

Summary findings from surveys, phone interviews and public comment period December 12, 2014

In advance of the meeting, a brief survey was conducted to better understand a range of stakeholders' views on what makes a successful year-round consumer assistance program. Detailed phone interviews were also conducted.

On December 12, an open in-person public comment period was held. Eight people presented oral comments.

Below are the themes heard most frequently in the surveys and interviews. These findings do not represent the full range of ideas voiced but rather present a snapshot of issues raised.

A wide range of participants answered the survey including people who work in the following types of jobs or organizations:

- Enrollment Specialists (Certified Application Counselor; Navigator staff) from across the entire state and who provide assistance to a wide range of different consumers
- Organizations who provided support to assisters and/or provide technical assistance
- Representatives of key constituencies and/or community leaders
- Individuals who do public policy or advocacy
- Community-based organizations that provided educational forums or developed materials
- Community based coalitions
- Representatives from state governments

Survey participants were asked the following questions:

1. What will constitute a successful year-round consumer assistance program?
2. In addition to enrollment, what do you believe are the essential functions a year-round consumer assistance program must include? Please be as specific as possible about the functions/tasks that you think are most key.
3. Who are the core constituencies that would most benefit from a year-round consumer assistance program? Please consider types of beneficiaries (e.g., unemployed; limited-English; people with mental illness) and specific geographies and parts of the state.

Key Themes

- There is broad support for a year-round consumer assistance program. Recommendations suggest a program that:
 - Is year round and in-person
 - Targets certain vulnerable populations
 - Does enrollment and education about health, health care, and how to use health insurance
 - Widely and predictably available to the targeted populations; takes into account culture and linguistics; and meets people where they are (both physically and emotionally)
 - Has a face-to-face relationship with consumers
 - Has the ability to reach to intermediaries/proxies (e.g., Nurse practitioners)
 - Referrals to other support services/ Develops a year-round hub for coordinating social services
 - Includes trusted community health workers
 - Makes inroads into specific communities and partners with community leaders

- Existing mechanisms put health care out of reach
 - Consumers most in need of help may not be online or have an hour to wait in a call center queue
 - Need to design a program to fit what targeted consumers need; break the reliance on “self serve” websites and call centers

- Assisters are doing significant education as well as combatting myths and misunderstandings. As one interview stated “Once you do their enrollment, you are their insurance agent for ever.”
 - Ongoing education about health care is key (e.g., about preventive services)
 - Need to define basic health care terms
 - Deep mistrust of government (e.g., identify verification)
 - How to use health insurance
 - How to find a primary care provider
 - Costs to and responsibilities of the consumers

- The program must be a partnership between the Program Administrators and community based organizations.
 - Together, they need to solve problems in real time and insure a good consumer experience.
 - An in-person element critical
 - Need better data and data analytics in real time
 - Financial support is needed to provide the staff, materials (e.g., encrypted computers), and other resources needed to o successful enrollment

- Must include an opportunity for a communications loop between assisters, and between assisters and Program Administrators
 - To trouble shoot problems
 - To learn from the consumer experience and better target resources
 - To facilitate conversation between different types of assisters (e.g., hospitals; health centers; brokers) and share best practices
 - Need to educate train additional assisters (including brokers) who are trusted leaders in their communities
 - Teamwork/cooperation across assisters is vital to ensure that people don’t slip between “silos” of work
 - Need to collect and disseminate data

- Targeted populations identified
 - Working poor, including those who are employed but can not afford health insurance
 - People with chronic conditions or behavioral health challenges
 - Rural Families
 - People with low literacy and/or low health care literacy
 - People who are not online or not technically savvy
 - Families of color, including young Hispanic males
 - People with limited English proficiency (including non-Spanish languages)
 - Small Business owners
 - Pre-retirees (e.g., women in their 50s)
 - Young adults
 - People new to health insurance