

# Evaluation Report of the MNsure Navigator Program

January 2015



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## Acknowledgements

This evaluation and report would not have been possible without the assistance and cooperation of a large number of individuals and organizations. MNsure navigators and grantees, navigator leads, and regional network leaders have been extremely helpful by generously providing their time and feedback through interviews, and surveys. MNsure consumers have devoted time and energy to providing valuable survey feedback. The Improve Group would also like to acknowledge other staff members at navigator and grantee organizations who helped administer consumer surveys and schedule interviews. MNsure staff members have been extremely helpful in all phases of the evaluation.

### About MNsure

MNsure is Minnesota's marketplace for affordable, high quality health care coverage for individuals, families, and small businesses. MNsure is the only marketplace through which Minnesotans can receive financial assistance to help them lower their monthly insurance premium. The MNsure marketplace includes private health insurance plans, as well as public programs. Free

in-person application and enrollment assistance is available through MNsure's navigator program and other in-person assisters.

### About The Improve Group

The Improve Group conducts rigorous studies to help organizations make the most of information, navigate complexity, and ensure their investments of time and money lead to meaningful, sustained impact. The Improve Group is based in St. Paul, Minnesota, and provides research, evaluation, and strategic planning services to organizations locally, nationwide, and internationally.

## Executive Summary

As a requirement under the Affordable Care Act, MNsure created a navigator program to provide expert outreach into communities, individualized application assistance, and to facilitate enrollment into health care coverage. Navigators are one piece of MNsure's larger consumer assistance and outreach strategies, and have the unique role of operating independently—with the flexibility to serve their consumer base in ways that best fit their communities—while maintaining coordination with MNsure. While navigators assist all consumers in need, they are especially suited for populations with high uninsurance rates and that face barriers to enrollment in health care coverage.

Going into its second year of operations, MNsure contracted with the Improve Group to evaluate the navigator program and the impact that it has had on facilitating enrollment. The evaluation used a mixed-methods approach, which sought input from navigators, MNsure staff, consumers, and regional network leaders.

## Successes and Accomplishments

**Higher rates of insurance:** Minnesota's uninsured population decreased by 40.6 percent between September 30, 2013 and May 1, 2014—from before and just after MNsure's first open enrollment period. MNsure navigators played a critical role in this accomplishment: navigators were compensated for helping to enroll over 45,000 Minnesotans from October 1, 2013 through September 30, 2014. Additionally, navigators likely played a key role in enrolling countless other consumers by providing services outside of application assistance, including outreach, education, and follow-up assistance. These activities are currently not covered under the per-enrollment compensation model.

**A commitment to consumers:** MNsure navigators take seriously the charge to assist anyone seeking assistance. This is evidenced in their commitment to the most complex cases, many of which require anywhere between 2 and 8 or more hours of assistance for completing and submitting the application and responding to verification and follow-up requests post-application. Navigators reported hearing from consumers that they would not have completed the application and follow-up, or become

enrolled in coverage, if not for the navigator assistance they had received.

**Trusted community liaisons:** Navigators see their ideal role as being a trusted partner in helping consumers to reach enrollment, and they are achieving this goal. This includes explaining the process, providing the level of support and detailed explanations needed by each individual consumer, and providing assurance to consumers who are experiencing frustration or anxiety about the process. Navigators are employing a variety of unique strategies to best meet the needs of the consumers they serve. They see themselves as a full partner with both the consumers they assist and MNsure.

## Room for Improvement

**Per-enrollment payments do not sufficiently compensate for the time and resources necessary to assist consumers with enrollment.**

Under the current per-enrollment compensation model, navigators are being largely underpaid for their time and the services they provide. Navigators are spending significantly more time than anticipated with consumers to complete the application and follow-up activities. The

time that it takes to facilitate enrollment varies so much depending on the situation of the individual consumer that the per-enrollment payment makes budgeting and planning nearly impossible. In the current set-up, navigators are credited only for those consumers whom they assist through the application who finalize enrollment. Because of this, many activities that navigators do to facilitate enrollment go uncredited; for example, if consumers complete the application individually but seek assistance for follow-up activities, or if consumers have specific application questions but do not need assistance throughout the entire application.

In addition, being a successful navigator requires a high level of specialized knowledge, especially when working with consumers having complex situations (who may be least likely to achieve enrollment without assistance). This requires continuous training and time spent keeping up with changes and technical developments. None of this effort is captured in the per-enrollment compensation model.

**Because so many necessary aspects of the navigator's role fall outside of the per-enrollment compensation model, it is recommended that MNsure re-evaluate the**

**navigator payment structure in favor of a system that allows for higher predictability, compensation for the range of actual assistance provided, and the development of more highly skilled navigators.**

**Additional resources are needed to support the online application system, an online training environment, and an assister portal.**

While many of the technology and resource-related challenges that existed in the first open enrollment period have been improved upon since the first open enrollment period, these challenges continue to be the most common unresolved barriers reported by navigators. These barriers could be significantly reduced by increasing the resources and attention devoted to technical and system needs.

**The online application:** Website functionality problems amplify other barriers, causing limitations for navigators in enrolling consumers. The dedication and capabilities of navigators have enabled them to make significant strides in enrolling consumers despite the challenges that they face. Navigators understand that MNsure has been working to improve system functionality and they appreciate improvements that have been made, but their

ability to enroll consumers in health care coverage will be hindered until the application system reaches full functionality.

**An online training environment:** The current training process does not provide navigators with sufficient experience with the online application system at the core of their responsibilities. Because questions on the application are populated depending on answers to previous questions, navigators may experience specific application questions for the first time while in the process of assisting consumers. Navigators need an online training environment in which they can learn how to complete the application to address differing life situations and barriers that consumers face, and to practice using the online system before sitting down to serve consumers. This practice application would enable navigators to more effectively serve uninsured Minnesotans facing barriers to enrollment.

**The assister portal:** Navigators frequently cited frustration with their lack of access to an assister portal. They desire an online space where they can make changes after submitting an application, perform follow-up activities, and submit verifications. Navigators are

spending a significant amount of time with these follow-up activities. A portal would also allow navigators to see which of the consumers they had assisted have been enrolled in health care coverage. With this information, navigators would know for whom they were being compensated, and receive feedback about where they were most successful in their work. Most importantly, navigators reported that having access to a portal and transparent data sharing would validate their role as a full partner with MNsure.

### **The Ongoing Need for Navigators**

While technical challenges received a great deal of attention during the first open enrollment period, and likely created additional demand for navigators, MNsure navigators served a larger purpose for consumers facing barriers that were not related to technology. In the consumer survey, the most frequently cited reason consumers provided for seeking navigator assistance was “I wanted to work with an expert” (59 percent), followed by “I needed help understanding and/or completing the application” (48 percent), and “I needed help

understanding the insurance process” (45 percent). None of these responses are related to technical challenges.

**MNsure navigators are tasked with reaching and assisting the hardest-to-reach consumers in the state in order to achieve the goal of 100 percent health care coverage in Minnesota. Many of these consumers face multiple barriers to enrollment, including having never had health insurance, and being unfamiliar with the enrollment and insurance processes. Navigators are uniquely qualified to provide outreach and assistance to consumers. This will always be a needed service, even with a fully-functional online application system.**



## Introduction

In August of 2014, MNsure contracted with the Improve Group to conduct an evaluation of the MNsure navigator program. At the time, MNsure was approaching its second year of operations and was interested in learning more about the impact that the navigator program has had in facilitating enrollment to health care coverage through MNsure. The majority of the data for this evaluation was collected prior to, or in the opening weeks of, the 2014–2015 open enrollment period. Therefore, much of this report references experiences that navigators had in the first (2013–2014) open enrollment period and the remainder of the 2014 year leading into the second (2014–2015) open enrollment period. When possible, navigators provided feedback on their experiences with the improvements that MNsure had made throughout the 2014 year, and that feedback is discussed within this report.

### Evaluation purpose and scope

The following report includes the findings from an evaluation of the MNsure navigator program. While the navigator program is one component of MNsure’s overall

Consumer Assistance Program (which also includes insurance agents, brokers, and Certified Application Counselors), a direct evaluation of these other components was outside of the scope of this study.

Overall, the purpose of this project has been to evaluate the effectiveness of the navigator program in increasing MNsure enrollment, including the promising practices for facilitating enrollment, and the challenges that exist. The evaluation will be used by MNsure to improve design, implementation, and effectiveness of the navigator program moving forward. While it is largely understood that there are a number of challenges facing navigators in the field, the intention of this report is to focus primarily on those that may be changed at the state level. Challenges including those that are technical in nature, and those brought on through the requirements of the Affordable Care Act, will be recognized for their impact on navigators’ work and environments. However, they will not be the primary focus of this report.

## Background

### Healthcare coverage in Minnesota

Minnesotans receive health care coverage from a variety of sources: employer provided or other group based health insurance; private insurance purchased by individuals or families; and public programs such as Medical Assistance (Minnesota's Medicaid program), MinnesotaCare, or Medicare.<sup>1</sup> Yet unfortunately, many Minnesotans are without health care coverage. The implementation of the Affordable Care Act (ACA) is expected to reduce the number of individuals without health care coverage nationwide, including uninsured individuals in Minnesota.<sup>2</sup>

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<sup>1</sup> "Health Insurance Coverage in Minnesota: Results from the 2013 Minnesota Health Access Survey" Fact Sheet (Minnesota Department of Health and SHADAC State Health Access Data Assistance Center, Update May 2014), P. 2, <http://www.health.state.mn.us/divs/hpsc/hep/publications/coverage/healthinscovmnhas2013primary.pdf>

<sup>2</sup> Lisa Clemans-Cope, Matthew Buettgens, and Hannah Recht, "Racial/Ethnic Differences in Uninsurance Rates under the ACA: Are Differences in Uninsurance Rates Projected to Narrow?" (Urban Institute, December 2014), P. 9,

### Minnesota's Uninsurance Rates in the Years before Implementation of the Affordable Care Act ranged from 7.2 to 9.0 percent.

According to the 2013 Minnesota Health Access Survey (MNHA), 8.2 percent of consumers in Minnesota were uninsured in 2013, a slight reduction from the 9.0 percent measured in both the 2011 and 2009 surveys.<sup>3, 4</sup> The 2007 uninsurance rate was somewhat lower, at 7.2 percent, and in 2004, it was a close 7.7 percent.

Disparities in health care coverage persist between population groups based on demographic characteristics including race, ethnicity, income, and age. Those least likely to have health care coverage are people of color, those with low incomes, and young adults. In 2013, Minnesota's uninsurance rates for consumers of color

<http://www.urban.org/uploadedpdf/2000046-Racial-Ethnic-Differences-in-Uninsurance-Rates-under-the-ACA.pdf>

<sup>3</sup> The MNHA survey is a statewide population survey regularly conducted by the Minnesota Department of Health and the University of Minnesota, School of Public Health's State Health Access Data Assistance Center (SHADAC).

<sup>4</sup> Uninsurance rates in this discussion are point-in-time uninsurance rates, representing the people without insurance at the time they took the survey (as differentiated from those without insurance all year, or with a gap in insurance at some point during the year).

(Hispanic/Latino, American Indian, Black, and Asian demographic groups) were more than twice as high as those for white consumers. Uninsurance rates were highest for consumers having the lowest incomes (those ranging between zero and 100 percent of the Federal Poverty Guidelines), and these uninsurance rates dropped as incomes rose. In terms of age, the age group with the highest uninsurance rate in 2013 was Minnesotans aged



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<sup>5</sup> “Health Insurance Coverage in Minnesota: Results from the 2013 Minnesota Health Access Survey” Ibid., P. 1, 3.

26 to 34, followed by those aged 18 to 25.<sup>5</sup> One of the goals of MNsure’s navigator program is to reach out to consumers facing various barriers to enrolling in health care coverage, and assist them in obtaining coverage.

### **Minnesota’s Uninsurance Rate Dropped to 4.9 Percent after the First MNsure/ACA Open Enrollment Period.**

According to the University of Minnesota’s State Health Access Data Assistance Center (SHADAC), the percentage of uninsured consumers in Minnesota fell from 8.2 percent to 4.9 percent between September 30, 2013 and May 1, 2014—from before and just after the first MNsure/ACA open enrollment period. This is a reduction of 40.6 percent in the number of uninsured Minnesotans. These newly insured consumers were mostly enrolled in the two state health insurance programs: Medical Assistance, and MinnesotaCare. This period saw over 155,000 new consumers in these two programs. At the same time, there was an increase in consumers enrolling in the private health insurance market: the non-group market (including MNsure, direct purchase insurance,

and state and federal high-risk health insurance pools) increased by almost 36,000, both inside and outside of MNsure. These findings from SHADAC are consistent with other organizations' preliminary analyses of nationwide impacts of the ACA on uninsured populations.<sup>6</sup> Although data on changes in Minnesota's uninsurance rate pre- to post-ACA by demographic characteristics are not yet available, the Urban Institute provides projections of this data for different racial and ethnic groups, comparing predictions of what uninsurance rates in 2016 would have been had the ACA not been implemented, with predictions of what uninsurance rates in 2016 will be with the ACA's current implementation. The Urban Institute predicts that, by the time of the ACA's full implementation in 2016, Minnesota's uninsurance rates will have declined by at least 47 percent for the American Indian/Alaska Native, Asian/Pacific Islander, black, and white ethnic and racial groups, and will have declined by 25 percent for the Latino ethnic group. The Urban Institute projects that, in the states currently with the

Medicaid expansion (including Minnesota), the racial/ethnic disparity in uninsurance rates between whites (most frequently insured) and other racial and ethnic groups (more frequently uninsured) will decrease for Latino, black, and American Indian/Alaska Native groups, but not for Asian/Pacific Islander groups.<sup>7</sup>

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<sup>6</sup> "Early Impacts of the Affordable Care Act on Health Insurance Coverage in Minnesota" (SHADAC State Health Access Data Assistance Center, June 2014), P. 2, 4, 7–8, <http://www.shadac.org/MinnesotaCoverageReport>

<sup>7</sup> Lisa Clemans-Cope, et al., *Ibid.*, P. 3, 34–43. These predictions are based on Urban Institute's Health Insurance Policy Simulation Model–American Community Survey (HIPSM-ACS).



## What are Navigators?

In addition to the competitive state and federal health marketplaces, the Affordable Care Act (ACA) also created a number of programs to provide outreach and assistance to consumers seeking health care coverage. These programs include the requirement that every federal or state run marketplace has certified navigators to assist consumers with enrollment. Healthcare.gov defines the navigator role as:

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<sup>8</sup> Healthcare.gov, "Glossary," *U.S. Centers for Medicare & Medicaid Services*, <https://www.healthcare.gov/glossary/navigator/>

An individual or organization that is trained and able to help consumers, small businesses, and their employees as they look for health coverage options through the Marketplace, including completing eligibility and enrollment forms. These individuals and organizations are required to be unbiased. Their services are free to consumers.<sup>8</sup>

MNsure's navigator program is only one component of MNsure's outreach, education, and consumer assistance services, other components being in-person consumer assistance provided by brokers and Certified Application Counselors (CACs), phone and email consumer assistance provided by the MNsure Contact Center, and outreach and education provided by MNsure marketing.

MNsure's navigators have a unique role: they work independently of, but in coordination with, MNsure. This means that each navigator organization has the flexibility to serve its own consumer base in a way that works best for its own community. Different navigator

organizations may do outreach, education, and work with and refer consumers in different ways.

Navigators may be employed at a variety of organizations, so long as navigators do not receive compensation directly from health insurance issuers. Eligible organizations include community and consumer-focused nonprofit groups, chambers of commerce, trade or industry professional associations, small business development centers, or unions. Additionally, it is required that navigator programs provide culturally and linguistically appropriate services, and be accessible to persons with disabilities.<sup>9</sup>

Minnesota is one of 17 states running their own state-based health exchange marketplace. Whereas states using the federal exchange also rely on the federal government to run their assistance programs, state-run exchanges are provided flexibility to operate assistance

programs to meet the individual needs of their local uninsured populations.<sup>10</sup>

### **The MNsure Navigator Program**

Because Minnesota has a state-based exchange, MNsure was able to establish a unique structure to its navigator program. Specifically, MNsure’s approach focused on partnering with a large number of organizations to employ navigators around the state with the understanding that each organization would provide local expertise and be able to tailor its approach to best serve area consumers.

According to MNsure’s Consumer Assistance Program policy statement, navigator organizations “must be available to assist members of the general public, but they are particularly well-positioned to reach consumers who face barriers to enrollment or renewal.”<sup>11</sup> Navigator organizations contract with MNsure, and individual navigators must complete a background check and go

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<sup>9</sup> “Helping Hands: A Look at State Consumer Assistance Programs under the Affordable Care Act” (The Henry J. Kaiser Family Foundation, Sept. 24, 2013), <http://kff.org/health-reform/issue-brief/helping-hands-a-look-at-state-consumer-assistance-programs-under-the-affordable-care-act/>

<sup>10</sup> Ibid.

<sup>11</sup> “Consumer Assistance Program: Roadmap for Designing a Navigator Program for the Future. Policy Statement” (MNsure, Jul. 16, 2014), <https://www.mnsure.org/images/Navigator-Program-Policy-Statement-2014-07.pdf>

through a specified Navigator training and certification process.

