The Role of Consumer Assistance Programs in Implementing The Affordable Care Act: Lessons from New York State

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Outline of Presentation

- Life Cycle of Insurance Coverage
- Helping Hands
  - What are CAPs, Navigators and In Person Assistors?
- The New York Experience
- Designing the Right Consumer Assistance Program
Getting and Keeping Coverage is Not Going to be Like Orbitz...

Think TurboTax!

- PTC eligibility
- PTC amount
- ESI available?
- State resident
- Immigration
- Eligibility for cost-sharing subsidies?
- Exemptions

- Income (e.g. raises, loss of job)
- Household (e.g. death, divorce)
- Immigration status
- Non-payment of premiums
- Moves

- Income
- Household composition
- Address change
- Immigration
- QHP change
- Premium or cost-sharing subsidy changes

- Overpayment of premium tax credits
- Overpayment of subsidies
- Disputes over refunds due
- Dispute over whether individual was covered

Starts all over again in 2015...
HELPING HANDS:

CONSUMER ASSISTANCE, NAVIGATORS & IN PERSON ASSISTORS
### CAPs, Navigators and In Person Assistors

<table>
<thead>
<tr>
<th></th>
<th>Navigators</th>
<th>In Person Assistors</th>
<th>CAPs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACA Section</strong></td>
<td>§ 1311(i)</td>
<td>Not in the ACA Establishment Grant FOA</td>
<td>§ 1002</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
<td>Begin with exchanges in 2014</td>
<td>October 2012 (earliest start date) thru December 31, 2014.</td>
<td>October 2010 – ongoing</td>
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<tr>
<td><strong>Funding</strong></td>
<td>Exchange operational funds</td>
<td>HHS Exchange grants</td>
<td>$30 million for FY2010</td>
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<tr>
<td><strong>Admin.</strong></td>
<td>Exchange to award grants to Navigator “entities”</td>
<td>States</td>
<td>HHS funding to states</td>
</tr>
<tr>
<td><strong>Entities</strong></td>
<td>Broad list of business and community groups eligible</td>
<td>Not specified</td>
<td>Independent entities or Ombudsprograms</td>
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<tr>
<td><strong>Functions</strong></td>
<td>Focus on:</td>
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<tr>
<td></td>
<td>• Outreach and Education</td>
<td>Must be consistent with Exchange regs.</td>
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<td></td>
<td>• Enrollment into QHPs</td>
<td>• Provide information in an accessible manner, plain language and timely</td>
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<td></td>
<td>• Refer to CAPs for Navigation</td>
<td>• Free information that is translated/interpreted for LEP people</td>
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<tr>
<td></td>
<td>• Must provide information in a culturally and linguistically appropriate way, ensure access for people with disabilities.</td>
<td>• Access to consumer assistance</td>
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<tr>
<td></td>
<td></td>
<td>• Conduct outreach and education</td>
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<td>Comprehensive, including:</td>
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<td></td>
<td></td>
<td>• Appeals and Grievances</td>
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<td></td>
<td></td>
<td>• Data Collection/Reporting on plans</td>
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<td></td>
<td></td>
<td>• Education on consumer rights/responsibilities</td>
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<tr>
<td></td>
<td></td>
<td>• Enrollment</td>
<td></td>
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<td></td>
<td></td>
<td>• Assist consumers with enrollment, referrals</td>
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<td>• Assistance with Tax Credits</td>
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What Are CAPs?

Consumer Assistance Programs (CAPs) have four main functions in the ACA:

1. Public education about insurance & enrollment
2. Help with enrollment and renewal of coverage
3. Navigation with coverage and benefits
   • Claims disputes & denial of coverage
   • Denial of subsidies or exemptions
4. Reporting and monitoring
   • Trends, data on plans
   • Identifies issues for regulators and policy makers (the “sentinel” function)
Obligations Under Federal CAP Grants

• Federal grants to States to run consumer health insurance ombudsprograms
  o $30 million nationally, allocated to States by population
• State CAP programs must have:
  o Personnel with expertise handling private insurance cases
  o Toll-free hotline (answered live during business hours), web and walk-in access
  o Independence, allowing vigorous representation of consumers
  o Objective data-collection and reporting to HHS
    ▪ Summary of first year CAP activities issued by HHS (June 2012)
• Second set of 1-year CAP grants to States awarded in summer of 2012
Models of CAPs

- Model #1: Nonprofit Community-Based Organizations (Helpline, CBOs, Legal Services)
- Model #2: Nonprofit / Government Hybrids
- Model #3: Government-Run Programs
- Model #4: Private Call Centers

LESSONS FROM NEW YORK & community health advocates
A Program of the Community Service Society

Small Business Assistance Program
A Program of Community Health Advocates
CHA & SBAP

Achievements

- Served 120,000 cases since November 2010
  - Provided assistance in 10,913 cases through a central live-answer toll free helpline
  - Provided one-on-one assistance in 62,578 cases at local community based organizations and small business groups
  - Conducted 2,786 community-based presentations that educated 62,607 New Yorkers about their health care rights and health insurance options
- Provided services in 11 languages other than English (Spanish, Chinese, Korean, Yiddish, Russian, Punjabi, Urdu, Hindi, Bengali, Gujarati, Polish)
- Helped consumers from ALL 62 counties of New York
CHA: Individual Assistance
Serving consumers with all types of coverage

Proportion of Individual Assistance Cases by Primary Insurance
n= 59,525

- Uninsured: 44%
- Medicare: 22%
- Public Health Insurance: 18%
- Commercial: 12%
- Other: 4%

