



## NAVIGATOR & ENROLLMENT ADVISORY COMMITTEE: COMMENTS & RECOMMENDATIONS

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The Maryland Women’s Coalition for Health Care Reform (Coalition) brings a **unique perspective** to the deliberations of the Health Benefit Exchange Board in its decisions about the design and implementation of the Navigator Program. Its membership includes 58 state-wide organizations, many of which are focused on women’s issues, as well as hundreds of individuals. Women have a large stake in the success of health care reform – as wives, mothers and caregivers for our families and communities<sup>1</sup>. Based upon research by NWLC, women make 80% of the health care decisions for their families.<sup>2</sup> Therefore, women have a key role in transforming a culture of coverage to a culture of care in Maryland that can serve as a beacon for the overall success of the Exchange and reform as a whole. As Dr. Sharfstein recently said, “Having access to care is more than having an insurance card. You actually have to be able to see a clinician.”

With that in mind, the Coalition submits the following comments and recommendations. We hope that the Board will take these into consideration and do so within the context of the US PIRG’s October report - “Making the Grade: A Scorecard for State Health Insurance Exchanges.” In that Maryland receives an “A” grade for its efforts to date. The Board’s decisions in the coming weeks and months will determine whether Maryland will retain this ranking.

### **Setting the Agenda – The Navigator Program As A Tool To Drive A Cultural Shift**

**Maryland’s Health Benefit Exchange is central to Maryland’s efforts to create an environment that leads to a healthier and more productive population.** With the Exchange, Marylanders can access covered health care, many for the first time, and experience a shift to a culture of coverage, and ultimately to a culture of care. Essential to achieving this shift will be an effective community-based Navigator Program. As the “human face” of the Exchange, the Navigator Program, if structured and implemented effectively, has the potential to offer a unique, customer-focused service that should increase in value over time as individual and community relationships grow, and health benefits are realized. Navigators will provide the necessary

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<sup>1</sup> See the attached *Get It/the Exchange Right for Women Brief*

<sup>2</sup>National Women’s Law Center, *State of Women: Improving Women’s Health, “The Affordable Care Act Implementation in Maryland,”* October 20, 2011.

experiential input to increase our knowledge of the needs of the communities served by the Exchange. This level of culturally competent, linguistically appropriate support will help the Exchange distinguish itself from other resources and be a driver for its ultimate success.

The Coalition has substantive knowledge upon which it bases the recommendations. This includes its work with the Advisory Committees, as well as through our partnerships with DHMH, the Local Health Departments and our state and national partners.

**RECOMMENDATION 1: The Navigator Program model should support a culture of coverage that reinforces a culture of care to create health equity.**

- Communities with large uninsured populations who are unfamiliar with the private health insurance market will be best served by Navigators who know them and understand their circumstances. Therefore, **community-based nonprofit organizations, community health centers and other primary care clinics** will be critical entry points into the Exchange.
- The Navigator Program must have an **organizational structure** to ensure the overall effectiveness of, and consistency in, all areas of operations. The Coalition recommends that a system of **Navigational Leaders (NL)** be established to coordinate these efforts. These individuals should have expertise and knowledge of a region, county or community and its uninsured populations. Their role would be to: ensure the effectiveness of outreach and education efforts; oversee the training program and work of individual navigators; and provide other support as necessary.

**RECOMMENDATION 2: Outreach and communication activities by Navigators should use both traditional and non-traditional partners to identify and access hard-to-reach populations.**

- The Coalition specifically proposes the development of a **Community Health Partner Database** (See the attached description). Within the context of the Navigator Program, this searchable database would provide potential partners to locate eligible enrollees for the Exchange. Traditional partners, such as health care providers would be listed as well as more non-traditional resources such as neighborhood grocery stores, pharmacies, hair and beauty salons, recreation centers, schools, etc.

**RECOMMENDATION 3: The Navigator Program model selected must enable a seamless, efficient enrollment process that is consumer friendly**

- **Navigator, call center, broker and internet website information and messaging must be consistent.** All messaging should be easy to understand and culturally and linguistically appropriate. It should also include clarity on the roles of Navigators, brokers, consumer assistants and ombudsmen, which may be confusing to consumers.