At the time of this writing, MNsure has partnered with 182 individual navigator organizations, including 986 navigators. Individual organizations include anywhere from 1 to more than 40 certified navigators.

Navigator organizations are compensated on a per-enrollment basis, which includes:

- \$25 per individual enrolled in Medical Assistance,
- \$70 per individual enrolled in MinnesotaCare, and
- \$70 per individual enrolled in a Qualified Health Plan through MNsure.

Additionally, a subset of navigator organizations received Outreach and Infrastructure Grants to conduct outreach and education activities aimed at engaging hard to reach populations in enrollment. Grant funding included \$4.8 million across 41 organizations for the first year of grant funding and \$4.6 million across 28 organizations in the second.<sup>12,13</sup>



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<sup>12</sup> “Community Outreach and Infrastructure Grants” (MNsure, Dec. 4, 2013), <https://www.mnsure.org/images/Bd-2013-12-04-CommunityOutreach-InfrastructureGrants.pdf>

<sup>13</sup> Sasha Aslanian, “MNsure awards outreach grants to groups that serve minorities” (MPR News, Sept. 2, 2014), <http://www.mprnews.org/story/2014/09/02/mnsure-outreach-grants>

## Methodology

The information displayed in this report was collected using a mixed-methods approach, which included the perspectives of multiple groups of stakeholders who are directly familiar with the navigator program:

- **Semi-structured phone interviews with navigators** representing 76 navigator organizations from across Minnesota were conducted from October 27, 2014 to November 24, 2014. The majority of interviews were held prior to the beginning of the second open enrollment period (which began on November 15, 2014) and largely focused on experiences from MNsure's first year as a marketplace.
- **Semi-structured phone interviews with regional resource and referral network leaders** were conducted from November 14 to 25, 2014, during the beginning of the second open enrollment period.
- **Online survey delivered to all certified navigators** was open from November 6, 2014 to November 25, 2014, slightly overlapping with the beginning of the open enrollment period.

- **Consumer survey** distributed by navigators at a sample of organizations to those who had received services was made available to consumers from November 17, 2014 to December 5, 2014, during the first four weeks of the open enrollment period.
- **Review of existing MNsure data and literature** related to health care coverage in Minnesota and best practices from other state-based health exchange assister programs.

With the exception of the consumer survey, most of the data collection was conducted prior to (or slightly overlapping with) the start of the second (2014–2015) open enrollment period. Therefore, most of the information collected relates to navigator experiences during the first (2013–2014) open enrollment period and the following months leading up to the start of the second open

enrollment (November 15, 2014).<sup>14</sup> Because MNsure made improvements throughout the year in response to challenges faced during the first open enrollment period, some of the navigator input may refer to challenges experienced during the first open enrollment that have since been improved or resolved.

The consumer survey, on the other hand, was administered at the beginning of the second (2014–2015) open enrollment period. Thus, consumer survey data references the second open enrollment. The data limitation regarding timing of the consumer survey is that because it was likely distributed to consumers at their first navigator meeting, consumers likely completed the survey before their enrollment was completed, and therefore, would have been unable to provide information about the entire duration of their experience receiving navigator assistance. All of these limitations regarding timing of data collection were constrained by the timing of the evaluation as a whole, which was conducted between September, 2014 and January, 2015.

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<sup>14</sup> Whereas consumers may only enroll in Qualifying Health Plans (QHPs) during open enrollment periods unless they have specific qualifying life events, consumers may enroll in Medical Assistance

While it is possible that navigators who participated in semi-structured phone interviews may have also submitted survey data, each covered topics related to different aspects of the work. The total number of participants is included in [table 1](#).

**MNsure navigators and consumers contributed to the findings in this evaluation (table 1).**

<b>Data Source</b>	<b>Number of participants</b>
Consumer Surveys	177
Navigator Surveys	363
Navigator Interviews	76
Network Leader Interviews	6

(MA) or MinnesotaCare at any point throughout the year. Thus, navigators help consumers throughout the entire year.

# Findings

A photograph of a man and a woman in a professional setting. The man, with grey hair and a light blue button-down shirt, is leaning forward with his hand on his chin, looking intently at the woman. The woman, with blonde hair and a blue button-down shirt, is pointing towards a document on a clipboard. The background is a blurred office environment with shelves and equipment.

## Compensation Model

MNsure’s model for compensating navigator organizations has two parts: per-enrollment compensation and outreach and enrollment grants. Per-enrollment compensation is distributed to organizations in regular or semi-regular payments. Payment amounts are determined by the number of consumers enrolled by navigators at the organization depending on the program, with a \$25 compensation for each successful enrollment in Medical Assistance (MA), and \$70 for each enrollment in either MinnesotaCare or a Qualified Health Plan (QHP).<sup>15</sup>

From October 2013 through September 2014, MNsure distributed \$1.96 million to navigator organizations as per-enrollment compensation. From conversations with MNsure staff members, while the estimates and expected payment amounts for navigators fluctuated over time, MNsure had expected to pay roughly \$7 million in per-enrollment compensation (at \$3 million for Minnesota Care and QHP enrollments and \$1 million for MA); in

reality, just over one quarter (28 percent) of that expected amount was paid to organizations (table 2).

**Actual per-enrollment compensation for navigators between October 2013 and September 2014 was about 28 percent of what was expected. Interestingly, compensation for Medical Assistance enrollment was anticipated to be the least by program but ended up being the largest in reality (table 2).**

Plan	Anticipated Payment Total	Actual Navigator Payment Total
Medical Assistance	\$ 1 million	\$ 0.84 million
MinnesotaCare	\$ 3 million	\$ 0.35 million
Qualified Health Plan	\$ 3 million	\$ 0.77 million
<b>Total:</b>	<b>\$ 7 million</b>	<b>\$ 1.96 million</b>

Outreach and enrollment grants are distributed annually to a subset of navigator organizations through a competitive application process to provide resources for organizations to: connect with uninsured consumers

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<sup>15</sup> “Navigators / In-Person Assisters,” *MNsure*, <https://www.mnsure.org/assisters/navigators.jsp>

(especially those facing barriers to enrollment); provide education on health coverage options; and assist consumers in enrollment and renewal of coverage. Grant applications from navigator organizations are assessed based on the organization's experience with communities facing barriers to enrollment in health coverage and the proposed outreach and enrollment work plan. In the first year (August 2013 until August 2014), MNsure distributed \$4.8 million in outreach and enrollment grants to 41 organizations and for the second year (September 2014 until June 2015), MNsure distributed \$4.6 million in outreach and enrollment grants to 28 organizations.<sup>16,17</sup> Additionally, in the 2014–2015 grant cycle, MNsure established a Regional Network Pilot grant program, which funded two organizations to support the development of regional resource and referral networks.

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<sup>16</sup> “Community Outreach and Infrastructure Grants” (MNsure, Dec. 4, 2013), <https://www.mnsure.org/images/Bd-2013-12-04-CommunityOutreach-InfrastructureGrants.pdf>

<sup>17</sup> Sasha Aslanian, “MNsure awards outreach grants to groups that serve minorities” (MPR News, Sept. 2, 2014), <http://www.mprnews.org/story/2014/09/02/mnsure-outreach-grants>

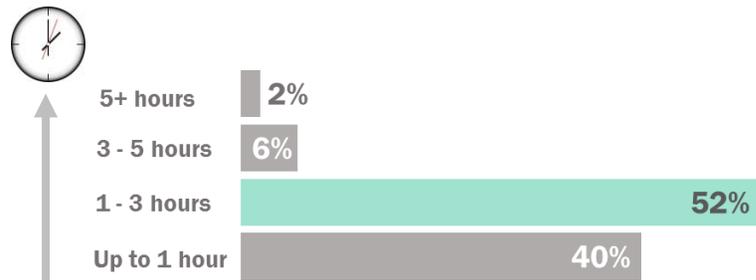
### **Navigators are spending more time than anticipated assisting consumers with enrollment.**

The time required to assist consumers with enrollment includes both time for filling out and submitting the application, and for completing the follow-up tasks necessary to enroll.<sup>18</sup> This does not include time spent on activities such as outreach and education or in navigator training, continuing education, regular conference calls, networking events, and other ad hoc requirements. In surveys, navigators were asked about the typical amounts of time spent with consumers working on the application and follow-up activities during the first, 2013–2014 enrollment period, and the remainder of the year leading up to the beginning of the second, 2014–2015 open enrollment period (figures 1 - 3).

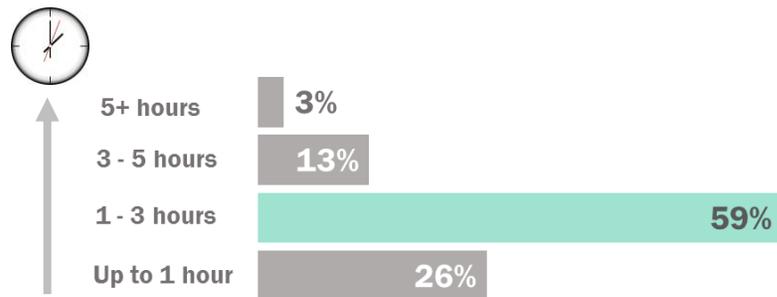
<sup>18</sup> Follow-up tasks often include helping consumers understand letters requesting verifications, faxing verifications, and calling county offices, DHS, and/or MNsure to inquire about application processing status or other questions. For more information on this topic, please see the Navigator Activities section of this report.

**Navigators reported spending more time on follow-up activities than completing applications with consumers; this was especially true with consumers applying for public programs (figures 1 - 3).**

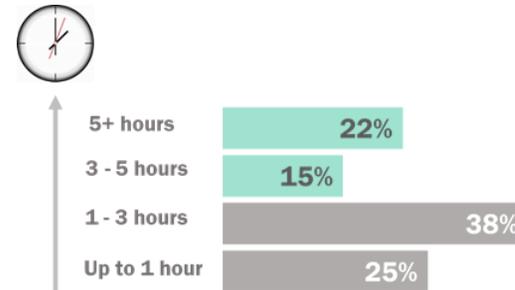
*Completing the application (n=351, figure 1)*



*Follow-up for Qualified Health Plans (n=352, figure 2)*



*Follow-up for public programs (n=351, figure 3)*



In interviews, navigators explained that time spent filling out applications and doing follow-up varies significantly depending on many factors, including number of household members on an application; number of income sources; availability of supporting consumer documentation; barriers of language, technology, and understanding of the health care system; and technical issues with the online application and phone support. Although the navigator survey asked about typical amounts of time spent in follow-up for consumers enrolling in QHPs and consumers enrolling in public programs, details provided in interviews indicate that the amount of time spent with an applicant (whether a single consumer or family) may vary more depending on the many personal and household variables mentioned

above than it does based on program of enrollment (QHP or public program).

In the survey, navigators indicated that they spent more time with a typical consumer on follow-up activities than on the application itself: where a total of 60 percent of navigators said they spend one hour or more completing applications, 75 percent of navigators reported spending one hour or more on follow-up for QHPs and public programs. In terms of impact on achieving final enrollment, follow-up work is as important as application work, and must be taken into account when considering navigator activities and compensation.

Among navigators surveyed, the largest percent (52 percent) reported typically spending an average of between 1 and 3 hours completing the application for an individual or family. Using the average, the per enrollment compensation for 2 hours of application work would be \$35 for QHPs and MinnesotaCare, and \$13 for MA.

However, the largest percent of navigators reported also typically spending an average of 1 to 3 hours of follow-up for QHPs (59 percent), and for public programs (38 percent). Therefore, if a given navigator spends 2 hours

on an application and 2 hours on follow-up, including the follow-up time lowers the per hourly compensation significantly, to \$18 for QHPs and MinnesotaCare, and \$6 for MA. Thus, regardless of program, recognizing and accounting for time navigators spend in follow-up work is important.

**Navigator assistance with follow-up activities, though time-consuming, is important for facilitating enrollment.**

Follow-up activities are as important as assisting with the application in supporting enrollment. Many of the same barriers that consumers are faced with in submitting the application make it as difficult for them to understand and respond to complex requests for verification and other follow-up requests without assistance. These barriers could include language and literacy barriers, lack of access to technology, unstable housing or other life circumstances, and difficulty locating or accessing supporting personal and financial documentation. Some navigators expressed that many consumers simply do not have the tools to complete this work and, even with a submitted application, they would not achieve enrollment in coverage were it not for a navigator handling follow-up.

**“...Our goal is to do whatever it takes. We do as many appointments as we need for them to get the insurance. And, depending on the family, it may be easy [or] it may take a few times. But the goal is for them to complete the application and get it.” – MNsure Navigator**

Most interviewed navigators described doing everything they could to ensure that those they worked with received health coverage. Navigators reported seeing the value in assisting with these activities; additionally, it is listed in the Navigator Policies and Procedures Manual as a part of the certified navigator role and requirements that navigators will provide this assistance.<sup>19</sup> However, navigators consistently expressed frustration and, frequently, surprise, at the amount of time they spent on follow-up activities with consumers after applications had been submitted. One of the most commonly referenced sources of frustration was difficulty in accessing information on the processing status of applications, a problem which would be resolved if

navigators had access to an assister portal providing access to application data.

Because of the complexity of some of the verification request and follow-up activities, it was not uncommon for consumers to begin working with navigators at the follow-up stage in the enrollment process. This would happen, for example, if a consumer had submitted an application on their own or with another navigator and was unable to complete the necessary follow-up tasks without assistance. Though it was often time consuming, navigators assisting consumers with follow-up but not the application often times did not receive any compensation at all for this work. The payment system as it was initially set up only compensated navigators when they assisted in completing and submitting an application. MNsure revised this payment system in February 2014, creating what is called a case association form that a navigator can fill out and submit to MNsure. This form enables navigators to associate themselves with applications after they have been submitted, and at

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<sup>19</sup> “MNsure Navigator Policies and Procedures Manual (Version 5.0)” (MNsure, n.d.), P. 5, <https://www.mnsure.org/images/MNsureNavigatorManual.pdf>

least in some cases, can be used to receive compensation when doing follow-up on previously submitted applications. Although the implementation of this new form was communicated to navigators through the regularly used channels for policy updates, as well as weekly emails to and conference calls with navigators, very few of the navigators who discussed not receiving compensation for follow-up work in interviews mentioned this form. A webinar/video conference held just prior to the start of second open enrollment (November 2014) provided detailed information on how to use the form, so it is possible that more navigators are using the form during the 2014–2015 open enrollment period than did during the previous year (and thus, use of the form was not reflected in the navigator interviews that were held prior to second open enrollment). According to a February 2015 report from ARC, navigators are indeed submitting this form.

**Navigation work requires time and resources beyond what is spent completing applications.**

In addition to time spent completing applications and doing follow-up activities, navigators invest time in initial and ongoing training, keeping up with

communications regarding policy changes and updates, and outreach. Many navigators described additional organizational resources that they invested in enrollment, such as faxing, printing, creating fliers and other outreach materials, and gas and mileage for conducting enrollment at consumers' homes or other community locations. These costs are not covered in per-enrollment compensation.

**Navigators are unhappy with the lack of transparency around per-enrollment compensation.**

Due to consumer privacy issues, per-enrollment compensation payments to navigator organizations do not indicate details on the number of consumers enrolled, or the specific programs in which consumers enrolled. Navigators are generally unhappy receiving lump sum per-enrollment compensation payments because the lack of data on consumers enrolled limits navigator organizations in three ways: organizations are unable to cross-check payment accuracy; they are unable to gather any data about which of their outreach and enrollment practices may be most successful; and they are unable to report to their stakeholders regarding the success of their outreach and enrollment efforts. Some

navigators, especially those employed at the health care centers where the consumers they are assisting receive care, find these data limits particularly frustrating since they work with confidential patient data for these same consumers in their routine work.



**Per-enrollment payments do not sufficiently compensate for the time and resources necessary to assist consumers with enrollment.**

In interviews, the large majority of navigators indicated that the per-enrollment compensation is not sufficient to cover time spent assisting consumers and on the ongoing training needed to do their work. Additionally, it is not uncommon for navigators to work with people for whom they do not receive any compensation. One reason for this is because navigators are not credited for partial help with filling out applications (answering only a few questions for a consumer regarding how to fill out the application), and the time it takes to answer a few questions for many consumers can add up to a fair amount of uncompensated time. Another reason why some navigators are not being compensated for work completed is because they are not using the case association form to receive compensation for follow-up work on applications that had already been submitted. Not using the case association form to receive compensation for follow-up work could be either due to lack of awareness of the availability of the case association form on the part of navigators, or for other reasons.

Some navigators expressed concern about organizations being unable to continue in the MNsure partnership in future years. Others described major cuts that their organizations were making in their navigation work as a result of not having outreach and enrollment grants renewed for the second grant round. Although navigators overwhelmingly expressed dedication to the cause of seeing uninsured consumers gain health care coverage, a few navigators described their work as being closer to community-benefit volunteerism than to being compensated for professional services.