November 2010 – January 2013 (Individual Assistance cases only)
CHA Individual Assistance Statistics

CHA Individual Assistance Case by Issue
n= 61,211

- Getting Coverage: 36%
- Information: 29%
- Accessing Care/Navigation: 18%
- Billing: 7%
- Maintaining Coverage: 5%
- Appeals: 5%

November 2010 – January 2013 (Individual Assistance cases only)
CHA Individual Assistance Demographics

**Cases by Race**
n= 45,625

- Caucasian: 57%
- Latino/Hispanic: 9%
- Asian/Pacific Islander: 9%
- African-American: 20%
- Other: 5%

**Cases by Language**
n= 59,251

- English: 75%
- Spanish: 12%
- Yiddish: 3%
- Korean: 4%
- Other: 6%

**Cases by Age Range**
n= 53,476

- 0-18: 17%
- 19-26: 7%
- 27-45: 9%
- 46-54: 23%
- 55-64: 25%
- 65 or Older: 19%

**Cases by Household Income**
n= 42,705

- <15K: 41%
- 15,000-25K: 28%
- 25,001-40K: 18%
- 40,001-60K: 9%
- 60,001-100K: 1%
- >100K: 3%

November 2010 – January 2013 (Individual Assistance cases only)
Two Paths for Consumers To Obtain Services: Helpline vs. In-Person at Local Groups

- Uninsured consumers and Medicaid beneficiaries more likely to seek services in their communities
- Commercially insured consumers much more likely to seek services over the phone

![Graph showing Primary Insurance CBOs vs. Helpline](chart.png)

November 2010 – January 2013 (Individual Assistance cases only)
Low-income individuals tend to use CBOs. Upper-income and English-speaking people prefer the phone.

- Individuals with limited English proficiency and very low-income consumers more likely to seek face-to-face services at CBOs.
- Higher income consumers more likely to seek help over the phone.

November 2010 – January 2013 (Individual Assistance cases only)
Systemic Issues Identified

(partial list below)

ACA Related:
- Bridge plan (Pre-Existing Condition Insurance Program) eligibility
- Charges for preventive care services
- Rate review
- External appeals application (barriers for consumers with rare diseases)
- Problems with annual benefit caps (Aetna)

General:
- Mental health parity – United Behavioral Health
- Out of network denials
- Carrier notices not accessible for LEP individuals
- Denial for breast reconstruction
- MLR rebate information
- Medicare Advantage plans marketing, enrollment and options
- MSP retroactive terminations
- Public Health Insurance application delays in certain counties
- Barriers to charity care
Small Business Assistance Programs Can Help implement the ACA

• Partnership with the CAP
  – Fluid connection between small business and individual assistance
  – Data collection and analysis
  – Infrastructure for training, technical assistance and quality assurance

• Network consists of 34 small business-serving groups
  – Chambers of Commerce
  – Small Business Development
  – Ethnic and niche business and professional groups

• Strong connections to populations traditionally underserved by commercial health insurance networks (58% non-white)

• Capacity to reach businesses currently not offering coverage (64% currently don’t offer coverage)
SBAP Targets Future SHOP Users

*Includes one-on-one and education cases from April –December 2012

**Average Wage**
- $0 - $25,000: 45%
- $25,001 - $50,000: 12%
- $50,001 - $100,000: 16%
- More than $100,000: 4%
- Other: 2%

**Annual Revenue of Business**
- 0-$250,000: 10%
- $250,001-$750,000: 6%
- $750,001-$1,500,000: 16%
- $1,500,001-$3,000,000: 4%
- $3,000,000 and above: 4%

**Number of Employees**
- 0-5: 67%
- 6-10: 14%
- 11-25: 8%
- 26-50: 4%
- 51-100: 10%
- 101-200: 3%
- More than 200: 3%

*Community Service Society: Fighting Poverty Strengthening New York*
DESIGNING THE RIGHT CONSUMER ASSISTANCE PROGRAM
Designing the Right Public Engagement Model in Your State

• Issues to Consider
  – Explore the relationship between Navigator and CAP functions
  – How should Navigator relate to CAP and how should both relate to other existing services?
  – Who are their core constituencies?
  – What designs and entities are best suited?
  – What kind of training and quality assurance mechanisms should be adopted?
  – How should funding work for Navigators? Should there be additional state-based funding for CAPs?
  – Are there consumer- and small business-focused groups in your state?
  – Should there be an formalized feedback loop for systemic issues and problems?
Summary: CAPs and Small Business Consumer Assistance Programs can help successfully implement the ACA

- Strong reach to uninsured populations
- Capacity to serve diverse populations
  - Trusted messengers
  - Cultural competency, Linguistic capacity
  - Geographic diversity
  - Multiple venues of service (phone, email, face to face)
- Knowledge and expertise on all types of health insurance coverage
- Strong capacity for data collection and analysis
- Infrastructure for training, technical assistance, quality assurance and development of a learning community
For more information

• Please visit our website:
  www.communityhealthadvocates.org &
  www.cssny.org.

• Useful reports:
  – Optimizing Consumer Protections in State Health Insurance Exchanges, CSS
    (October 2012)
  – Connecting Consumers to Coverage: The Role of Navigators and Consumer
    Assistance Programs In Implementing Health Reform, NYS Health Foundation
    (September 2011)
  – Making Health Reform Work: State Consumer Assistance Programs, CSS and
    Community Catalyst (September 2010)

• Or contact:
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