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Case studies

From policy to practice in the Affordable Care Act: Training center for New York State's health insurance programs

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ABSTRACT

Background: The United States currently faces the large, logistical undertaking of enrolling millions of Americans into a complex Affordable Care Act (ACA) system within a short period of time. One way states have addressed this implementation challenge is through the development of consumer assistance programs. In these programs, health care professionals—known as “Assistors”—are trained in insurance enrollment services to help consumers navigate the complex application and plan selection process, with the ultimate goal of optimizing enrollment rates.

Organizational context: Cicatelli Associates Inc. (CAI), a non-profit capacity building organization, has served as the Statewide Training Center for New York’s Health Insurance Program Initiative since 2013, before the ACA Marketplace roll-out occurred. This article presents a narrative of CAI’s experiences and promising practices related to training and developing of the Assistor workforce in New York State (NYS). **Solutions identified through training and development:** By the end of the second enrollment period (February 2015), NYS trained and certified over 11,000 Assistors¹; CAI trained fifteen percent of this total workforce. As a result of this intensive workforce training effort, NYS observed extremely high rates of facilitated enrollment, and overall success with the roll-out process.

Lessons from the field: Through this initiative, CAI has garnered key insights for other organizations that engage in similar work, as well as state policymakers considering how to integrate and bolster the Assistor programs in their states. These lessons include: the necessity of ensuring that Assistors are armed with all technical concepts and messages; ensuring that Assistors are motivated to work through a change process; the constructive feedback process that can occur when these Assistors directly communicate issues to the state; and the transformation of public opinion that can occur when Assistors provide good customer service and can effectively promote statewide and federal ACA policies and benefits.

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1. Background

The implementation of the Affordable Care Act (ACA) has been a dominant feature of the domestic political agenda for the past five years. During this roll-out, the ACA has withstood many challenges, some related to legislative barriers intended by opponents to thwart its progress and reverse some of its key components, and others related to the enormous logistical undertaking of enrolling millions of Americans into a complex system within a short period of time.² The ACA’s success has largely hinged on individual states’ abilities to enroll their eligible populations into health insurance and ensure that they maintain coverage.³

One way to encourage and promote successful enrollment is through the development and implementation of statewide

consumer assistance programs.⁴ These consumer assistance programs have created a new workforce of insurance enrollment counselors, hereafter referred to as “Assistors,” that are trained in providing enrollment services that are unbiased, culturally and linguistically appropriate, and disability accessible.⁵ Assistor programs throughout the United States have been informed by other successful community-based assistance programs, such as the State Health Insurance Programs that provide counseling to Medicare beneficiaries, and are tasked with the primary goal of helping consumers navigate the complex application and plan selection processes.^{6,7}

Since the passage of the ACA, federal legislation has required that consumer assistance programs accompany both state-based and Federally-facilitated Marketplaces.^{8,9} This policy stipulates that all categories of Assistors are required to meet state and/or federal training and certification requirements.^{6,8} Select states have been on the cutting edge of this programming, strategically

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investing time and money in statewide workforce development by training outreach and insurance Assistors. The states (e.g. New York, California, Connecticut, Colorado) that invested heavily in public outreach and enrollment efforts have demonstrated high enrollment numbers, and it is suggested that strong consumer enrollment programs facilitated this achievement.^{10,11} However, there is substantial statewide variation in the level of investment in Assistor programs and training requirements, and in the insurance exchanges, and thus there is a strong need for other states at various stages in the ACA implementation process to understand and learn from some recent promising practices in this area.¹²⁻¹⁴

2. Organizational context: spotlight on New York State

New York State (NYS) has been among the few states to take full advantage of the ACA policy provisions, and, in some cases, funds programs that go beyond the federal legislative allowances.^{15,16} For example, NYS has expanded Medicaid eligibility to the highest income level allowable by law, and allows all single adults to apply. In 2016, it will be among one of the only states in the U.S. to implement a new private insurance program for low-income New Yorkers, called the *Essential Plan*.^{17,18} Additionally, NYS has historically provided Medicaid coverage for recent immigrants.^{19,20} However, in order for these policies to be implemented effectively and optimally, it was, and continues to be, necessary to ensure that the targeted populations have knowledge of and access to these services. While there are multi-factorial strategies that have contributed to NYS's strong ACA implementation, the priority around workforce training and development of Assistors stands out as a significant facilitator of this success over the last several years.