**Most navigator organizations receiving outreach and enrollment grants reported that the grant compensation was sufficient to cover costs for outreach and enrollment.**

Most outreach and enrollment grantee organizations felt that the grant amount was sufficient to compensate for their work. Some organizations indicated that they could have done more to help consumers enroll had they received more funding. A helpful aspect of the grant compensation was that it was easier for organizations to develop an appropriate work plan for the amount of compensation received because they knew in advance the amount that they would receive, in contrast to the

unpredictability of per-enrollment compensation. The grant funding made up for the low per-enrollment compensation for most of the organizations that received grants. However, organizations that received particularly small grants were more likely to not necessarily receive enough funds to compensate for all enrollment activities.

### **MNsure's choices regarding compensation**

MNsure's per-enrollment payment model has both benefits and challenges. Per-enrollment compensation enables MNsure to spread available funds broadly by supporting a large number of navigators with relatively small payments. This has the benefit of allowing MNsure to compensate many diverse, locally-rooted organizations with close community connections, which navigators overwhelmingly reported as being a major factor in successfully enrolling consumers. A navigator program without these community connections may lose the individuality of outreach approaches and the ability to connect with certain hard-to-reach populations.

Challenges with MNsure's current model are twofold. MNsure's low compensation rates frustrate navigators who are spending more time and other resources than

expected to achieve enrollments. Additionally, MNsure navigators who are providing services in addition to their regular job responsibilities do not have the time to maintain needed expertise in the enrollment process. This is especially challenging when assisting consumers with complex situations and for whom applications require specialized knowledge. A navigator program with fewer, more specialized navigators would allow the opportunity for navigators to develop expertise and receive compensation for the necessary, non-enrollment aspects of the work.

Through the Affordable Care Act, state-based insurance marketplaces were granted the freedom to design consumer assistance programs to best meet the individual needs of the population in their state. While this resulted in a variety of strategies, it is too soon to say which have been most successful or what would be appropriate for MNsure to replicate. Initial explorations conducted of the first open enrollment period in various states have found that promising practices include compensating navigators at a predictable rate that allows for professional development, expertise, and, ultimately, minimized turnover rates, and maintaining a culturally

and linguistically appropriate staff.<sup>20,21</sup> Models with these elements may include: having multiple “tiers” of navigators, with varying levels of technical expertise and outreach strategies; or a “hub and spoke” approach, with highly-trained navigators at the center (the “hub”), who sub-contract with community organizations for outreach and education (the “spokes”).

MNsure has the choice to continue the current model of per-enrollment compensation and grants, or to modify or entirely change the model. Navigators overwhelmingly indicate that per-enrollment compensation is not sufficient, and despite admirable levels of dedication to serving uninsured consumers, there is uncertainty regarding some navigator organizations’ abilities to continue in the MNsure partnership under the current compensation arrangement.



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<sup>20</sup> Rachel Grob, Mark Schlesinger, Lori Grubstein, and Karen Pollitz, “Taking Stock and Taking Steps: A Report from the Field after the First Year of Marketplace Consumer Assistance Under the ACA” (The Henry J. Kaiser Family Foundation, Oct. 2014), <http://files.kff.org/attachment/taking-stock-and-taking-steps-a-report-from-the-field-after-the-first-year-of-marketplace-consumer-assistance-under-the-aca-report>

<sup>21</sup> JoAnn Volk, Sabrina Corlette, Sandy Ahn, and Tricia Brooks, “Report from the First Year of Navigator Technical Assistance Project: Lessons Learned and Recommendations for the Next Year of Enrollment” (Georgetown University Health Policy Institute and Robert Wood Johnson Foundation, Oct. 2014), [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2014/rwjf416166](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf416166)

## Collaboration with Partners and Brokers

According to MNsure staff, while the Affordable Care Act (ACA) defines roles for navigators, brokers, and Certified Application Counselors (CACs), MNsure did not set up specific guidelines for how assistance partners with different roles are to work together. Instead of developing a top-down, prescriptive set of requirements, MNsure intended to create a system that allows for navigator organizations and partners to operate in a way that best serves their needs and those of the consumers that they serve. This approach has allowed for many supportive partnerships and networks of varying levels of formality to develop, but has also created some confusion for partners related to their individual roles and what is and is not allowed.

### **Navigators are building relationships with a variety of partners.**

During interviews, navigators were asked about their work with partner organizations to help reach and enroll consumers. Nearly all organizations reported working with partners in some capacity, especially related to reaching consumers. Partners include, but are not limited to: county staff, nonprofit and community organizations,

health service providers, brokers, libraries, faith-based organizations, and other navigator organizations. In many cases, these partnerships have been built off of existing working relationships, while some have been structured specifically since working on MNsure enrollment.

Partner roles vary from organization to organization. In some cases, the relationship includes partners referring consumers to the navigator organizations for enrollment assistance, helping to share information about navigator services, co-facilitating and promoting events, allowing navigators to hold office hours in their buildings, or any combination of these activities. Overall, navigators identified several key responsibilities of the partners that they work with, including respecting and understanding navigator roles; collaborating with navigators to facilitate enrollment; providing timely information to help consumers reach enrollment (especially with follow-up activities after application submission); and serving the consumers' best interests.

**“Initially, everyone was like ‘what do we do?’ but I think it’s falling into place now. If we have folks who are going to be public they go to the county... if they know they’re going to be private they’ll...”**

**go to a broker... Some people still have a phobia of coming to a county agency so they have [our partner organization] to assist them in their application if they're needing help." – MNsure Navigator**

Navigators reported that there is, generally, a mutual understanding of roles between navigators, brokers, county staff, and other partners, but that the understanding has evolved over time as organizations figure out how to share responsibilities to best facilitate enrollment. According to MNsure staff, many of the shifts in roles and responsibilities are related to the changes brought on by health care reform at the federal level. The ACA has created large and systemic changes in the health care world, including what various partners are now responsible for, who is allowed to do assistance work, and the ways in which the work may be done. With this, there has been no prescribed method for states to define organizational roles. Accordingly, navigator organizations and their partners are working through the changes and defining roles to best serve consumers within this new context.

### **An opportunity exists to develop more supportive relationships with Minnesota counties.**

One role that has shifted substantially with the passing of the ACA and the creation of Minnesota's state-based health care exchange has been that of the state's 87 counties. Historically, low-income consumers have gone to county offices to receive services, including health care coverage. Since the roll-out of the ACA and the formation of MNsure, county roles have fluctuated so that county offices have varying levels of involvement in enrolling consumers through MNsure. In some cases, county staff members are in-person assisters and actively assist with the enrollment and follow-up process; other counties have a more limited role.

Some of the differences may result from changing and mixed explanations about what counties are and are not able to do to facilitate enrollment which, according to MNsure, has resulted as the ACA has been unpacked at the state level. This shift in roles has created confusion and, at times, frustration for consumers who have historically gone to counties to receive assistance.

While this has also created confusion for some navigator organizations, others have found success by working

more closely with the counties that share their geographic area of work. Navigators have found that establishing relationships with county staff benefits both parties, as direct lines of communication help to define roles and mutual expectations; in these cases, counties and navigator organizations work together to share resources and referrals.

Navigators report a range of involvement with counties: one navigator reported setting up a table in the county's office to help with enrollment on-site, while other counties attached navigator contact information to each paper application that they handed out. While the individual arrangements varied by county and navigator organization, all were made possible by establishing communications to coordinate work between organizations. Navigator expectations for referring consumers to brokers vary.

**“During a meeting among our local navigators, there was grumbling about working with the county staff - for example, lack of communication and follow-up, slow processing times and other issues. So we arranged a meeting with the county staff and the navigators which involved over 20 people. The issues weren't resolved, but those attending came away with a better understanding**

**of why things were and were not happening as they should. Many issues were out of the control of either the county staff or the navigators. The meeting empowered everyone to think about what each one of us could do to improve the process locally.” – MNsure Navigator**

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### **Promising Practice: Coordinating with counties**



**A network of five Community Action Agencies in Southwestern Minnesota has formed, spanning over 25 counties. While the Community Action Agencies were working well together, sharing referrals, best practices, and supports, they were experiencing varying levels of success working with counties: some counties had Certified Application Counselors on staff and were actively and directly assisting consumers, while others offered no enrollment assistance beyond handing out paper applications. Five months into open enrollment, Community Action Agencies started holding meetings with counties to discuss roles and responsibilities and to figure out what worked best for each individual county. While the range of requests varied—some wanted training on how to help consumers with applications, others preferred informational materials or contact information to refer consumers directly to navigators—the increased**

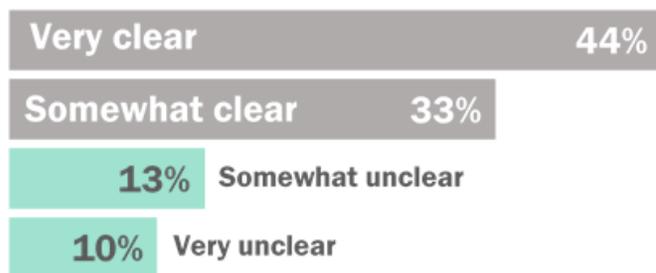
**communication has created a more coordinated experience for consumers, and facilitated stronger relationships between navigators and county staff.**

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**Navigator expectations for referring consumers to brokers vary.**

Navigator interviews and surveys revealed that there are varying expectations for working with brokers and a range of uncertainty related to navigator and broker roles. While the majority of surveyed navigators reported that the roles and responsibilities of navigators and brokers were somewhat or very clear, nearly one-quarter of navigators said the roles are unclear (figure 4).

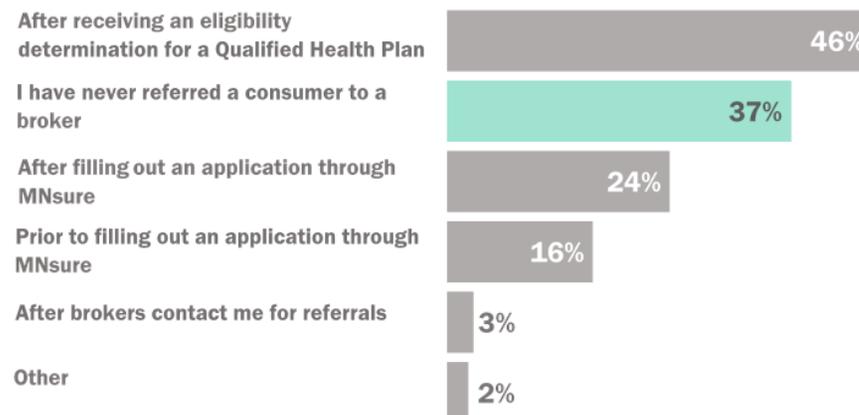
**Whereas most navigators report that navigator and broker roles and responsibilities are clear, nearly one-quarter said roles and responsibilities are unclear (n=341, figure 4).**



Navigators were asked at what point in the process they referred consumers to brokers, which revealed inconsistencies across organizations. Many navigators reported working with consumers until they received Qualified Health Plan (QHP) eligibility determinations and, at that point, referring the consumers to a broker.

Some navigators use a pre-screening process to refer likely QHP consumers to brokers prior to completing the MNsure application. Still, many navigators reported that they do not refer consumers to brokers at all (figure 5).

**Navigators refer consumers to brokers at various points in the enrollment process. Over one-third of navigators report that they have never referred a consumer to a broker (n=351, figure 5).**





The process of referring consumers to brokers was an area in which navigators reported uncertainty about what is and is not procedurally allowed. Many navigators refer consumers to brokers, either directly after completing the application, or after doing a pre-screening to determine likely eligibility. Other navigators said that they did not know any brokers personally and would not refer their clients to someone who they do not know. This was especially true for navigators working with clients from diverse racial and ethnic backgrounds, as they want to refer consumers only to brokers with high levels of cultural competence. In interviews, some navigators reported that prescreening consumers and referring consumers directly to trusted brokers were practices that significantly helped consumers eligible for QHPs. In contrast, other navigators understood these exact practices to be against MNsure policies. Because policies are still evolving in response to emerging needs, confusion on these points is understandable. MNsure has confirmed that it is permissible to prescreen consumers for likely eligibility for referral purposes, and that they do encourage formation of working relationships between navigators and brokers to aid in referrals. However, the final decision of whether to accept a referral and work

with a broker to aid QHP selection, or remain working with a navigator (who is not authorized to make QHP recommendations), should always be made by the consumer.

**“If we think based on income screening that they’ll be QHP, we tell them up front, ‘just so you’re aware of our role, we can’t recommend a plan, so if you think you’ll want help choosing, you may want to work with a broker from the start and we can give you a list.’ Sometimes they say yes or sometimes no. Sometimes we get to helping them with the plan, and we can help them look at plans, but if they still have questions about which plan is best we send them to a broker, but sometimes they just pick a plan and enroll.” – MNsure Navigator**

To work around uncertainty about the rules related to referring consumers to brokers, some navigators made localized lists of brokers with contact information from the MNsure broker directory to give to clients if they needed assistance in selecting a QHP. While this helped consumers to narrow their search, navigators reported that it was still a “cold hand-off” and that consumers would have to re-explain their particular needs and considerations to the broker, after already having

explained them to the navigator. Another challenge that navigators discovered with this practice is that not all of the brokers listed in MNsure’s directory are actively serving MNsure clients; navigators explained that it was frustrating for consumers to have to make multiple calls in order to find someone else to provide assistance to them after they had already worked with a navigator.

Navigators were also unclear about who received the per-enrollment compensation when a consumer was referred by a navigator to a broker at various stages in the application and enrollment process; navigators pointed out that with the difference in enrollment compensation by plan (\$25 compensation for Medical Assistance and \$70 compensation for QHPs or MinnesotaCare), referring QHP consumers to brokers directs a larger portion of the compensation from navigators toward brokers. While in reality, according to MNsure, there is a process for both navigators and brokers to be compensated in this situation, it is not a commonly known process among

navigators; ultimately, this uncertainty reduced the number of referrals to brokers by navigators.<sup>22</sup>

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### Promising Practice: **Working with Brokers**



Navigators are coordinating with brokers to create a smoother experience for consumers who may qualify for Qualified Health Plans by:

**Prescreening consumers to identify those likely to qualify for a QHP:** Navigators refer these consumers to brokers before even beginning the application process. This process facilitates a smoother consumer experience, as they work with one assister from application to plan selection.

**Directly networking and building strong relationships with brokers:** When navigators personally know brokers and the plans with which they can assist consumers, they feel more comfortable referring consumer to those brokers. Navigators can then communicate directly with brokers to schedule appointments for the consumer or explain any unique preference or circumstances, leading to a “warm hand-off.”

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<sup>22</sup> “MNsured Regional Networking Events FAQs” (MNsured, n.d.).

**Clearly explaining the roles of navigators and brokers to consumers:** Consumers frequently expected navigators to recommend a particular QHP. While making a specific recommendation is outside of the navigator’s role, it was one of the most frequently cited areas of consumer dissatisfaction, according to navigators. Clearly explaining this from the beginning helps consumers have more realistic expectations, and prepares them to work with a broker.

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## Resource and Referral Networks

Over the course of MNsure's first year, several networks for sharing resources and referrals developed across the state. These networks vary in the level of formality, the processes for how they operate, and the roles of the participating organizations. Some were built off of previous working relationships, while all work to best serve consumers in ways that will meet the local needs. Interviews were conducted with organizations from six regional networks, providing information on their structures and promising practices, and how their networking efforts are helping consumers and navigators. Organizations leading or facilitating local or regional networks include: Generations Health Care Initiative with Insure Duluth; Portico Healthnet in the Twin Cities; Mid-Minnesota Legal Aid in the greater-St. Cloud area; The Arrowhead Economic Opportunity Agency in Northwestern Minnesota; Western Community Action in Southwestern Minnesota; and Community Resource Connections in the greater-Bemidji area.

For the second year of the navigator program, MNsure became interested in providing more formal support to

the facilitation of networks as a way to expand regional navigator capacity. To do this, MNsure developed a Regional Network Pilot Grant Program aimed at expanding the perceived benefits networks provide to navigators and consumers. Pilot grant recipients included Portico Healthnet in the Twin Cities, and Mid-Minnesota Legal Aid in St. Cloud.

While each network's approach is unique to their specific communities, several common themes emerged related to the benefits of regional networks and the ways in which participating navigators are able to support each other and the consumers they serve.

### **Organizations within regional networks share best practices, lessons-learned, and support participating members.**

Much in the way that navigators from the same organization naturally assist each other, navigators working within networks are able to provide that same, individualized knowledge-sharing across organizations. An example of a formalized transfer of knowledge between organizations can be found in Southwestern Minnesota, where a coalition of five Community Action Agencies spanning 25 counties has developed to serve the

region. While there are bi-weekly conference calls with organizational leads and a monthly large-group meeting of all certified navigators, the network has also developed a reference guide of “if/then situations” which documents challenging scenarios that navigators have encountered and what was done to solve them. Navigators are able to add to the guide when they have new information to share, and can look up what others have contributed to avoid waiting on the phone for other sources of support. When navigators attend trainings, they include notes on a shared network about what they learned so that the information is available to all individuals, whether they were unable to attend or would like to use the notes as a reference point in the future. Additionally, over time they collaborated to put together an event planning checklist, which helped to reduce learning by trial and error for other participants.