- **Consumers will share stories of their Exchange experience.** It is imperative that these be positive. This is particularly so for “early adopters” whose experiences will shape their community’s perception of the Exchange. These “success” stories should be captured for ongoing positive public relations efforts.

**RECOMMENDATION 4: Information on “how to use health insurance” should be included in Navigator training and performance standards.**

- Previously uninsured populations, in particular, will require resources to ensure that they fully benefit from their health care coverage.

**RECOMMENDATION 5: Cultural competency standards and training should be consistent with national strategic planning efforts to create health equity<sup>3</sup> and reflect Maryland’s health disparities.**

- Navigators’ **cultural competency training** should focus on hard to reach populations and those with special needs. These include those with: disabilities; mental illness; substance abuse disorders; fears based on immigration status; low literacy, low health literacy and low technical literacy; and victims of domestic violence, sexual or other abuse.

**RECOMMENDATION 6: Navigator training and performance standards must ensure that all information and services provided are fair, accurate and impartial.**

- Navigators should be **prohibited from limiting information** given to consumers based on an individual Navigator’s personal beliefs or institutional Navigators’ religious or moral doctrines.
- The Exchange must establish **strong standards and training around privacy protections** on the collection, use and disclosure of personally identifiable information.
- **Oversight of Navigators** must ensure that applicants and/or family members are not asked questions that are not pertinent to the actual eligibility and enrollment process, including requests for social security numbers from non-applicants.

**RECOMMENDATION 7: Navigator functions and/or training should underscore a culture of care.**

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<sup>3</sup> <sup>3</sup> Culturally and Linguistically Appropriate Standards in Healthcare (CLAS)  
<http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=285>

<sup>3</sup> HHS Action Plan to Reduce Racial and Ethnic Health Disparities  
<http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=285>

<sup>3</sup> National Stakeholder Strategy for Achieving Health Equity  
<http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>

- **Basic training regarding the Exchange, Medicaid and MCHP should be provided to all brokers**, whether or not they chose to become Navigators.
- Materials should be developed that will give **Providers** serving uninsured and low-income populations the tools to explain coverage options and refer patients to the Exchange and the Navigator program.
- **Community referral protocols** should be developed to assist Navigators in referring applicants to other benefits or public health safety net programs, as appropriate.
- Navigators are positioned to be **champions in the effort to reduce health disparities** in Maryland by helping consumers achieve access to care. To that end, Navigators should receive training and education about Maryland specific health disparities challenges, and State efforts to reduce them, including the State Health Improvement Process (SHIP)]

**RECOMMENDATION 8: Clear consumer assistance program referral protocols should be developed for Navigators to ensure consumers have success in resolving any and all problems.**

- **Referrals by Navigators should be monitored** to ensure that consumers are receiving timely and efficient resolution of problems, to ensure appropriateness of referral, and to minimize disruptions when these referrals occur.
- **Reports from consumer assistance offices** outside the Exchange (for example, the Attorney General’s office) regarding complaints pertaining to the Navigator Program should be made available to Exchange and Navigator leadership, so appropriate action can be taken.

**RECOMMENDATION 9: The goals of the Navigator Program and the Exchange as a whole are best facilitated by the implementation of a single fully integrated IT system for the individual and small business exchange.<sup>4</sup> A single fully integrated IT system will:**

- Provide a **positive consumer experience with a seamless application and transition process that is invisible to the consumer**, whether in the individual or small group (SHOP) exchange or between the two.
- Promote continuity of care when circumstances change for families and consumers gain or lose employer based coverage.

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<sup>4</sup> See the Coalition’s report – *Maryland Health Benefit Exchange: Recommendations on Information Technology*

- Promote efficient collection of data for evaluation across a wide range of purposes, including Navigator performance, consumer experiences and satisfaction, interactions with insurers, access to providers, and metrics to create health equity.

**RECOMMENDATION 10: Operations of the Navigator Program should be transparent and designed with accountability standards that ensure access to all appropriate information by Exchange enrollees, stakeholders and the public at large.**

The Coalition appreciates the Exchange Board’s attention to these recommendations and is happy to discuss them further. As always, the Coalition looks forward to working with all those engaged in ensuring that Maryland continues to be a leader on health care reform and on the establishment of an effective Health Benefit Exchange.

Submitted by: Leni Preston, Chair [leni@mdchcr.org](mailto:leni@mdchcr.org)