIBILITY**– develop fact sheets, talking points, and online outreach materials for undocumented clients and LPRs about program options.

Navigators were surprised at the depth of immigration law knowledge they had to learn—most of it without any previous training and on the job. More detailed training and support will give the Navigators confidence to reach out to immigrant communities and to facilitate enrollment.

Encourage Navigator collaboration and community-driven learning:

- **COLLECTIVE LEARNING** – using HelpHub as a model, introduce more regional ways to share stories, answer questions, and provide feedback.
- **NETWORKS**– help Navigators learn from their colleagues, link experienced Navigators with new members who just learning the basic information, share best practices, implement a system (on the GCI website) where when one Navigator’s schedule is full, they can direct a client to a nearby, available Navigator to maximize enrollment.
- **JOINT EVENTS**–“Navigator Marathons,” enrollment events with multiple Navigators in one highly publicized location were some of the most successful.

BEST MATERIALS

- Get Covered Illinois screener: especially useful for those with income right on the border of eligibility.
- HelpHub: experts available almost immediately, research, and case studies – often cited as the number one source for information.
- Beyond the Basics webinars (Center on Budget and Policy Priorities.)
- FPL charts distributed during in-person training.
- Kaiser Family Foundation subsidy calculators.
- Immigration eligibility aid fact sheet created by DuPage Federation.
- BlueCross BlueShield webinar providing detail on plans and providing definitions and tips for understanding policies.

2. EDUCATION & OUTREACH

Target materials and outreach efforts for Medicaid populations to clarify information and let clients know that enrollment is always open:

- **GENERAL EDUCATION**– create fliers specifically for Medicaid eligible populations, emphasizing that consumers can enroll in Medicaid 365 days per year, target urban and low-income areas for eligibility information and education.
- **TRAINING**–MAGI and household size (“under one roof” distinction) need more clarification; information originally given was different from or not nuanced enough to take into account all of the different household composition permutations; provide frequent updates if information changes.

- **NEW CHANGES**– help consumers (via Navigators) prepare for redetermination and care coordination by developing information sessions ensuring addresses are correct in the DHS and Marketplace system; advising consumers to focus on follow-up letters, open their mail, respond quickly to mail from the state and keep copies of important documents and information such as e-mail addresses, username, passwords in a file.

Incorporate more educational elements into a continuous marketing campaign:

- **TIMING**–capitalize on enrollment deadlines but do not limit marketing to open enrollment and do not wait until the final weeks to ramp up marketing; run a cyclical campaign which uses relevant messages throughout the year, messaging should provide a basic education, topics to cover could include messages which:
 - Emphasize new and better access to coverage and care, not just "it's here!"
 - Make clear that financial assistance is available to most people, perhaps even providing some information on income eligibility
 - Explain the types of life events that qualify special enrollment periods
- **MESSAGING**– create focus groups of Navigators and IL consumers to test messaging to ensure language is clear, relatable, and effective.
- **VISIBILITY**– in addition to Get Covered Illinois phone number and website, include where people can get help on signs and in mediaplacements.
- **SIMPLE INFO** – create consumer-friendly presentations (5 slides max. and a script), with simple, text-light presentations focused on “getting covered, staying covered, and being healthy,” utilize existing CMS resources; cut down on complicated, technical language in company materials (like summary of benefits.)
- **DEBUNK MYTHS**– address myths and misconceptions about insurance that consumers have from friends and the media; field test politicized terms like “Obamacare” and their impact.
- **HEALTH LITERACY**– create post-enrollment consumer resources that help Navigators explain details about insurance to clients, providing real-life examples – and translate this resource

Topics to include: insurance terms, review in details of plans/current QHPs, how to use a plan and access care, why health insurance is important, coordinated care, how medication tiers and formularies work.
- **POST-ENROLLMENT**– connect consumers with an appointment finder such as ZocDoc.com (listing doctors and appointment availability) or Leslie’s List.org (FQHC finder) or even help them to make their first appointment with a primary care provider at the time of enrollment.