**“The network approach is very important because it capitalizes on the assets that each organization has...None of them have the expertise or depth that we have been able to share with them in training. The purpose is to make everyone better than they were and to provide resources to them...They can call us or refer more difficult cases to us.” – MNsure Navigator**

Regional resource and referral networks are especially beneficial in cases where organizations have one, potentially isolated, certified navigator. These networks provide the opportunity for increased, strategic networking. This benefits navigators, as they are more likely to lean on each other for individualized supports. Representatives from networks said that the comradery built by regional networks can create a feeling of a shared goal, and increase morale and motivation with a feeling that they are all working toward common goals and building shared experiences.

Additionally, sharing referrals is another strong benefit of regional networks. Navigators with less experience are able to refer consumers with complex cases to navigators with a higher level of expertise. Having access to a tier of expert navigators is a benefit that Portico provides its partner organizations in the Twin Cities, and has been cited as a promising practice by other states.

Scheduling is also made more efficient when working together; network members explained that if consumers want to meet when they are not available, they can refer them to partner navigators with more availability. Relatedly, staffing outreach and enrollment events is

made easier when organizations collaborate, as more navigators can participate in shifts and events can go on for longer.

**The consumer experience may be improved by resource and referral networks.**

Just as working in a network benefits navigators and the participating organizations, networks also benefit consumers. When asked specifically about the benefits that consumers received, navigators explained that having more support and being more confident in their jobs translates directly into an improved consumer experience.

**“We do other things [in addition to navigation], as well; you can’t just drop everything and do one aspect of the work. Now we have a network of over 28 different navigators who are able to cover an area and be fluid, working back and forth.”**  
– MNsure Navigator

Navigators working in networks provide logistical benefits for consumers. For example, if navigators are overbooked with appointments or unable to meet consumers inside of their availability, they can refer consumers to another navigator who can more closely

meet their schedule. A navigator working in a rural area explained that it helps consumers, too, to be able to make referrals in neighboring towns to potentially reduce consumers’ travel time or transportation burdens. Additionally, when navigator organizations collaborate to staff enrollment events, it’s more likely that they will be able to span for a longer amount of time, including nights and weekends.

Another example of a resource and referral network benefitting consumers is with Insure Duluth. As a representative from the network explained, even before applying for funding with MNsure, the network began working together with the goal of best serving the consumers in the region; they held focus groups with the public to gather ideas for what would be most helpful and where would be most convenient to hold navigator appointments. This generated additional ideas for organizations who should be included in the coalition, including libraries, nonprofit organizations, service providers and Generations Health Care Initiative, the facilitator of the coalition. Consumers benefit from the localized outreach materials and diverse group of partner organizations. Additionally, there is a unified campaign

to provide a concise, coordinated message to consumers about how and where to access services.



## Technical Needs

The most common unresolvable barriers from the first open enrollment period that navigators reported in interviews were: technical issues with the online application system, insufficient training, and challenges with follow-up processes after submitting the application. There have been improvements going into the second open enrollment period, but because the majority of the navigator interviews and surveys that informed this evaluation took place before the start of the second open enrollment period, many navigators were unable to speak to specific experiences with the upgrades that had been made. Further navigator feedback will be needed to evaluate the extent to which many of these technical needs exist in the second open enrollment period.

### **Resources are needed for the online application system.**

The unresolved barrier most cited by navigators in interviews was technical problems with the online application system. Website functionality problems amplified other barriers, at times causing limitations for navigators in enrolling consumers. For example, some consumers face barriers to visiting the navigator's office

for various reasons such as living a great distance from the navigator, not being able to take time off work, or not having a means of transportation. When these consumers would attend an appointment at the navigator's office and find the online application system nonfunctional, they would have to either come back for another appointment (at times impossible), or would have to complete a paper application, which could take several months for processing.

A second way in which website problems impede enrollment is when the online application system is nonfunctional on the day of planned outreach and enrollment events. In interviews, more than one navigator reported collaborating with partners to produce community enrollment events to find that the application website was down on the day of the event, or to receive a communication from MNsure a few days before the event indicating that the website would be down for planned maintenance on the day of the event. Navigators and consumers alike are frustrated when they plan or attend an event with the intention of enrolling, and find the online application unavailable. In these situations, navigators responded by using paper applications, using printed screen shots of the online

application to explain to consumers how they can enroll online on their own, or recommending that consumers make appointments to receive help at the navigator's office at a later date. All of these options are less desirable in terms of overall enrollment outcomes than being able to enroll consumers online with a navigator's assistance at the event.



Improvements to the online application system are needed if navigators are to maximize their efforts in helping reduce the number of uninsured Minnesotans. The dedication and capabilities of navigators have enabled them to make significant strides in enrolling consumers despite the challenges they face. The importance of the navigators' role in reducing the numbers of uninsured Minnesotans cannot be overstated, and it is vital to provide navigators with the necessary tools to succeed. Navigators understand that MNsure has been working to improve system functionality and they appreciate improvements that have been made, but their ability to enroll consumers in health care coverage will be hindered until the application system reaches full functionality.

**Resources are needed for an online training environment.**

Navigators are expected to guide consumers having multiple and differing barriers through a complex application process. However, the current navigator training does not provide sufficient experience with the online application system to facilitate working with complex situations. The questions in the online application are populated depending on answers to prior

questions; thus, the application is different for different consumers. Navigators reported in interviews that the navigator certification training does not include training on the application itself—what it looks like, what the questions are, or how to answer the questions for different consumer situations. This training gap leaves navigators in a situation in which they may be unfamiliar with specific application questions when meeting with consumers. Navigators need an online training environment in which they can learn how to complete the application to address differing life situations and barriers that consumers face, and to practice using the online system before sitting down to serve consumers. This practice application, or training sandbox, would enable navigators to more effectively serve uninsured Minnesotans facing barriers to enrollment.

**“I would like a sandbox online to practice every scenario that you could go through. Because...it's a smart program so depending on how you answer, different questions come up. So still do this day, I'll have a question come up that I've never seen before because it is relating to certain circumstances of the consumer. So having that sandbox to answer the questions differently to**

**see what happens—what’s your eligibility, what’s the program going to ask if you answer this question this way—that would be fabulous!”**  
- MNsure Navigator

**“We really learn by trial and error...The MNsure training...is nothing hands-on...you don’t get to try the website out or anything until you actually are helping a consumer...Actual application training [would help]—actually having...a demo, sandbox, or training application where you can log in and...play with the different things...so you can see the different scenarios you can run into. Because otherwise you just go in blind, and then you run into these issues when you’re live with a consumer and it’s embarrassing.”** - MNsure Navigator

### **Resources are needed for the assister portal.**

The second most frequently cited unresolved barrier discussed in navigator interviews was challenges with the follow-up process. This involves tasks that take place after submitting the application and are necessary for enrollment, such as submitting verifications.<sup>23</sup> Navigators

are spending a significant amount of time doing follow-up: 38 percent of navigators surveyed report typically spending one to three hours doing follow-up for a single applicant (individual or family) applying for a public program (either Medical Assistance or MinnesotaCare), and almost one quarter (22 percent) of navigators indicate typically spending five or more hours. The most common barrier cited by navigators in doing follow-up is difficulty accessing information about the processing status of, and other specific questions about, submitted applications. With an assister portal, navigators would have direct access to this information, which would significantly ease the follow-up process.

**“Something that I think has been talked about is having a database that navigators could log into online where they could check status of enrollment. That would be very helpful. Before ARC [Assister Resource Center] was established it was hard for navigators to get information because of HIPPA. We had the responsibility to get people enrolled but we didn’t have the tools to make that happen. Some of the early**

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<sup>23</sup> For further discussion on the topic of follow-up, please see the sections Navigator Activities and Compensation Model.

**applications took six months to get processed.”**  
**- MNsure Navigator**

### **Resources are needed for improvements to the phone support system**

MNsure has improved the phone support available for navigators between the first and second open enrollment periods. Given the timing of the interviews that informed this evaluation (with the majority happening prior to the beginning of the second open enrollment period), most navigators were unable to provide feedback about the new upgrades. However, navigators do recognize and appreciate that these improvements have been made, especially with the Assister Resource Center (ARC) phone assistance line.

While support from ARC is available to navigators through phone and email, when reflecting on the first open enrollment period, navigators reported that significant improvements were needed for phone support—specifically, more accurate and consistent answers, and shorter hold times. Some navigators reported receiving contradictory answers when asking different phone support staff the same questions regarding the same applications. Navigators also reported

varying levels of success in reaching phone assistance through the ARC in a timely manner. Prior to August 2014, in order to contact the ARC, navigators called the general (public) contact center line and then immediately dialed a specific number in order to be routed to the ARC line for navigator assistance. MNsure communicated this process to navigators through weekly emails and the statewide navigator calls. However, it is possible that some navigators remained unaware of this method for being routed directly to the ARC line, and thus, experienced the hour or more hold times that were mentioned in navigator interviews. This problem has been largely resolved since November 2014, at which time navigators gained access to dial directly into the ARC phone line without going through the public contact center line.

Long hold times and inconsistent answers to questions have serious negative repercussions on consumer enrollment. Navigators sometimes need answers while sitting with consumers who cannot easily come back for another appointment. In these cases, waiting on hold for over an hour (or relying on email assistance and waiting for a reply) may mean that the consumer cannot be

served in that appointment, and if they cannot or do not return, the consumer may never reach enrollment.

During the first open enrollment period, excessively long hold times were also a major reason for follow-up time taking longer than navigators have time for or are compensated for. Inconsistent and inaccurate answers to navigators' questions prevent navigators from accurately serving and ensuring the most fitting eligibility determination for consumers. Improving the phone support system by reducing hold times and increasing accuracy of answers provided would enable navigators to provide faster, more accurate assistance to consumers facing barriers to enrollment



## **Navigator Activities**

Rather than issuing a set job description for navigators, MNsure has partnered with a large number of organizations and allowed them the flexibility to facilitate enrollment into health care coverage in ways that best fit the populations they serve. Accordingly, a focus of this evaluation has been to explore what activities navigators are participating in, and the extent to which the activities that navigators do in practice align with what they were expecting to do before beginning work as navigators.

### **Navigators describe their ideal role as being a trusted partner in helping consumers to reach enrollment.**

In interviews, navigators were asked about what they see as being the ideal role for navigators working with MNsure. While the specific activities done by navigators may vary by organization, many navigators see their ideal role as facilitating enrollment as a full, trusted partner with both MNsure and the consumers that they serve.

When working with consumers, navigators find it important to be a trusted resource in helping to complete and submit applications. This includes explaining the process, providing the level of support and detailed explanations needed by each individual consumer, and providing assurance to consumers who are experiencing frustration or anxiety about the process. Across nearly all interviews, navigators explained that they take their charge to support all consumers who seek their assistance seriously; most navigators work with consumers until enrollment is complete and remain partners with the clients that they serve through all follow-up activities. Navigators reported that they consistently heard from consumers about how satisfied they were to have worked with a navigator; in some cases, consumers told navigators that they would not have made it through enrollment without their assistance.

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### **Promising Practice: Communicating Navigator Roles**



**A successful strategy described by some navigators is to clearly explain the constraints as well as the capabilities of navigators when starting with a consumer. Many navigators expressed that, when consumers understood the specific role of navigators including their limitations, they were less likely to have unrealistic expectations about the services that navigators could provide.**

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In some aspects, the navigator role has been shaped by the technology that is used to facilitate enrollment. In particular, a point of frustration that was repeatedly brought up by navigators was with the lack of an assister portal. Originally, MNsure was working to develop an online portal that navigators would be able to log into to find information and status reports on the applications that they had submitted, including whether the applications had been received, were being processed, and if the consumers served were enrolled in health care coverage. Unfortunately, this assister portal was never

created. MNsure staff explained that technical complications and competing priorities related to launching and fixing the online application prevented them from developing the assister portal, though it is still something that they hope to deliver. Navigators and MNsure officials agree that they are in a full partnership and that, especially because of the complexity of the application and enrollment process, navigators serve a vital role to the success of MNsure. However, to navigators, the portal would not only save time and make them more self-sufficient, but would also validate their partnership with MNsure by providing them access to the information that they need.

**“We’d like to be a closer partner to MNsure so we have better access to the system and...the records. The portal would be a huge help with this. It would show us that MNsure trusts us as an organization and as a partner and we would be able to be more effective with that access.”**  
- MNsure Navigator



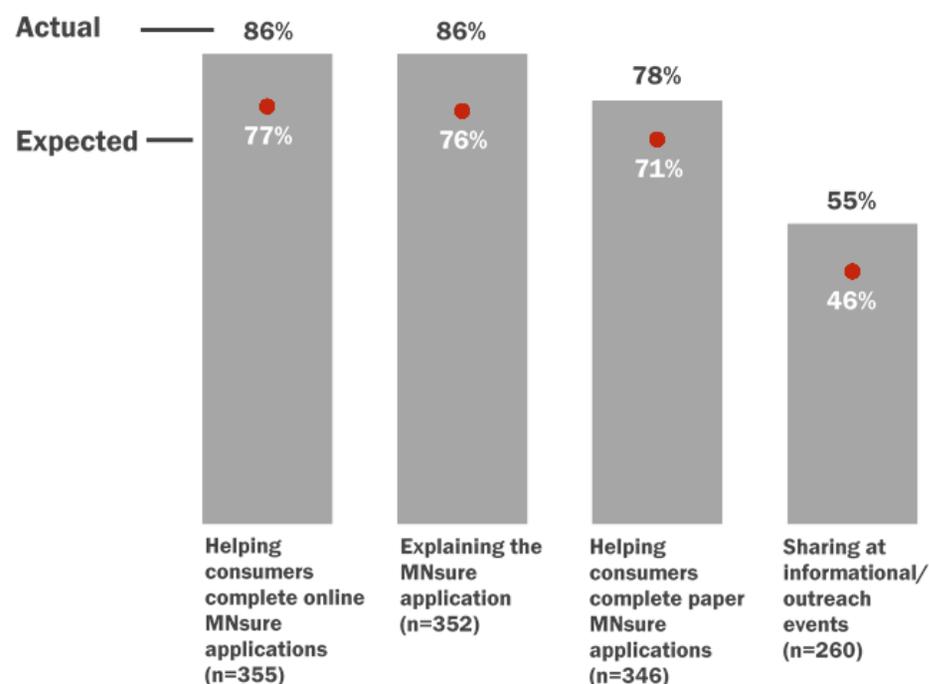
**Navigator roles aligned with expectations in terms of the activities done.**

Across interviews and surveys, navigators largely reported alignment in the activities that they had expected to do prior to beginning work as a navigator and what they actually experienced in practice. This was especially true for activities related to consumer outreach and education, providing application assistance, and providing personalized support to consumers, which are the fundamental purpose of the navigator role.

In the survey, navigators were asked about a series of activities and whether they had expected to do them, had done them since becoming a navigator, and whether they think that they are activities that navigators should be doing. The activities that had the smallest difference between what was expected and what was actually done by navigators included helping consumers complete paper MNsure applications, sharing at informational and outreach events, helping consumers complete online applications, and explaining the MNsure application (figure 6). While there was a difference of ten percent or less between whether navigators expected to do these activities and they actually did them, in all cases, more

navigators reported actually doing the activity than was expected.

**The four activities having the closest alignment between expectation of work to be done and actual work done were in the areas of explaining and completing applications, and outreach work (figure 6).**



**Actual navigator activities differed from expected activities in the large amount of time spent.**

Where navigators reported differences between what they had expected to do and what they actually did was in the amount of time taken to perform activities, rather than the activities themselves. This was especially the case with many of the follow-up activities that navigators performed after applications had been submitted, the time needed for navigators to stay up to date and trained, and because of the technical challenges that navigators encountered during the application process.

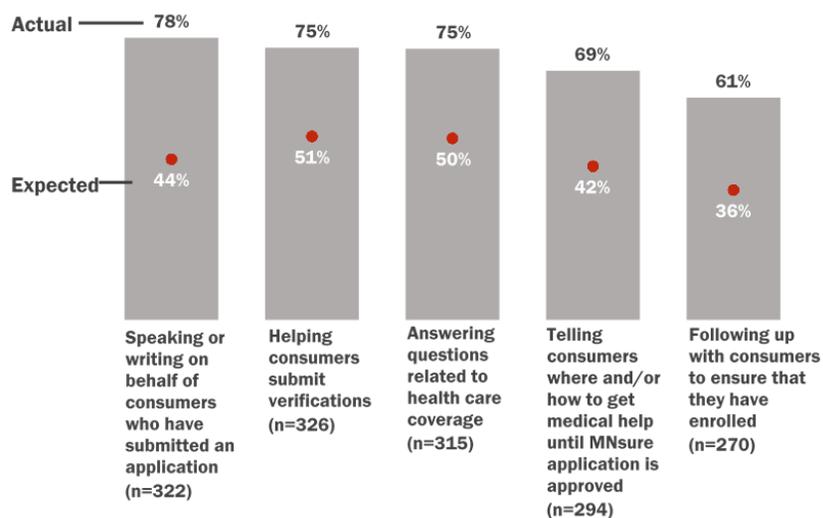
**“We did expect to be doing online applications...What we probably didn’t expect was the amount of time it was going to take. We’re a full-service agency and this takes a big chunk of time out of our busy day...We didn’t feel as prepared as we wanted to be [from the certification training] when we first started.”**  
– MNsure Navigator

*Follow-up activities*

**“As an agency, we’re not going to just do applications...We will stay with you until there’s a solution...As an organization, you can’t...in good faith help people apply for MNsure and not complete the circle.”** – MNsure Navigator

When navigators were surveyed about the activities that they had expected to do and those that they actually did, four out of the five responses with the largest differences between expectations and reality were follow-up activities (figure 7). The largest difference was seen in speaking with MNsure/Department of Human Services (DHS)/county staff on behalf of consumers who had submitted applications, where 44 percent of navigators had expected to do this activity and 78 percent actually did; this is a difference of 34 percent.

