

Interim Legislative Committee on Healthcare Reform Testimony

Submitted by Neil Scharpe, Navigator Project Director, North Dakota Center for Persons with Disabilities at Minot State University

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NDCPD is entering a third year as a recipient of the Centers for Medicare and Medicaid (CMS) cooperative agreement to provide outreach and enrollment assistance for North Dakota consumers. We will again partner with the same three organizations we have in the past; Family Voices of ND, Federation of Families for Children's Mental Health and DLN Consulting. Each organization will have responsibilities to carry out duties within the Human Service Center Regions assigned to them.

For the past two years we have had 13-18 Certified Navigators available to consumers either in person or by phone. In the first two years we completed over 400 presentations at a variety of venues ranging from service clubs to county fairs. We have worked with healthcare centers and Human Service Centers to assist those who do not have insurance.

Our goal has been to inform the uninsured of their options and if they choose to enroll we help them navigate the Marketplace either on line, over the phone or by completing paper applications. Over the past year the project ran radio ads during open enrollment (OE) and again after OE closed letting consumers know they may still qualify for a special enrollment period (SEP). While we have no empirical data suggesting the ads were effective CMS did rank ND as the highest percentage on SEP enrollments (16%) of all states in the federal exchange.

Effectuated enrollment data released on September 8, 2015 by CMS covering enrollment through June 30, 2015 indicates ND had 16,651 consumers who had paid their first months payment on a plan through the Marketplace. Of those 14,244 or 85% used Advanced Premium Tax Credits (APTC) and 7,021 or 24.2% of consumers also used the Cost Share Reduction. APTC can be applied to consumers with household incomes between 100 percent and 400 percent of the FPL, consumers can use some, all or none of the APTC to lower monthly premiums.

The national average for use of APTC was 84% of enrollees with an average APTC of \$270/month. The average APTC for ND consumers was \$231/month.

Plan breakdown by metal level was:

Metal Level	Enrollment
Catastrophic	238
Bronze	4,126
Silver	7,826
Gold	4,461

The remaining uninsured population will be much tougher to enroll, to do so we need to develop different strategies. Navigators are always amazed at the fact that some uninsured consumers still have no idea they have options to healthcare coverage.

Navigator's Perspective

My comments here have only anecdotal significance as they have been passed on to me by those operating across ND.

While we have been trained to deal with enrollment and to some extent on outreach there are many times that we as Navigators get thoroughly stumped by the consumer and their situation. A simple example is a 74 year old ND consumer who has not paid into Social Security, he now has some significant medical expenses and comes to a Navigator for assistance. This truly falls outside of our expertise yet he needs an advocate that will assist him through the process.

Navigators report county personnel telling consumers they need to see a Navigator to enroll in Medicaid Expansion. While it is now so much easier for us to do that, it is still not good for the consumer to be sent looking for something when they were in the right place to begin with.

A consumer contacts a Navigator indicating she has been receiving Medicaid Expansion but because her paycheck for the month included extra hours of bus driving on a one time basis she has been found not eligible. This would make her eligible for a SEP and we get her on a plan, the problem is her annual income puts her well within the Medicaid Expansion limits. In this case she reapplies for Medicaid Expansion the next month and is put back on. You can see how consumers are getting caught in a bureaucracy they have no way of negotiating. Everyone follows their rules and the consumer pays the price.

One consumer after enrolling in a plan for her and her husband, calls to notify the Marketplace her husband has turned 65 and is enrolled in Medicare. Because the phone lines at the time dropped many calls she was quoted a single premium. She pays the single premium she was quoted on the phone, the insurer doesn't get the Marketplace change and continues to bill them for two. We attempt to change it through several phone calls with no resolution. She has a medical incident which the insurance company denies because they paid a single plan instead of a family plan and was subsequently dropped. But they had to notify the Marketplace because her husband was now on Medicare and having both is a violation. Upon appeal the case was also dropped.

There are more but my point is someone needs to be the consumer's advocate, we as Navigators have stepped into that role, not by choice but necessity.

On the other hand there are many, many stories of people accessing healthcare who had nowhere else to turn and it was affordable. A woman whose husband retired and still carried insurance through his employer, she had been through two bouts of cancer before he retired and their insurance company had been there the whole way. He retires, the company changes insurers, she develops cancer again and while in the hospital getting treatment is told there is a \$500,000 lifetime maximum on her plan. Yes, it can and did happen. I was able to assist her to enroll in a Marketplace plan which while expensive was much better than none at all. The plan started the beginning of the month after they reached the maximum. This only left them with \$40,000 in unpaid expenses.

Consumers tell us we are very patient when we deal with the call center, I believe they would also describe us as tenacious. After two years we know in most cases what the right outcome should be and we do not let go until that outcome is achieved. If we do not know we research, use our resources, discuss among ourselves and elevate to the Marketplace special assistants and regional HHS staff when

needed. The ND Navigators are knowledgeable and stand ready to do what we have been asked. We do not force people to enroll or choose their plans for them but we do lay out their options in a manner that allows them to make an informed decision.

In general the Marketplace is working well, we hope this year better than last which was much improved on the first year. We only wish everyone used the tools available to check out their options. In 90% of our interactions we can leave the consumer with the tools to make changes to their own plan without our help. If on the other hand they call us we are happy to guide them through another time.

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