Continued education is crucial, as consumers *are not getting this information from their insurance companies.*

Provide Navigator training and support for outreach efforts:

- **BASIC TRAINING** – role play different outreach methods (handing out flyers, writing tweets, speaking in front of a group, approaching a stranger, tabling); work in groups to practice techniques and evaluate each other; encourage mentoring by partnering experienced Navigators with new ones, model good examples.
- **TIMING**– market reoccurring events, and events that happen outside of regular business hours.
- **FINANCIAL SUPPORT**– build in funding to support outreach activities specific to organizational needs (waterproof banners instead of flyers, billboards, etc.)

- **CREATIVE FREEDOM** – develop a mini-grant/flexible dollars program for Navigators to pitch creative outreach event ideas with a budget to Get Covered Illinois.

Training and continuing education should stress that enrollment and outreach are BOTH important parts of the process, and BOTH are part of a Navigator’s job and provide the necessary training and support to ensure success. Marketing should serve as a supplement to Navigator outreach in a closely coordinated campaign.

BEST PRACTICES

- **LOCATIONS** – community colleges, food pantries, alderman offices, tax assistance organizations, taxi companies, libraries/schools (PTA, parent-teacher conferences), apartment buildings/complexes, local stores (talking to owners), laundromats, bakeries, churches/temples (talk to leaders, host a big event), supermarkets, restaurants, men’s sports leagues (like soccer where health insurance is required by players), community centers.
- **METHODS** – foot canvassing, serving box dinners, connecting, hosting a concert (musicians donate equipment and time, aldermen attended), post flyers throughout the community, having follow up meetings (not necessarily about the ACA.)
- **PARTNERSHIPS** –colleges, Department of Corrections, local faith-based organizations, YMCA, state representatives/aldermen, libraries, leaders in ethnic communities, health system leaders, other IPCs, peer referrals, other outreach organizations.

3. ENROLLMENT

Streamline the enrollment process at every stage, and make resources more useful and user-friendly:

Paperwork

- **RFI CARDS**– make the cards mutually beneficial: include useful information on the top half that consumers keep (time of enrollment appointment, name of Navigator, plan selected, username and password); advise consumers that filling out an RFI card does not enroll them in a plan; ensure the format is easy to read.
- **FOLLOW UPS** – let Navigators keep applicant information so they can troubleshoot, check in on applications, advocate for clients, and be able to follow up about the enrollment process.

Technical Components

- **AWARENESS** – advise Navigators to bring laptops to training so they can go through applications and systems rather than screenshots that may have changed; provide notice for when the website will be updated (what the changes will be, when they are scheduled, and when the site may/will be down.)
- **PRACTICE**– create a dummy application to let Navigators and consumers practice and preview plans and options; reconcile paper and online versions of applications.

The access point could be through Public Health Learning.

- **ACCESS**– create a Navigator portal to track applicants and view the status of applications; add visuals to accompany the phone enrollment process so consumers can more easily walk through plans; allow clients to fax documents as well as upload and mail them.

Computer literacy is a barrier for many applicants, as some do not have email addresses or access to a computer.

Call Centers

- **LIAISONS** – create a state/region-specific person who only addresses calls from Navigators separate from the basic number for the general public, which would combat incorrect and inconsistent information and shorten wait time.s
Create a similar, specific contact at DHS, BCBS for Navigator assistance
- **TRAINING**– provide more training for all call center operators; incorporate role playing and call center information for new Navigators to learn best practice when dealing with call centers, going through the steps, explaining possible errors, and general strategies for troubleshooting; create cheat sheets/guided phrasing for what Navigators can say when calling call center(s).
- **TRUST**– build an IPC database where Marketplace call center representatives can look up the Navigator to verify who they are speaking with and will know they are dealing with a more educated caller.

BEST PRACTICES

- **PREPARE AHEAD**– use flyers, calls, and even text messages to educate consumers about what documentation is necessary at their appointment; remind consumers the day before about their appointment and paperwork they need; conduct a pre-assessment over the phone; use volunteers/administrative assistance to create email addresses and expedite initial work before Navigator appointment (tag team with screening and enrollment); research and make phone calls in native languages.
- **BREAK IT UP** – work in two separate sessions; specialize each part of the process
First Meeting: Work through the application with the client, showing them the website and the estimator tool.
Between: Send the client home to think about the plan and make a list of medication. Give clients a definition list of to familiarize them with insurance terminology.
Second Meeting: Actually enroll the client, using an assembly line to start the email/username/password process.