**The activities with the largest difference between what was expected and what was done in actuality were activities related to follow-up (figure 7).**



In interviews, navigators reported that follow-up activities took a great deal of additional navigator time primarily because the follow-up required was much more complex than anticipated. Even navigators who had previously worked on health care coverage enrollment through the Minnesota Community Application Agent Program (MNCAA) found the follow-up activities for MNsure to be more difficult than expected. Many of the specific follow-up and verification requests from MNsure

came as written correspondence that was challenging for consumers to understand, using jargon and complex language. This required many consumers to return to their navigators for help responding, and for many consumers who had not initially worked with navigators in submitting applications to seek the help of a navigator for the follow-up phase. Again, under the per-enrollment compensation model, navigators did not receive compensation for assisting consumers with only follow-up activities.

Follow-up activities were also time consuming because navigators found it difficult to access information about the status of specific applications. Without an assister portal, navigators initially obtained information on application status by calling either county offices, DHS, or MNsure, which sometimes required them to wait on the phone for extended periods of time. However, MNsure has made improvements to this process for obtaining information on application status. Now, navigators can direct all calls to MNsure’s Assister Resource Center (ARC) line to check application status for consumers. Some navigators reported in interviews that hold times on the ARC line are shorter now than they were in the past.

### *Ongoing Training and Accessing Support*

**“As navigators, when we started we thought we would help people with an online application and that it would be really slick and then we would be done. Clearly that was not the case...Navigators have to keep up to date with what’s going on and that is not a small amount of time with changes, system requirements, whether things are working or not on a given day or time, etcetera.” – MNsure Navigator**

Navigators were surprised by the amount of time that they spent on ongoing training and accessing support. This included keeping up with the weekly email updates from MNsure, accessing support on the phone from ARC or county staff, and gaining the high level of knowledge needed to serve consumers with more complex cases.

This additional training, beyond the initial course required to become a certified navigator, was largely needed due to the complexity of the application and follow-up process. From conversations with MNsure staff, the certification training was developed assuming a fully-functional application that would automatically verify and pre-populate portions of the application as it linked to a federal database. As that was not the case in

practice, navigators reported feeling unprepared to serve consumers and were required to spend extensive amounts of time gaining the required knowledge or seeking assistance from those who could answer questions.

### *Technical Challenges*

In interviews, navigators explained how technical challenges related to the online MNsure application extended the amount of time they spent working with individual consumers. When asked about the typical amount of time spent to enroll an average consumer, many navigators reported that it would largely depend on whether or not the website was working at the time.

Navigators reported technical challenges as also being the primary area of consumer dissatisfaction, ultimately driving up the number of consumers working with navigators. Consumers expected that navigators would be able to resolve technical issues, but the technology was largely outside of navigators’ control. In many cases, technical challenges resulted in the navigator and consumer working through the paper application, which added to the amount of time spent with each consumer

and the amount of time required for application processing and reaching enrollment.

Relatedly, navigators reported spending time answering individual questions about the application from consumers over the phone. At times, these were related to technical challenges that, again, were unsolvable by navigators, or were specific questions related to the application that could have been answered by MNsure phone support. While navigators would maintain their duty to serve anyone who sought assistance from them, these one-off questions were time consuming and, ultimately, did not lead to additional compensation for navigators under the per-enrollment compensation model.

**Most navigators are meeting consumer expectations.**

MNsure is interested in establishing a formal and ongoing method for gauging consumer satisfaction for those who work with navigators to enroll in health care coverage. While this, too, was a goal of this evaluation, limitations around privacy and timing of the study made it so that survey data could only be collected from a convenience sample of consumers who worked with

navigators at randomly-selected organizations early on in the second open enrollment period. Because of this, many of those who participated in the survey had not yet completed their working relationships with navigators or finalized the enrollment process. A full explanation of the consumer survey methodology is in [Appendix A](#).

**Consumers surveyed report exceptionally high rates of satisfaction with the help they received from navigators (n=132, figure 8).**



Findings from the sample of consumers surveyed indicate that consumers had exceptionally high rates of satisfaction with the help they received from navigators ([figure 8](#)). When consumers were asked about what the most helpful aspect of working with a navigator had been, overwhelmingly they shared an appreciation for the professional assistance that they had received. The

majority of consumers expressed that they had an increased understanding of the application process from working with a navigator, and that their navigators were well informed and knowledgeable.

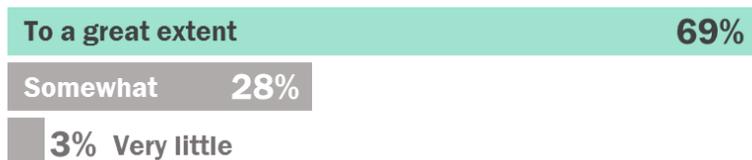
**“[The navigator] was helpful and knowledgeable. It was nice to be able to work with a person to help complete the application. I was able to obtain all the information I needed through a navigator. I feel confident that I can contact my navigator with further questions if needed.”**  
– MNsure Consumer

Navigators were asked to report on consumer satisfaction and what they perceived to be the most helpful aspect of working with a navigator from the consumers’ perspective. Navigators agreed with consumers, finding them very appreciative of working one-on-one and face-to-face with someone who could guide them through the complexity of the application process. Conversations between navigators and consumers helped to make the entire process more accessible and understandable, especially for consumers who had never had health care coverage before.

In interviews, navigators consistently explained that they would work with consumers for as long as it would take to complete the application and work through the required follow-up process. Because of this persistence, navigators reported eventually meeting the majority of consumer needs. This was echoed by navigator survey results, as seen in [figure 9](#).

**“We’re essentially being case managers when assisting individuals with their MNsure applications. For a lot of the folks we see, English is their second language. And trust is a big factor in developing a good relationship...We may assist them with the initial application and they’ll come back to us even though we let them know that they do have interpreters that they can call...However, due to the trust that we’ve built through sitting down and going over the application with them, they continue to come back to us...We’re pretty much seeing every aspect of the application through to the end, because they want us to. They don’t feel comfortable going to other individuals.”**  
– MNsure Navigator

**Navigators report being able to meet the needs of consumers to a great extent (n=351, figure 9).**



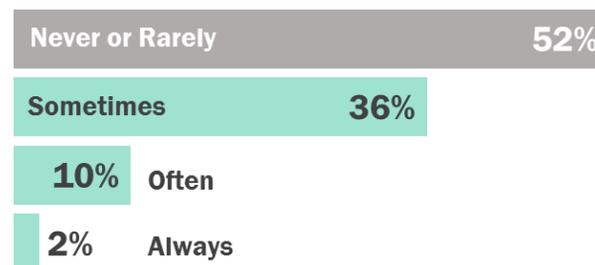
**“What matters to [consumers] the most at the end of the day is that they will receive health coverage. We get people that come back who say ‘I haven’t had coverage in a long time and I thank you from the bottom of my heart.’ What we do helps them complete the application without mistakes; convenience is what matters to them the most.” – MNsure Navigator**

**Consumers had some expectations that were outside of navigators’ roles and abilities.**

In surveys and interviews, navigators were asked about the extent to which consumer expectations aligned with what navigators were and were not able to assist them with. Although navigators reported that, overall, they were eventually able to meet consumer needs to a great extent, nearly half of all navigators surveyed reported sometimes, often, or always working with at least some consumers who did have expectations that they were

unable to meet—especially regarding Qualified Health Plans (QHPs) and technical problems (figure 10).

**Nearly half of surveyed navigators encountered consumer expectations that they were unable to meet at least some of the time (n=315, figure 10).**



The most frequently cited expectation that consumers had that navigators were unable to meet was to recommend a particular QHP. While it is outside of the role of the navigator to give advice on a particular plan, in many cases, consumers were not aware of this role limitation and still expected navigators to make specific recommendations. Some navigators would work with consumers to make sure they understood the different aspects of the available plans, including the copayments and deductibles, but explained to consumers that they could not help with plan selection. A promising practice mentioned by some navigators is to clearly explain to

consumers at the start of the working relationship that while navigators are able to help consumers compare plans and understand their options, they are not allowed to recommend a particular plan, and therefore, they can provide referrals to brokers (who can make recommendations) for those consumers who feel they may want this assistance.

Many consumers also expected that navigators would have more access to their applications and information, to the extent that county offices and MNsure would. In some cases, consumers would need to make changes to applications after they had been submitted, or thought that navigators would be able to reset passwords or access accounts when consumers forgot passwords. Navigators reported that consumers were surprised that they did not have immediate access to application statuses, as they would have had they had access to an assister portal. A few navigators reported working with consumers who were under the impression that navigators had access to the online application at times when it was not functioning for the general public, or that navigators would be able to fix or work around technological glitches. Again, navigators reported that when they clearly outlined their limitations—including

those related to information access and technology challenges—to consumers at the outset, consumers had more reasonable expectations and navigators were more able to meet those expectations.



## Outreach Practices

Part of MNsure’s vision for the navigator program is to facilitate outreach to underinsured populations throughout Minnesota—especially those who face barriers to enrollment in health care coverage. Common barriers include technology, language, literacy, or income.<sup>24</sup> Through these outreach efforts, navigators provide education on the health care delivery system (how health insurance works), what coverage options are available, and how consumers can apply for and enroll in coverage through the MNsure marketplace. Although navigator organizations receiving Outreach and Enrollment grants include outreach as a major portion of their work with MNsure, non-grantee navigator organizations also conduct outreach to varying degrees. Through interviews and surveys, navigators (both grantees and non-grantees) shared a number of highly successful strategies for conducting outreach.

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<sup>24</sup> For more specific information on barriers to enrollment, please see the section Enrollment Outcomes below.

## Reaching out to existing client bases – “inreach”

Many organizations—whether health care, social service, refugee assistance, or arts-based organizations—found success by including information about MNsure and their navigator programs within existing services, what some call “inreach.” For example, some organizations are adding health coverage screenings to screenings for other services. One organization providing access to support services for families with low incomes asks consumers whether they have health insurance when they apply for the Head Start child development program or for energy assistance. The organization’s navigators can then enroll interested families who need insurance. Another organization also combines MNsure navigation with energy assistance, offering enrollment sessions called “Health and Heat” using computers at the local library.

Several navigators interviewed stressed the value of having staff throughout the organization be able to inquire about interest in enrollment and, for interested consumers, provide a “warm hand-off”—a personal introduction to the organization’s navigator. For

example, a consumer may be getting her blood pressure screened—perhaps it is high, and in discussing treatment options, she mentions to the nurse that she wishes she had insurance. The nurse could then walk her over and introduce her to the MNsure navigator, who could help her explore options and get her enrolled.

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### **Promising Practice: Navigation in Hospital Settings**



**Some navigators who work in hospital settings visit uninsured patients at their bedsides to tell them that there are low- and no-cost health care coverage options available, and that they can be enrolled upon discharge**

**from the hospital. Enrolling patients leaving the hospital has multiple benefits: it means that uninsured patients won't receive the full hospital bill, and it helps the hospital receive payment for services. It also allows uninsured consumers who may hesitate to visit a county social services agency the opportunity to enroll in a private, non-stigmatized setting. One navigator reported that "a lot of people will not do some tests if they know they don't have insurance," so helping patients understand during the course of their treatment that they**

**can concentrate first and foremost on doing what is necessary to get well, and then sign up for insurance upon discharge, is a great help for them.**

**"Some [consumers]...don't even know that they can apply. We have behavioral health units [and] we go up to their rooms, most of those [patients] don't even have any type of assistance at all, they didn't really know that they qualified—they were in the mental health unit—so, when you go up and work with them, most of them are really grateful because they're able to get medications to leave the hospital and so forth, and that keeps them from getting into [the hospital] again." – MNsure Navigator**

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Another successful "inreach" strategy is to incorporate information about health insurance and MNsure into workshops or classroom lessons on other topics. Navigator organizations that provide classes and workshops in job training, English as a foreign language, and business skills for artists include such information, and can introduce interested consumers to navigators.

**"I think integrating some type of presentation into a program that they are already participating in has been helpful...because it seems like they wouldn't be as likely to just say, 'hey there's a**

**MNsure presentation going on...let's go to it!'...It probably would seem boring to them. But if it is part of a class...and it's being presented to them, they're much more likely to use that information. I think that could be helpful."**

**– MNsure Navigator**

### **Navigator experience in the community**

Navigators repeatedly confirmed that their deep experience and connection to the individual communities they serve is a major factor in successful outreach and enrollment. Whether working with recent immigrants or long-time residents, in urban or rural areas, issues such as trust, understanding cultures and languages, and being affiliated with organizations known for providing superior customer service are important to success. When reaching out to local organizations and community members, having knowledge of and being known in the community can facilitate ease and success of efforts to connect. One navigator reported: **"Being that I'm from [this area] and grew up here, [when] connecting with organizations like the church, the people either knew me or knew of my family, so it made it easier to get in to talk to people, to let them know what we were doing. They have open arms to hearing and to**

**letting me in the door to give an education session, or to be there on site to help people who have questions or want to enroll."**

Some navigators are members of the communities they serve, and others work closely with "advocates" in the community who can connect consumers with navigators. Either way, reaching and educating consumers through word of mouth and informal community connections has proven to be a successful strategy for many navigator organizations.

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### **Promising Practice: Word of mouth and informal conversations**



**One navigator fluent in the language of her community brings up MNsure in any informal conversation with neighbors or people in the area, and uses it as an opportunity to clarify misconceptions and provide**

**information. She finds that especially young people are less likely to seek out information about health coverage, so by bringing up the subject, she helps people in an age group with high uninsurance rates learn about their options:**

**“People don’t bring it up unless they know that you can help...[so] I just let them know that we’re here for them and they don’t have to go too far...It’s a cultural thing where communication usually travels by word of mouth and through people that they trust...There are a lot of young folks [who] don’t know what’s going on [with health insurance], so usually I just throw it out there and say ‘hey, do you have health care?’ Because they have other [insurance] sometimes through school, and then they finish school and then they don’t have [insurance] from [then on].”**  
– MNsure Navigator

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### **Mobile Navigators**

Navigators have had great success in “meeting consumers where they are”—literally. For consumers without transportation, those having disabilities including mobility challenges, and those living in remote rural areas, navigators have found traveling to the consumer’s home or meeting in a library or other central location to be a successful enrollment strategy. Although both rural and urban navigators mentioned mobile navigating in interviews, this successful strategy was most frequently brought up by navigators working in rural and remote

locations. A complimentary strategy to mobile navigating is to offer navigator services (in-office or mobile) during non-business hours (evenings and/or weekends). Although highly effective at increasing enrollments, such flexibility in providing services at multiple locations and outside of business hours can drain limited navigator resources, and attests to the deep level of dedication many MNsure navigators are devoting to this work. One navigator reported: **“We have clients who call us 24/7 that I take on my cell phone, I never turn it off. My cell phone is the switchboard of our community!”**

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### **Promising Practice: Mobile Navigators**



**One rural navigator organization sets up multiple consecutive appointments at libraries near consumers’ home locations. This means that consumers don’t have to drive a longer distance to reach the navigator organization, and that the navigators can see multiple consumers on a single trip into the community.**

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## **Partnering with other organizations**

Many community organizations have access to consumers who are in need of assistance with health care, but providing health care assistance is outside of their mission. These can be community organizations, such as churches and faith-based communities, schools, food shelves, or cultural organizations, and can be a trustworthy link between consumers and navigators. Libraries are especially popular partners for navigators. Built-in access to computers and the internet, public and non-stigmatized locations, and the ability to hold individual or group sessions make libraries a good partner choice. Similarly, schools make excellent partners for navigator organizations because of their ability to do targeted outreach. Although schools must keep student data confidential, they can deliver information about available health care coverage options directly to parents/guardians of students who may face barriers to enrollment such as those whose families have low incomes or speak languages other than English. School nurses and social workers can then connect interested families to MNsure navigators at partner organizations.

Some navigators have found partnering with brokers and counties to be a productive way to help consumers. The form that these partnerships takes varies: some partners give out phone numbers for referrals, others provide “warm hand-off” introductions via phone, and two navigators reported innovative practices of setting up enrollment tables at partners’ offices. Navigators also spoke of the benefits of working closely with brokers and county staff in order to ask questions and learn from one another.

