



THE SUCCESS OF NAVIGATORS & BROKERS

RWJF – State Health Reform Assistance Network
Exchange Marketing, Outreach, and Consumer
Support Small Group Convening

Chicago, IL

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In-person Assistance Works

- Nearly every study conducted has shown that people accessing in-person assistance are more likely to gain coverage
- Those who use in-person assistance:
 - Feel they got the help they needed
 - Report less difficulty enrolling
 - Have a greater understanding of their options
 - Feel positive about the enrollment experience
- Most studies indicate that brokers are responsible for more QHP enrollment than Navigators or other Assisters

Proportion of QHP Enrollment Through Navigators vs Brokers

State	Navigators	Brokers
CO	6%	40%
CT	3%	33%
KY	10%	30%
MD	0.1%	14%
MN	15%	N/A
NY	31%	14%
WA	33%	67%

Source: Data reported for this meeting.

*More limited data for retention, but same pattern is consistent.

Key Findings Related to Assisters

- Integrated in community and can reach the “hard to reach” (e.g., non-English speakers, immigrants, LGBT)
- Individuals with limited English proficiency (specifically those in the Latino community) credit Assisters with enrollment success
- Relationships persist beyond enrollment (becomes key contact for health related questions)
- Role exceeds enrollment assistance – provide a lot of support to clients that have low health and health insurance literacy

Key Findings Related to Assisters

- Many Navigators/Assisters felt unprepared to deal with complex cases
- Lack of adequate training
 - Reported by Assisters themselves and frustrated enrollees
- Assisters report wanting more timely helpline/call center/expert advice
- Assisters often felt unprepared to handle questions about health plan choice
- Uneasy interacting with brokers

Key Findings Related to Brokers/Agents

- Bringing existing customers to the Marketplace (including converting some small businesses employees to QHP)
- Some are assisting Medicaid enrollees
- Best success occurs where the role of the broker (vs other Assistants) is clear
 - Facilitates relationships and “warm hand-offs”

Key Findings Related to Brokers/Agents

- Have existing resources, facilities and knowledge to help enroll people
- Much more comfortable talking about health plan choice
- Brokers report wanting more timely helpline/call center/expert advice
- People with a connection to a broker (previously insured in nongroup market) are maintaining that relationship

METRICS FOR TRACKING ASSISTERS & BROKERS/AGENTS

Monitoring Varies

- Most states didn't feel like they collected what they needed for effective monitoring in OEP 1
- States varied greatly in the amount, frequency and level of reporting complexity
 - Number of measures: 0 to 30+
 - Frequency: daily to monthly
 - Variation in the type and amount of information collected on the category of Assister/broker
- The success of some enrollment approaches can be a barrier to data collection (e.g., “friendly”, community based, “neighbor-to-neighbor”)

Common Measures Being Collected/Reported

- # applications
- # enrollments
- # appointments/encounters
- # events/meetings

Unique Measures Being Collected/Reported

- # applications started vs in progress vs completed
- Hours spent on outreach vs enrollment
- Referrals between Assisters and brokers
- Cost per enrollment
- Renewal/retention
- Demographic data on clients (limited)
- Consumer satisfaction ratings
 - Data collected from clients by assisteres (typically very limited, e.g., 1-5 questions)

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