This narrative describes the experience of a capacity-building organization that trained Assistors in NYS to help consumers apply for insurance on the NYS Marketplace. The article highlights information and promising practices that resulted from an Assistor development and training program in NYS to promote a successful ACA roll-out.²¹ The NYS Department of Health currently contracts with Cicitelli Associates Inc. (CAI) as the Statewide Training Center for New York's Health Insurance Programs to provide training services for the *Office of Health Insurance Programs' Division of Health Reform and Health Insurance Exchange Integration*. CAI is an independent, non-profit organization that aims to build the capacity of national and international health care systems and social service organizations addressing a wide array of health care issues. CAI provides training and technical assistance to clinical and social service organizations on topics such as HIV/AIDS, sexual and reproductive health, tobacco control and health reform.

This article describes NYS' policies and practices related to the ACA roll-out, NYS' efforts to train and develop its Assistor workforce, CAI's role as the *Statewide Training Center*, and lessons learned through this experience.

3. Solutions identified through training and development

Training and developing the competencies of the front-line workforce is crucial to the successful implementation of policies and services.²²⁻²⁴ In advance of the initial launch date of NYS' online insurance Marketplace in October 2013, NYS began training and developing a large, robust consumer assistance workforce in order to implement out the ACA. NYS recruited health care professionals from community-based groups and other trusted organizations to fill these roles, training them on in-person outreach and enrollment competencies. Between October 2013 and July

2015, NYS has trained and certified over 11,000 Assistors to provide free, in-person assistance.¹ These Assistors consist of a geographically, linguistically, ethnically, and racially diverse group, who work in a range of health care settings such as local health centers, hospitals, insurance plans, and community service organizations.

As a result of these intensive workforce training efforts, which are currently ongoing, NYS has observed high rates of facilitated enrollment and success during the roll-out process, with nearly one million individuals enrolled through its online Marketplace in the first open enrollment period.²⁵ By the end of the second open enrollment period in February 2015, enrollment numbers in NYS exceeded two million.¹ In addition to helping individuals with the overall application process, Assistors also provided unbiased assistance to consumers to help them choose the most suitable health plan. Statewide data from the first open enrollment period demonstrates that 49% of New York consumers applied through the Marketplace with the help of an in-person Assistor, and this number grew to 67% by the end of the 2015 open enrollment period, indicating consumers' receptivity to Assistor programs and services.^{1,25}

4. Lessons from the field: CAI's experiences as a statewide training center for assistors

Serving as one of the statewide training centers for NYS' Marketplace Assistors, along with Maximus, Inc.,²⁶ CAI has provided more than 50 trainings to over 1600 Assistors across NYS – many of whom went on to train other Assistors at their organizations – since before the initial open enrollment period in 2013. Trainings were held in-person, over a three-day period, and employed adult learning methodologies to ensure that participants gained the knowledge and skills necessary to be successful in their roles. The curriculum for the trainings was developed by Maximus Inc., in collaboration with the New York State Department of Health, and consists of didactic lectures, interactive quizzes and case studies, and three certification assessments. In addition to the quizzes and assessments that tested for knowledge and skills acquisition, participant evaluations were administered to Assistors mid- and post-training, assessing the extent to which the trainings met their stated objectives, such as increasing Assistors' understanding on their valuable role implementing the ACA, improving their use of the Marketplace, and growing their awareness of the various programs available to consumers. Participants were given the opportunity to provide additional thoughts about the training and the information presented, via daily written feedback and in the final evaluation forms. Results from these evaluations demonstrated high levels of satisfaction. When asked to rank on a Likert scale of 1–5, with 1 being “poor” and 5 being “excellent”, participant mean scores for both their “overall satisfaction with the presentation” and the “degree to which the workshop was a good learning experience” were 4.6.

In addition to the written evaluations reported by the Assistors, CAI collected other qualitative data and information throughout training and implementation to improve the understanding of how the workforce training and capacity building initiative facilitated the ACA roll-out. These data were collected, documented, and analyzed through the following methods: discussions with training participants and their supervisors; meetings with CAI trainers and leadership; and strategic follow-up with other relevant projects engaged in ACA-related community mobilization. This was not a systematic research study nor a full case study. However, through analyzing these experiences and data, CAI's lessons from the field were synthesized and distilled into the following five areas: (1) the necessity of ensuring Assistors are

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