**“We were here to help them and explain [how to apply]. Most of them were very leery of doing it...I made a lot of people smile, and I even had one lady start to cry [from relief]...Some people are so scared to even...apply for health insurance because they didn’t know they could qualify...Most cannot afford health insurance so they just don’t want to deal with it... [Then they would say] “Oh I finally have insurance.” – MNsure Navigator**

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## Promising Practice: Navigator-broker and navigator-county partnerships



**One navigator organization set up a table in their partner broker’s lobby, prescreened consumers coming in, sent those likely to qualify for QHPs into the broker’s office, and enrolled those likely to qualify for public**

**programs at the navigator table. Another navigator set up a table in the lobby of a county office. When the county workers informed consumers of their options for health coverage, they simply pointed to the navigator and consumers received navigation assistance on the spot.**

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### *Reducing stigma*

Partnering with other organizations is also a good way to reduce stigma associated with accessing assistance. Sometimes, consumers are hesitant to visit offices providing services for those in need. Some consumers may feel a negative stigma associated with going to a county social services office, or to a navigator’s office in an organization providing services for marginalized populations. These stigmas can complicate navigators’ efforts at outreach and enrollment. Navigators have

found that offering outreach and enrollment in low-stigma and private locations, such as libraries and hospitals, can be a successful strategy for informing and enrolling consumers.

**“During the summer time and fall, we partnered with existing agencies, events, places that folks would normally gather [like fairs, schools, churches, and farmers’ markets], and distributed information and answered questions...We knew that there are going to be uninsured people all over, and that...people can be anonymous and just ask questions at those kinds of events. They’re not the kind of places where [people are disclosing personal information, so]...it’s a prime opportunity to do education and outreach.”**  
– MNsure Navigator

### **Non-threatening, personable, and supportive approach**

The complexity of applying for and enrolling in health care coverage can be frightening and overwhelming to consumers of any background. Navigators have found that an important part of successfully connecting with consumers is to be a non-threatening, trusted professional who can support the consumer with one-on-one help from the first point of contact through the process until enrollment.

**“Working with a familiar face takes away the fear. Because for many people...they’re afraid of computers, they’re afraid of systems. And that’s true if they speak another language and have another culture, or if they’ve lived here their whole life.” – MNSure Navigator**



## Enrollment Outcomes

MNsure identified a number of populations of focus from the state of Minnesota that may face particular barriers to enrollment in health care coverage and, correspondingly, have disproportionately high uninsured percentages. According to MNsure, these include, but are not limited to, people experiencing low literacy, limited English proficiency, accessibility challenges related to living in rural areas, lack of access to employer sponsored insurance, unfamiliarity with or inability to access technology or health insurance, complicated life circumstances (such as complex immigration status), unstable living situations, or mental health concerns.<sup>25</sup> Organizations that received Navigator Outreach and Enrollment grant funding and who became certified as navigator organizations were identified as being especially able to assist these populations through prior experiences and corresponding missions.

According to MNsure records of payments to navigator organizations, between October 1, 2013 and September 30, 2014, navigators were credited with assisting over 45,000

Minnesotans who had enrolled in a health care coverage program (table 3). Sixty percent of those served were consumers who enrolled in Medical Assistance (MA), followed by 23 percent in MinnesotaCare and 18 percent Qualified Health Plans (QHPs). Accordingly, navigators were credited with assisting 13 percent of all enrollees in the first year of MNsure. Additionally, it is likely that this data underestimates the total number of consumers who worked with navigators, as navigators reported encountering circumstances with consumers that ultimately did not result in compensation (for example, when consumers completed the application on their own and sought navigator assistance for follow-up activities leading to enrollment).

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<sup>25</sup> “Navigator Outreach and Enrollment Grant Program: Policy Statement & 2014 Program Summary” (MNsure, Apr. 30, 2014), P. 1,

<https://www.mnsure.org/images/2014-outreach-enrollment-grants-policy-approved.pdf>

**Navigators were credited with helping to enroll nearly one in eight Minnesotans from October 2013 through September 2014 (table 3).**

Plan	Total Enrollments*	Enrollments credited to navigators**	Percent credited to navigators
MinnesotaCare	76,275	10,311	14%
Medical Assistance	219,217	27,143	12%
Qualified Health Plan	55,289	8,031	15%
<b>TOTAL</b>	<b>350,781</b>	<b>45,485</b>	<b>13%</b>

\*(October 1, 2013–October 8, 2014)<sup>26</sup>

\*\* (October 1, 2013–September 30, 2014)

Of the 45,485 total enrollments credited across all 200 navigator organizations credited with at least one enrollment, 27,855 were credited to the 53 grantee organizations and grantee partner organizations. This is equal to 61 percent of total enrollments being credited to just over one-quarter of total navigator organizations. Table 4 indicates the enrollments by program type that were credited to non-grantee affiliated navigator organizations and grantee organizations with their direct partners.

**Grantee and grantee-partner organizations, while making up just over one-quarter of all organizations, were credited with supporting 61 percent of all enrollments (table 4).**

	MA	Minnesota Care	QHP	TOTAL	% of Total
Grantee and Grantee Partner Orgs	16,895	6,442	4,518	<b>27,855</b>	<b>61%</b>
Non-grantee Navigator Orgs	10,248	3,869	3,513	<b>17,630</b>	<b>39%</b>

<sup>26</sup> “MNSure Metrics Dashboard: Prepared for Board of Directors Meeting” (MNSure, Oct. 15, 2014), <https://www.mnsure.org/images/bd-2014-10-15-dashboard>.

**Most navigators expected to assist consumers facing a range of barriers to enrollment.**

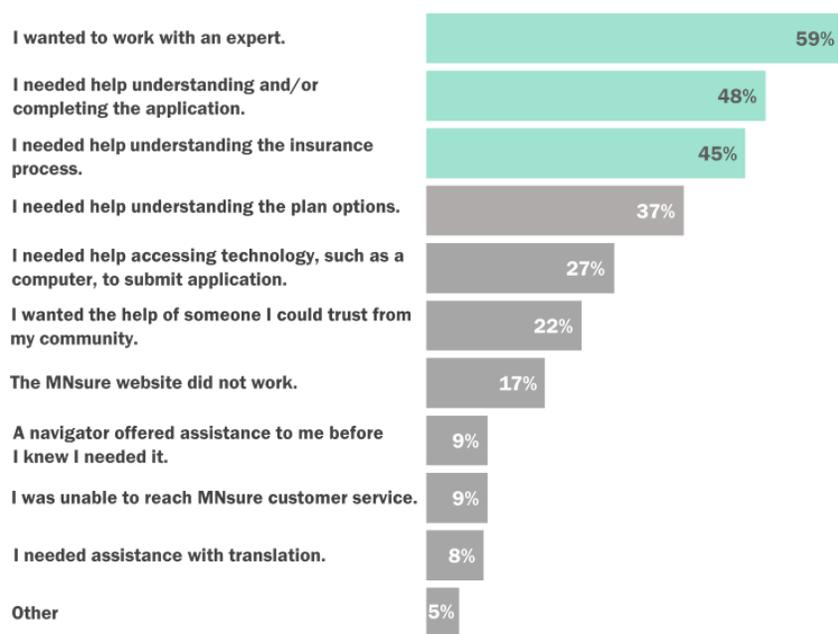
Most navigators did not expect to provide services aimed at overcoming a single barrier, but rather, expected to be able to help consumers overcome a number of issues. In the survey, navigators were given a list of 14 potential barriers to accessing health insurance, and were asked which barriers they thought they would see among consumers they anticipated serving. On average, navigators stated that they expected to see 9.5 of the 14 potential barriers among consumers they planned to serve. In interviews, navigators discussed common barriers that they had initially anticipated seeing among consumers. The anticipated barriers most commonly mentioned in interviews were: low incomes, limited access to technology, limited understanding of how the health care law affects them, and language barriers.

Some navigators interviewed expressed that they expected to primarily assist consumers from particular population groups: navigators at nonprofit organizations with missions specifically related to a particular culture, immigrant, refugee, or ethnic group were most likely to state having a singular focus in the populations that they expected to serve—that being the population at the

center of their mission. Similarly, social service and health care providers nearly always said that they became certified as navigators to serve their existing client base.

In a survey offered to consumers receiving help from navigators during the first weeks of open enrollment in November 2014, consumers indicated reasons leading them to seek help from a navigator. As illustrated in [figure 11](#), the most frequently cited reasons for using a navigator dealt with accessing expert assistance in the application and enrollment process, and various aspects of understanding the MNsure application, insurance process, or plan options. Other frequently cited reasons dealt with accessing help with technology, and getting help from a trusted community resource. A number of these reasons for seeing a navigator—such as needing help with technology or the insurance process—are in agreement with the barriers to enrollment expected by MNsure and navigators.

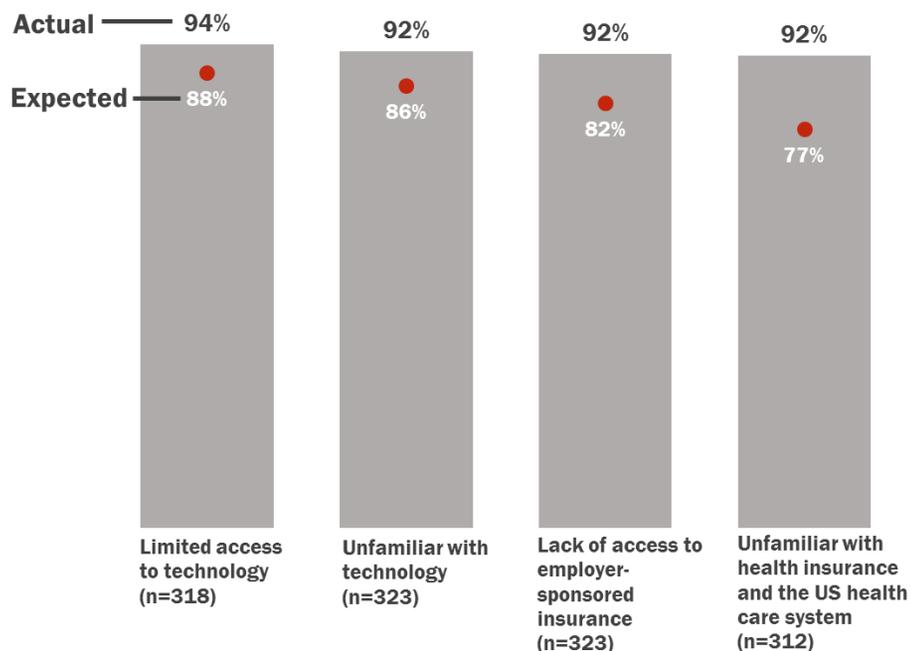
**Most frequently cited reasons leading consumers to seek help from navigators were the desire to work with an expert, and needing help with various aspects of the application and insurance process, (n=177, figure 11).**



**The four most commonly cited barriers to enrollment deal with access to and familiarity with technology, and with health care.**

More than three-quarters of navigators surveyed said that prior to beginning work as navigators, they had expected to serve persons with limited access to technology, persons unfamiliar with technology, persons with lack of access to employer-sponsored insurance, and persons unfamiliar with health insurance and the US health care system. When asked how frequently navigators actually assisted consumers facing particular barriers, these same four barriers were most cited: over 90 percent of surveyed navigators reported serving consumers facing these four barriers “sometimes,” “often,” or “always” (figure 12). The barriers of unfamiliarity with and lack of access to technology also came up as a subject in navigator interviews. Navigators were asked what they thought consumers found to be the most helpful aspect of the assistance they received. A number of navigators responded that access to computers and the internet, and help understanding and using the technology required to complete the application was the most helpful aspect of assistance for consumers.

**The four most commonly cited barriers to enrollment dealt with lack of access to and unfamiliarity with technology and health care, (figure 12).**



**Navigators assisted consumers with barriers beyond those they had expected to assist.**

In the survey, navigators were asked whether they had expected to serve consumers facing 14 specific barriers to enrollment, and then to what extent they actually served consumers with those barriers. For every barrier except

for homelessness, the percentage of navigators that actually served consumers experiencing the barrier exceeded the percentage of navigators that expected to serve consumers experiencing the barrier.

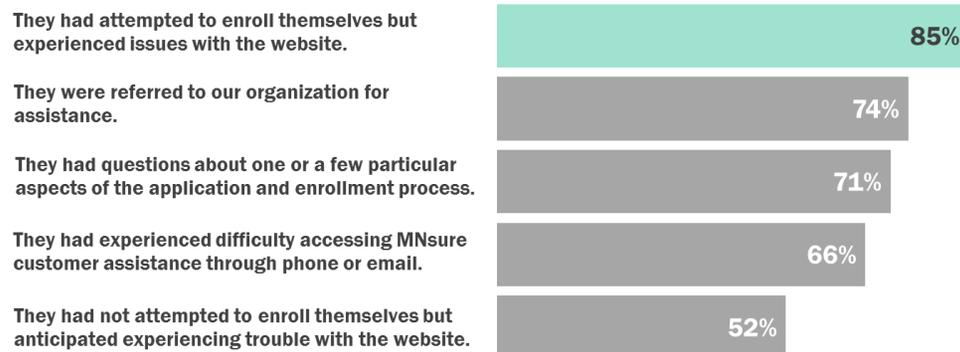
In interviews, navigators were asked to estimate the percentage of consumers they actually assisted who were expected consumers (having expected barriers, or from the communities they thought they would assist). Of the respondents providing an answer to this question, 71 percent estimated that three-quarters or more of the consumers they served were expected consumers (up to one-quarter were unexpected consumers). Although the percentage of expected consumers served was high among respondents, the percentages provided indicate that the majority of interviewees served at least some consumers from unexpected populations or having unexpected barriers. A number of respondents reported that they served consumers who were typically not expected to have needed assistance with enrollment.

**Navigators are serving consumers who were not expected to face barriers to enrollment.**

When surveyed, navigators were given a list of 14 barriers to enrollment, and asked whether they expected to, and

whether they actually did assist consumers facing each of these barriers. For each barrier, the percentage of navigators expecting to assist consumers having that barrier was compared to the percentage of navigators who actually assisted consumers having that barrier. One of the largest differences between expectations to assist and assisting in practice related to consumers falling into the category of not traditionally being seen as facing barriers to enrollment. While slightly fewer than half of surveyed navigators reported that they had expected to assist consumers who were not traditionally seen as facing barriers to enrollment, nearly 90 percent of navigators reported actually serving consumers from this population. Specifically, one-third of navigators reported assisting consumers from this group “always” or “often,” and another third reported “sometimes” serving these consumers. When asked why consumers not traditionally seen as facing barriers to enrollment sought assistance, the most frequent navigator response was that consumers had attempted to enroll themselves but experienced issues with the website (figure 13).

**The most frequently cited reason why consumers without traditional barriers to enrollment had sought help from navigators was due to problems with the application website, (n= 292, figure 13).**



### **Navigators served all consumers seeking assistance.**

According to interviews, nearly one-third of navigator organizations who served unexpected consumers said that these consumers were referred to them either through word of mouth or other service providers. Navigators frequently mentioned that they would not turn away these consumers, or anyone who sought their assistance. According to the MNsure Navigator Policies and Procedures Manual, certified navigators “are obligated to help any consumer that contacts them for assistance.”<sup>27</sup> This is also a requirement of the Affordable Care Act (ACA).<sup>28</sup> Often times, this requirement to assist any consumer seeking help resulted in navigators working with consumers who were outside of the population served by their organization’s specific mission (such as providing mental health care, refugee assistance, etc.), or with consumers for whom they would not receive per-enrollment compensation (for example, when consumers who had already applied with another

navigator or by themselves needed further assistance with follow-up activities).

Most navigators did not report problems with assisting consumers outside of their organization’s mission area. However, some navigators did experience difficulty when the mandated time spent serving MNsure consumers outside the organization’s mission area precluded attending to regular clients or regular work of the organization. This was especially challenging for part-time navigators who provide navigation in addition to their regular job duties. Another way in which the mandate to help all consumers, regardless of relation to the organization’s mission area or available compensation, can be problematic for some organizations is when the staff time spent serving these consumers is effectively compensated by organizational funds earmarked for other activities. For navigators in this situation, becoming a Certified Application Counselor (CAC) may be one option to consider because

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<sup>27</sup> MNsure Navigator Policies and Procedures Manual (Version 5.0)” (MNsure, n.d.), P. 5,

<https://www.mnsure.org/images/MNsureNavigatorManual.pdf>

<sup>28</sup> “Federal Register. Patient Protection and Affordable Care Act; Exchange Functions: Standards for Navigators and Non-Navigator

Assistance Personnel; Consumer Assistance Tools and Programs of an Exchange and Certified Application Counselors; Final Rule, Vol. 78, No. 137” (Department of Health and Human Services, Jul. 17, 2013), P. 42827. <http://www.gpo.gov/fdsys/pkg/FR-2013-07-17/pdf/2013-17125.pdf>

the CAC role is designed for assisting an organization's existing clients, and does not mandate helping all consumers requesting assistance.<sup>29</sup> However, becoming a CAC may not be the best option for some navigators because CAC organizations are not compensated by MNsure for enrolling consumers.<sup>30</sup>



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<sup>29</sup> “FAQ for Assisters,” *MNsure*, <https://www.mnsure.org/faq/assister-faq.jsp>

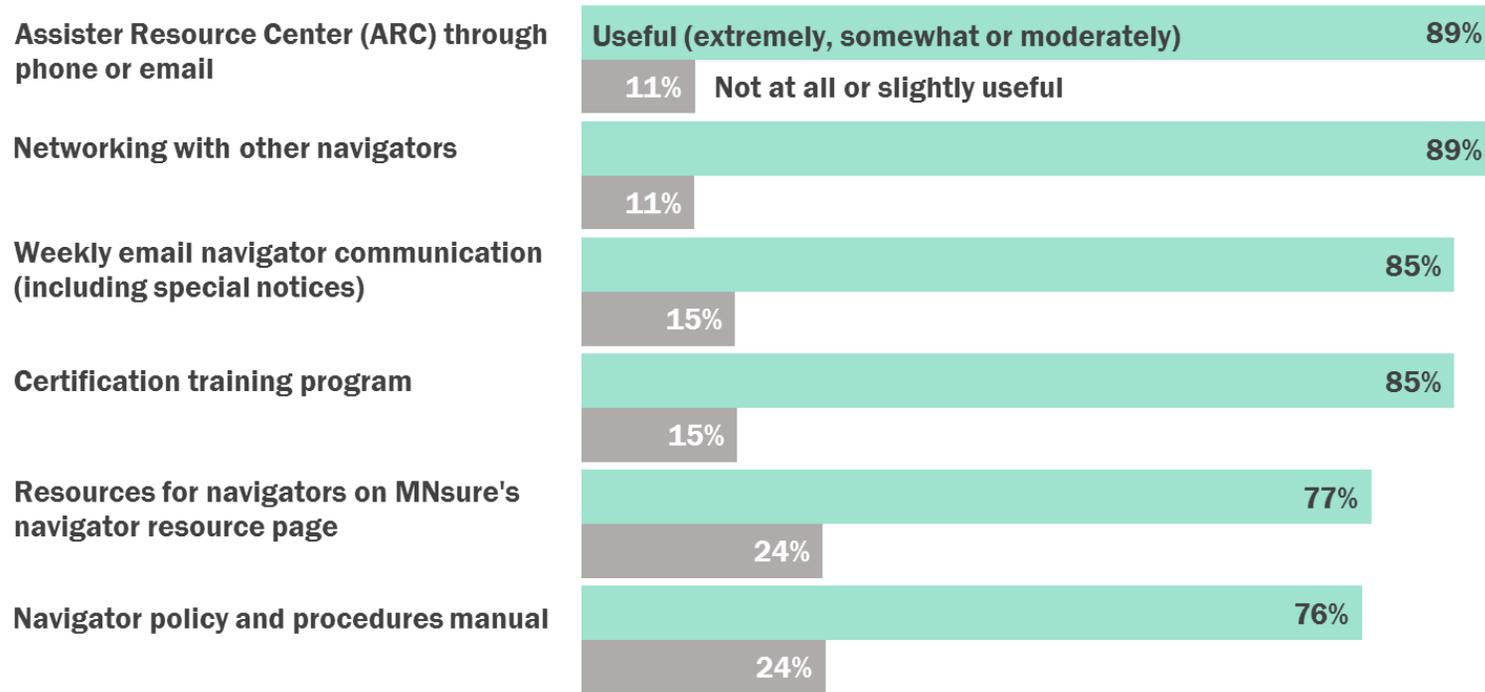
<sup>30</sup> “MNsure Navigator Policies and Procedures Manual (Version 5.0)” (MNsure, n.d.), P. 13, <https://www.mnsure.org/images/MNsureNavigatorManual.pdf>

## Navigator Resources and Support

All navigators are required to go through a module-based, online training before becoming certified. After the initial certification, MNsure has a number of resources and supports that are available to navigators for various purposes, including weekly email updates, bi-weekly regional conference calls, an Assister Resource Center (ARC) help line, a policy and procedures manual, and information on MNsure's navigator resource page. Additionally, a regional, in-person, two day performance support training was provided in the fall of 2014 to provide more in-depth training in response to navigator feedback. In the navigator survey, when asked about the helpfulness of the resources available to them, navigators indicated ARC (through phone and email) and other navigators as being most helpful; interestingly, these are the two resources that provide individualized and real-time supports when navigators have questions (figure 14).



**Surveyed navigators reported finding the Assister Resource Center and networking with other navigators to be their most helpful resources for effectively assisting consumers (n= 334, figure 14).**



**Many navigators felt unprepared after the initial certification process.**

Navigators reported that they did not find the initial certification training to be adequate in preparing them to do their jobs and had to depend on additional trainings and supports for assistance. Certification training modules include topics related to background on the Affordable Care Act (ACA) and MNsure, differences between MinnesotaCare, Medical Assistance (MA), and Qualified Health Plans (QHPs), data privacy and security, and an introduction to the sections of the application. While navigators found the lessons to be helpful generally, they were not specific or in-depth enough related to the application and follow-up process to fully prepare them for work with consumers.

**“The initial training [would] have been more helpful had we been able to do a hands-on application. The first time I helped someone was the first time I went through the application...That should not have been that way.” – MNsure Navigator**

According to MNsure staff, the certification training was designed under the assumption that the online application would be fully functional and be able to

automatically process many of the follow-up activities that are now required by navigators, including income and identity verifications. Because of this, the certification training did not include many of the more complex topics that navigators work through, as it was assumed that the system would cover those verifications. Because the online application in practice became more complicated than expected, navigators were left feeling unprepared after the more basic training.

After initial certification, many navigators were unprepared to assist consumers coming from more involved circumstances, including those with complex immigration statuses, changing life-events (including those requiring changes to applications post-submission), and complex household or income circumstances. Navigators reported needing to do a significant amount of learning and training on the job as they worked with consumers.

**The two-day, in-person Performance Support Events were among the most helpful to navigators.**

After the first open enrollment period, MNsure received feedback from navigators about their desire for more thorough training on topics related to the more

complicated aspects of their work. From this, in the fall of 2014 and prior to the second open enrollment period, MNsure held four, optional, two-day, in-person training events for navigators around the state called the Navigator Performance Support Event series. In addition to an in-depth explanation of each section of the application, these trainings provided information on income and eligibility requirements, tax laws, and many of the follow-up activities and verification forms required for more complex consumer cases.

Navigators overwhelmingly expressed that these trainings were among the most helpful and useful resources available to them. Specifically, navigators found the level of depth of the information provided to be appropriate, and they found that the training was highly relevant to the online application and their work.

Navigators also appreciated that these trainings were in-person, thus allowing for the opportunity for questions and answers, follow-up conversations when topics were unclear, and the ability to network and share ideas directly with other navigators in their areas.

The two-day trainings provided what navigators had originally found to be lacking from their existing

resources: the level of detail needed to facilitate enrollment for a variety of consumers and the opportunity to network with other navigators. Several navigators suggested that future certification trainings be modeled after these two-day regional trainings, as they provided a more realistic and thorough level of information needed to perform as a navigator.

**Navigators would like trainings to have more depth and relevance to the online application.**

When asked about whether any additional trainings or resources would be helpful, navigators most frequently cited desiring supports specifically related to the online application. Many navigators said that having the ability to work with a practice application would be a significant help in preparing them to serve consumers. Navigators expressed the desire to explore practice scenarios in a training environment, and stated that a practice application would help them trouble-shoot problems independently.

Additionally, in interviews, many navigators reported needing more in-depth information on a variety of the more complex topics that they are working through, including immigration statuses, income verifications,

complex family structures and tax laws. Navigators also shared that they would like more in-depth information about QHPs, MA, and MinnesotaCare, which would allow them to have more educated conversations with the consumers that they serve. While these topics were covered in-depth during the two-day training, it was not required that all navigators attend. Many navigators suggested that trainings are most helpful when they are facilitated by other navigators, as they are able to draw examples directly from their own experiences.

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### **Promising Practice: Expert Navigator-facilitated trainings**



**Some navigators said that they had attended trainings hosted by other navigators and found them to be particularly helpful. When knowledgeable navigators assist in designing trainings, they are focused more directly on the actual navigator experience, including tips for the online application and common error messages.**

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### **Navigators desire more networking opportunities.**

In addition to having experienced navigators help to host or design trainings, navigators also expressed a desire for more opportunities to network with each other, brokers, and other professionals working on enrollment. Direct networking would facilitate relationship building and more effective working partnerships between navigators, counties, brokers, and MNsure staff. Navigators with a more expansive network of navigator colleagues reported leaning on more experienced navigators for support and appreciating having direct contacts with whom to troubleshoot.

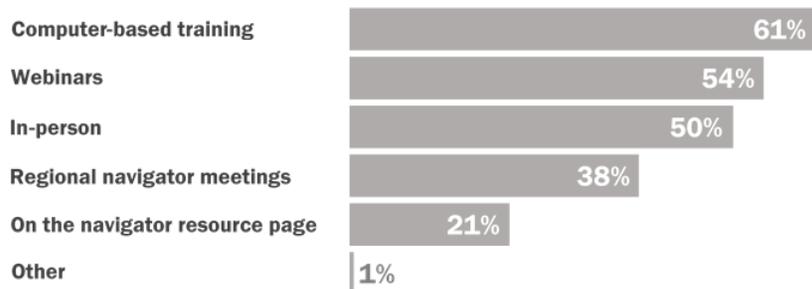
#### *Training and support delivery methods*

### **Navigators find in-person and computer-based trainings to be most valuable.**

When asked about the preferred methods for receiving trainings, navigators were split between favoring in-person and computer-based training. Navigators said that in-person trainings are beneficial, as they provide the opportunity to network with other navigators in the region and allow for more in-depth and targeted question and answering sessions. Other navigators preferred

computer-based trainings, as they allow navigators to work from their own locations, on their own time, and may be used as a reference source when needed. Whether in-person or computer-based, navigators reported that often they were not being notified of trainings far enough in advance to make arrangements to attend (figure 15).

**Technology-delivered and in-person trainings are the most highly valued by navigators, (n=352, figure 15).**



**Navigators prefer interim support by phone and email.**

Navigators were also asked about how they prefer to receive support from MNsure between trainings. Many navigators favor phone support with short wait times. This support is necessary when working with a consumer and a question in need of an immediate answer arises; often times, getting a prompt answer eliminates the need

for the consumer to return for another meeting with the navigator. Navigators also said that they favor email support for answering questions since they can save responses and refer back to them at a later time.



## Appendix A: Expanded Methodology

The Improve Group collected data from October through December of 2014 from five sources: interviews with navigators, interviews with regional resource and referral network leaders, a survey of navigators, a survey of consumers, and a review of existing MNsure data, research, and literature.

### Input from Navigators

In-depth data was collected from semi-structured interviews with 76 navigators at organizations from across the state. To begin this process, MNsure shared contact information with the Improve Group for all certified navigators and navigator leads shortly before beginning data collection. The Improve Group emailed invitations to lead navigators at all organizations to participate in the phone interview, and continued with follow-up invitations until the list had been exhausted. Some lead navigators referred the Improve Group to other (non-lead) navigators in their organizations, who participated in place of, or along with, the lead navigator in the interviews.

Interviews were held between October 28<sup>th</sup> and November 24<sup>th</sup>, 2014, with the majority taking place before the beginning of the second open enrollment period, which began on November 15<sup>th</sup>, 2014. Of the 76 interviewees, 20 represented organizations which had received Outreach and Education grants in the 2013 grant cycle. Interviews lasted approximately one hour and were conducted over the phone. Analysis of emerging themes and sub-themes was conducted using Dedoose software. The full interview protocol is in [Appendix B](#).

In addition, six one-hour phone interviews held with stakeholders identified by MNsure specifically focused on the regional resource and referral networks that have developed across the state. These interviews took place between November 14<sup>th</sup> and 25<sup>th</sup>, 2014 and explored the purposes of the networks, how they were formed, their strengths, and the challenges that they have experienced. The protocol for these interviews is in [Appendix C](#).

Finally, all certified navigators were invited to share their experiences in an online survey, which was open from November 6, 2014 to November 25, 2014. Specifically, the survey contained questions related to the activities that they had performed, the consumers who they had served,

strengths and limitations of the navigator program, and how their experiences aligned with the expectations they had for being a navigator. In total, 363 surveys were submitted by navigators from around the state. Survey data was analyzed using SPSS software. The protocol for this survey is in [Appendix D](#).

### **Input from Consumers**

Input from consumers who had worked with navigators was collected using a paper survey, which was available in English, Spanish and Somali. The survey was distributed using a convenience sample of consumers from a random sample of organizations between mid-November and early December, 2014. When a navigator organization that had been selected to distribute consumer surveys opted out, a new organization was randomly selected to take its place. Each of the participating organizations received a packet with a number of paper surveys proportional to the number of certified navigators in their employ, instructions for distribution, and privacy envelopes for consumers to use when returning the survey to their navigator. Of the 1,240 surveys that were distributed to navigator organizations,

177 were completed and returned. The responses from these surveys were analyzed using SPSS.

The timing of the evaluation and consumer privacy issues created several challenges for gathering consumer feedback. Because the survey wrapped up before open enrollment was completed, many of the participants had not yet finished their work with navigators, limiting the number of activities that they were able to comment on (especially regarding follow-up activities after the application was submitted and prior to being enrolled). The short time frame during which the survey was distributed also limited the number of surveys completed. Additionally, due to data privacy practices, navigators were unable to provide the evaluators with consumers' contact information to facilitate administering the survey. Therefore, navigators distributed the surveys to consumers themselves, which may have placed additional limitations on the data gathered. The protocol for this survey is in [Appendix E](#).

### **Review of Existing Literature and Data**

A literature review was conducted to explore best practices and outcomes that have been documented from

other state-based health exchanges. Additionally, outside sources of publicly available data were used to provide context on MNsure enrollment outcomes and the state of the uninsured population in Minnesota.

Additionally, MNsure shared de-identified records of payments to navigator organizations with the Improve Group. This data was analyzed using Excel and helped to provide information on enrollment outcomes from the first year of the navigator program.

### **Input from MNsure**

Throughout the course of the evaluation, regular conversations were held with MNsure staff to provide additional context when needed, recommend experts to speak on specific topic areas, and ensure that findings were grounded in the reality of the navigator program.

## Appendix B: Navigator Interview Protocol

### Background

1. Can you briefly describe why your organization decided to become a navigator organization?

### Outreach Practices

2. What specific strategies are you using to reach uninsured consumers?
3. Regarding your organizations outreach and education grant, are there specific populations with barriers to coverage who you are trying to reach in your outreach efforts? If so, which populations? (This question was only asked of Grantees)
4. Have you found any particularly successful methods for reaching or assisting consumers who face barriers to enrollment?
  - a. What methods have been successful? Who did these methods reach? Why do you think these methods have worked for them?

### Navigator Activities

5. Please briefly describe the activities that navigators at your organization do.
  - a. Were you expecting navigators to do all of these activities? If not, which did you not expect?
  - b. What do you feel is the ideal role for navigators to best facilitate enrollment in health care coverage?

### Enrollment Outcomes

6. Were there any particular communities who you initially thought would seek the help of navigators at your organization? If so, which communities?
7. What communities did navigators at your organization actually assist? What types of assistance did they need?
  - a. What types of assistance did they need?
  - b. Of the consumers who your organization assisted, approximately what percentage was from the community(-ies) you thought would use navigators?
  - c. To what extent do you think your previous experience with these communities led to successful enrollment?

8. Were there barriers that navigators at your organization were unable to help consumers overcome?

### **Compensation Model**

9. On average, how long do you spend assisting one consumer with enrollment?
10. Do you feel the payment rate reflects the amount of work needed to assist consumers with enrollment?
11. For the outreach and education grant, is the amount of money you receive in the grant enough to conduct capacity building and outreach to your populations of focus? (This question was only asked of Grantees)

### **Consumer Satisfaction**

12. Did consumers have reasonable expectations about what navigators could assist with?
13. Where there any expectations consumers had that were outside the role of the navigator? What were these?
14. What do you feel consumers found to be the most helpful aspect of the assistance they received from navigators?

### **Navigator Resources and Support**

15. Which training(s) and/or resources (from MNsure or elsewhere) have been most helpful in preparing you to assist consumers?
16. Are there any additional resources or training topics that would help you to more effectively assist consumers?
17. What is your preferred method to receive interim trainings and support (outside of formal navigator certification) from MNsure?

### **Networks and Collaboration**

18. Do navigators at your organization interact with others, such as brokers, CACs, or county staff, while assisting consumers?
19. Are there expectations for handing off and referring consumers to brokers? What does that process look like?
  - a. Are there ways in which you think the process of referring consumers to brokers or other assistance partners could be improved?
20. Have you experienced any challenges in working with partners?

## **Ongoing Evaluation**

21. Is there any type of information that your organization tracks that you're not currently reporting to MNsure, but that may help MNsure better understand how the navigator program is working?
22. Do you have any further comments, or anything else you would like to add?

## **Appendix C: Regional Network Interview Protocol**

### **Introduction and Background: Creation, formation, rationale and process**

1. What organizations or types of organizations are involved in your regional network?
2. What factors informed the decision to create a regional network?
3. What did the process of recruiting organizations to join or participate in the network look like?

### **Working together**

4. What is the purpose of the network?
5. In your network, what does the process of working together look like? What are the different roles and responsibilities of network organizations? How clear are these to the groups within the network?

### **Network Activities**

6. What strategies are used in your network to reach uninsured consumers? Have you found any methods for reaching or assisting consumers that

face barriers to enrollment to be more successful? If yes, what and who do these methods work?

7. What other activities do members in the network do to reach or enroll consumer?
8. Can you think of any examples in your regional network where an organization's previous experience working with a particular population has led to successful enrollment?

### **Network successes and challenges**

9. How has working in a network benefitted the organizations that participate? Has the network approach created any challenges to organizations that might not exist if working independently?
10. How do consumers in your area benefit from having a regional network? Has the network approach created any potential challenges for consumers? Have consumers had any expectations for the groups in your network that have not been met? If yes, what are the expectations and how often do they come up?
11. When questions or uncertainties arise, are members of the network more likely to lean on each other for support, reach out to MNsure or DHS, or a combination of each?

12. Are there any supports, resources, or training topics from MNsure that would be helpful for the network to more effectively assist consumers?
13. Do you have any advice or lessons-learned that you would share with another region that was considering establishing a regional network?

## Appendix D: Navigator Survey Protocol

1. **What is the type of the organization where you work as a navigator?** *Select all that apply.*

- Culturally-specific organization
- Education organization
- Health service provider
- Minnesota county
- Social service provider
- Other (please specify): \_\_\_\_\_

2. **Approximately how many certified navigators (including yourself) currently serve as navigators at your organization?** *Select one.*

- 1 – 3
- 4 – 10
- 11 – 25
- More than 25

3. **When did you become certified by MNsure to work as a navigator?** *Select one.*

- During the October 1<sup>st</sup>, 2013 – March 31<sup>st</sup>, 2014 open enrollment period
- After March 31<sup>st</sup>, 2014

4. **In your work as a navigator, in what region(s) have you primarily assisted consumers?** *Select all that apply.*

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> North West   | <input type="checkbox"/> Metropolitan  |
| <input type="checkbox"/> North East   | <input type="checkbox"/> South West    |
| <input type="checkbox"/> West Central | <input type="checkbox"/> South Central |
| <input type="checkbox"/> Central      | <input type="checkbox"/> South East    |

	5. Before becoming a navigator, did you expect to do this activity? <i>Select if YES.</i>	6. Since becoming a navigator, have you done this activity? <i>Select if YES.</i>	7. In your opinion, is this activity something navigators should do? <i>Select if YES.</i>
<b>Outreach/Education</b>			
a) Preparing informational/outreach materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Sharing at informational/outreach events (tabling, presenting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Answering general questions about the Affordable Care Act, or “Obamacare”, and how the law impacts consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Answering questions related to health care coverage (for example, related to how insurance works, copayments, deductibles, premiums, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Application Assistance/Enrollment</b>			
e) Explaining the MNsure application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Explaining what consumers would have to pay for insurance and/or what assistance they could receive to pay for insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Helping consumers <u>complete</u> online (computer-based) MNsure applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Helping consumers <u>complete</u> paper MNsure applications (DHS 6696)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Helping consumers <u>complete</u> the Application for Certain Populations, such as older adults, individuals with disabilities, etc. (DHS 3876)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

j) Helping consumers understand qualified health plan choices (not recommending a plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Follow-up</b>			
k) Speaking with (or writing to) MNsure/DHS/County staff on the behalf of consumers who have submitted an application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Helping consumers submit verifications (income, citizenship, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Following up with consumers to ensure that they have enrolled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Telling consumers where and/or how to get medical help until MNsure application is approved (or if it is not approved)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Telling consumers where and/or how to get services other than healthcare (financial planning, or housing, food, or job assistance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>			
p) Providing consumers with access to the computers needed to submit an application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Translating materials or answering questions in languages other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Using MNsure's phone interpreter service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. What is the typical total amount of time you spend with a consumer between when you first start working together until they complete an application? Select one.**

- Up to 1 hour
- More than 1 hour, and up to 3 hours
- More than 3 hours, and up to 5 hours
- More than 5 hours

**9. If a consumer is eligible for a qualified health plan, what is the typical total amount of time you spend with a consumer between when they complete an application and when they select a plan? *Select one.***

- Up to 1 hour
- More than 1 hour, and up to 3 hours
- More than 3 hours, and up to 5 hours
- More than 5 hours
- I have not assisted consumers while they select a plan

**10. If a consumer is eligible for a public program, what is the typical amount of time you spend working on behalf of a consumer from the time they complete an application until they receive their insurance cards? (Including contacting MNsure, Assister Resource Center, DHS HelpDesk, County Workers, etc.) *Select one.***

- Up to 1 hour
- More than 1 hour, and up to 2 hours
- More than 2 hours, and up to 3 hours
- More than 3 hours
- I have not assisted consumers that are eligible for a public program

**11. When you began work as a navigator, what populations did you expect would seek your assistance with completing the health coverage application through MNsure? *Select all that apply***

- English speakers with low literacy
- Consumers with limited English proficiency
- Young adults
- Persons experiencing homelessness
- Consumers living in rural areas with accessibility challenges
- Persons with lack of access to employer-sponsored insurance (due to unemployment, part-time employment, self-employment or working for a small employer)
- Persons with a mental illness
- Persons with a disability
- Specific immigrant populations  
Please specify:
- Specific racial, ethnic, or cultural groups  
Please specify:

- Persons with limited access to technology
- Persons unfamiliar with technology
- Persons unfamiliar with health insurance and the US health care system
- Persons in the LGBTQ community

- Consumers with questions who are not traditionally seen as facing barriers to enrollment
- Other consumers (please specify): \_\_\_\_\_

<b>12. How frequently did you assist people from this community with applying through MNsure? Select one response per row.</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>I don't know</b>
a. English speakers with low literacy	<input type="checkbox"/>					
b. Consumers with limited English proficiency	<input type="checkbox"/>					
c. Young adults	<input type="checkbox"/>					
d. Persons experiencing homelessness	<input type="checkbox"/>					
e. Specific immigrant populations	<input type="checkbox"/>					
f. Consumers living in rural areas with accessibility challenges	<input type="checkbox"/>					
g. Persons with lack of access to employer-sponsored insurance (due to unemployment, part-time employment, self-employment or working for a small employer)	<input type="checkbox"/>					
h. Persons with a mental illness	<input type="checkbox"/>					
i. Persons with a disability	<input type="checkbox"/>					
j. Specific racial, ethnic, or cultural groups	<input type="checkbox"/>					
k. Persons with a limited access to technology	<input type="checkbox"/>					

l. Persons unfamiliar with technology	<input type="checkbox"/>					
m. Persons unfamiliar with health insurance and the US health care system	<input type="checkbox"/>					
n. Persons in the LGBTQ community	<input type="checkbox"/>					
o. Consumers with questions who are not traditionally seen as facing barriers to enrollment	<input type="checkbox"/>					
p. Other consumers: _____	<input type="checkbox"/>					

<b>13. [For those who were indicated between “rarely” and “always in Q12] Generally, how often were you able to successfully enroll consumers in these communities? Select one response per row.</b>	<b>Never</b>	<b>Rarely</b>	<b>Occasionally</b>	<b>Often</b>	<b>Always</b>	<b>I don’t know</b>
a. English speakers with low literacy	<input type="checkbox"/>					
b. Consumers with limited English proficiency	<input type="checkbox"/>					
c. Young adults	<input type="checkbox"/>					
d. Persons experiencing homelessness	<input type="checkbox"/>					
e. Specific immigrant populations	<input type="checkbox"/>					
f. Consumers living in rural areas with accessibility challenges	<input type="checkbox"/>					

g. Persons with lack of access to employer-sponsored insurance (due to unemployment, part-time employment, self-employment or working for a small employer)	<input type="checkbox"/>					
h. Persons with a mental illness	<input type="checkbox"/>					
i. Persons with a disability	<input type="checkbox"/>					
j. Specific racial, ethnic, or cultural groups	<input type="checkbox"/>					
k. Persons with a limited access to technology	<input type="checkbox"/>					
l. Persons unfamiliar with technology	<input type="checkbox"/>					
m. Persons unfamiliar with health insurance and the US health care system	<input type="checkbox"/>					
n. Persons in the LGBTQ community	<input type="checkbox"/>					
o. Consumers with questions who are not traditionally seen as facing barriers to enrollment	<input type="checkbox"/>					

**14. If you assisted consumers who were not traditionally seen as facing barriers to enrollment, please select why they had accessed support from navigators. Select all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> They had attempted to enroll themselves but experienced issues with the website.                    | <input type="checkbox"/> They had questions about one or a few particular aspects of the application and enrollment process. |
| <input type="checkbox"/> They had not attempted to enroll themselves, but anticipated experiencing trouble with the website. | <input type="checkbox"/> They had experienced difficulty accessing MNsure customer assistance through phone or email.        |

- They were referred to our organization for assistance.
- Not applicable/I did not assist these consumers
- Other (please specify): \_\_\_\_\_

**15. How often do you use a paper application instead of the online application with consumers?** *Select one.*

- All of the time
- Most of the time
- Some of the time
- Never

**16. Why do you use paper applications with consumers?** *Select all that apply.*

- The online application can be unpredictable
- I don't always have internet access
- The paper applications are available in languages other than English
- The consumers I serve have trouble getting through the identity proofing process online
- The consumer prefers to use the paper application
- The consumer needs documentation that he or she applied for health coverage (for example, to receive charity care at a hospital or to receive other services)
- I was instructed by MNsure, DHS or a county to use a paper application for the clients that I serve
- Other (please specify): \_\_\_\_\_

**17. What other resources or training topic areas would be helpful for you to effectively assist consumers?** *Describe below.*

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**18. What is your preferred method to receive interim trainings and support (outside of formal navigator certification) from MNsure?** *Select all that apply.*

- In-person
- Computer-based training
- Webinars
- Regional navigator meetings

On the navigator resource page

Other (please specify): \_\_\_\_\_

**19. What did consumers say were the helpful aspects of working with a navigator? *Select all that apply.***

Access to a computer

Assistance with technology

Assistance completing the application

Providing translation services

Providing information about how health insurance works

Explaining plan options

Assistance with submitting documents to MNsure or DHS

Assistance understanding individual requests from MNsure (for example, follow-up requests after the application is submitted)

Contacting or following up with MNsure/DHS/Counties on behalf of the consumer

Other (please specify): \_\_\_\_\_

**20. How often did consumers have expectations about working with navigators that you were unable to meet? *Select one.***

Never

Rarely

Sometimes

Often

Always

I don't know

**21. On average, to what extent were you able to meet the needs of the consumers that you worked with? *Select one.***

To a great extent

Somewhat

Very little

Not at all

I don't know

<b>22. For the following outreach methods, please rate how successful they are for reaching and enrolling uninsured consumers. Select one response per row.</b>	<b>Very Unsuccessful</b>	<b>Somewhat unsuccessful</b>	<b>Somewhat Successful</b>	<b>Extremely successful</b>	<b>Not Applicable (did not attempt) / I don't know</b>
Presenting at existing public events (community fairs/festivals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presenting at MNsure sponsored events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presenting at events my organization sponsored/hosted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distributing informational materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networking with other organizations and/or service providers to get referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching out to our existing networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising our services (TV, radio, public transit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting our services using social media (Twitter, Facebook, Instagram, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**23. How clear to you are the roles and responsibilities of navigators and brokers? Select one.**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Very unclear     | <input type="checkbox"/> Very clear   |
| <input type="checkbox"/> Somewhat unclear | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Somewhat clear   |                                       |

**24. If you decide to refer a consumer to a broker, at what point in your process working with the consumer do you typically do that? Select all that apply.**

- Prior to filling out an application through MNsure
- After filling out an application through MNsure
- After brokers contact me for referrals
- After receiving an eligibility determination for a Qualified Health Plan
- I have never referred a consumer to a broker
- Other (please specify): \_\_\_\_\_

<b>25. How useful are the following navigator trainings and resources in helping you effectively assist consumers? Select one response per row.</b>	<b>Not at all useful</b>	<b>Slightly useful</b>	<b>Somewhat useful</b>	<b>Moderately useful</b>	<b>Extremely useful</b>	<b>I don't know</b>
Certification training program	<input type="checkbox"/>					
Resources for navigators on MNsure's navigator resource page	<input type="checkbox"/>					
Weekly email navigator communication (including special notices)	<input type="checkbox"/>					
Assister Resource Center (ARC) through phone or email	<input type="checkbox"/>					
Networking with other navigators	<input type="checkbox"/>					
Navigator policy and procedures manual	<input type="checkbox"/>					
Other: _____	<input type="checkbox"/>					

**26. Are there any additional comments that you would like to share with MNsure about the navigator program? Describe below.**

\_\_\_\_\_

## Appendix E: Consumer Survey

1. **Is this your first time enrolling in health coverage through MNsure, or are you re-enrolling?** *Select one.*

- First time enrolling through MNsure
- Re-enrolling through MNsure
- Other (please specify): \_\_\_\_\_

2. **Please indicate the type of health care coverage you currently have, if any.** *Select all that apply.*

- COBRA
- Health insurance through your or someone else's work or union
- Health insurance bought directly by you
- MA (Medical Assistance)
- Minnesota Care
- Minnesota Comprehensive Health Association
- Qualified Health Plan through MNsure
- I don't have health care coverage
- I don't know
- Other (please specify): \_\_\_\_\_

3. **Why did you decide to use a navigator?** *Select all that apply.*

- I wanted to work with an expert
- I needed help understanding the insurance process
- I needed help understanding and/or completing the application
- I was unable to reach MNsure customer service
- I needed help accessing technology, such as a computer, needed to submit the application
- I needed help understanding the plan options
- The MNsure website did not work
- I needed assistance with translation
- I wanted the help of someone I could trust from my community
- A navigator offered assistance to me before I knew I needed it
- Other (please specify): \_\_\_\_\_

**4. How did you first hear about/get in contact with the navigator that you worked with? Select all that apply.**

- MNsure.org, MNsure Navigator Directory, or Internet search
- MNsure customer service
- Community event (fair or cultural event)
- Healthcare facility or provider
- Facebook/Twitter/Other social media
- Referral from county
- Referral from a health insurance broker
- From someone I know
- Other social service facility or provider (housing, financial, etc.)
- Advertisement of navigator’s organization
- Other (please specify): \_\_\_\_\_

**5. Please indicate how satisfied you were with the assistance you received from a navigator with each of the following activities.**

*Select one response per row.*

<b>Navigator Activity</b>	<b>Unsatisfied</b>	<b>Somewhat unsatisfied</b>	<b>Somewhat satisfied</b>	<b>Satisfied</b>	<b>Did not receive this assistance</b>
Answered my questions about the Affordable Care Act, or “Obamacare,” and how the law impacts me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answered my questions related to health care coverage (for example, how insurance works, copayments, deductibles, premiums, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained the application for healthcare coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me complete the application for healthcare coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained what I would have to pay for insurance and/or what assistance I could receive to pay for insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provided me with access to the computers that I needed to submit an application	<input type="checkbox"/>				
Provided me with help using computers	<input type="checkbox"/>				
Spoke with (or wrote to) someone at MNsure, the county, or DHS (Department of Human Services) for me	<input type="checkbox"/>				
Submitted to MNsure, the county, or DHS (Department of Human Services), my proof of income or other verifications	<input type="checkbox"/>				
Translated materials or answered questions in a language other than English	<input type="checkbox"/>				
Increased/maintained my motivation to complete the applications steps	<input type="checkbox"/>				
Told me where and/or how I can get medical help until my healthcare coverage application is approved (or if it is not approved)	<input type="checkbox"/>				
Told me where and/or how I can get services other than healthcare (financial planning, or housing, food, or job assistance, etc.)	<input type="checkbox"/>				
Other (please specify): _____	<input type="checkbox"/>				

**6. Overall, how satisfied are you with the navigator help you have received so far? *Select one.***

- Satisfied
- Somewhat satisfied
- Somewhat unsatisfied
- Unsatisfied
- I don't know/Not applicable/I did not need this assistance

7. **What was the most helpful aspect of working with a navigator?** *Describe below.*

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8. **Is there any type of assistance you wanted to receive from a navigator that was not provided?** *If so, describe below.*

---

9. **What is your age range?** *Select one.*

- 18 – 26
- 27 – 64
- 65 or older

10. **How would you describe yourself?** *Select all that apply.*

- |  |  |
|--|--|
| <input type="checkbox"/> African                           | <input type="checkbox"/> Hispanic or Latino                        |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> White or Caucasian                        |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Other (please specify): _____             |

11. **Where do you live?** *Select one.*

- Rural farm
- Town between 2,500 – 25,000 people
- City over 50,000 people

12. **What is the primary language spoken in your home?** *Select all that apply.*

- English
- Language other than English

