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Patient Advocacy and the ACA: Navigators, Certified Application Counselors and Advocacy Opportunities outside of Reform

With the ACA in full swing and the clock winding down to open enrollment, I am continually asked the same question – “How does patient advocacy change under the ACA?” Our newsfeeds and inboxes are full of advocacy related articles and news. The terms Navigators and Certified Application Counselors are quickly becoming part of our everyday vocabulary. We keep seeing final rules, proposed rules, and comments about future rulemaking. There is a lot of information for us to sort through, and we are running out of time.

So really, what does all of this mean for patient advocacy?

By now we all know two things about Texas and the ACA – we ARE NOT expanding Medicaid and we ARE participating in a Federally-Facilitated Marketplace. In a Federally-Facilitated Marketplace consumers can receive assistance from two types of trained and certified entities - Navigators and CACs.

Navigators are Marketplace designated entities that will assist individuals and small business with the application and enrollment process through the Marketplace. This will include helping consumers find out if they qualify for insurance affordability programs, which include premium tax credits, cost sharing reductions, Medicaid and CHIP. Navigators are also responsible for conducting public education and awareness functions and provide referrals to other consumer assistance resources. Navigators will be awarded grants to help fund their operations and outreach. To date, the federal grants for Navigators in a Federally-Facilitated Marketplace have not been awarded.

Certified Application Counselors, or CACs, already exist in Texas where they help individuals apply for Medicaid programs. Under the ACA, state Medicaid agencies will continue to have the option to certify entities as CACs for Medicaid and CHIP. In a final rule issued July 5, CMS outlined a certification process to provide training and skills needed to access confidential data and meet confidentiality requirements, as well as enable CACs to track and monitor applications.

While the state Medicaid agency has an option to certify entities as CACs, the Federally-Facilitated Marketplace is required to do so. CAC designation is beneficial for two reasons. First, it enables organizations that are, or would likely be, engaged in application assistance (eligibility vendors, patient advocacy groups, hospitals and

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other health care providers) help consumers in a more formal capacity. Second, certification will ensure that entities and individuals certified as CACs are qualified to help people apply for public assistance programs (Medicaid and CHIP) and Qualified Health Plans (QHP), as well as premium tax credits and cost-sharing reductions through the Marketplace. CACs will not receive federal grant money through the Marketplace, but funding may be available through other federal grant programs or Medicaid. The Marketplace will designate organizations to certify entities or individuals as CACs. To date, the application to become a Marketplace-designated certification organization has not been posted to the CMS Marketplace website. Organizations that can apply to certify CACs include community health centers, hospitals, and social service agencies. Certification training is expected to be available in late August.

While assistance will be available to consumers seeking coverage through the Marketplace, there will still be a need for advocacy outside of the Marketplace. As patients visit our hospitals, they will come in uninsured, underinsured or unaware of what assistance is available to them. Some will not want to apply for coverage through the Marketplace and others will fall through the proverbial crack left by Texas opting out of Medicaid expansion. There will still be a need for assistance with Motor Vehicle liens, Worker's Compensation follow-up, Crime Victim Compensation applications, Medicare beneficiaries with no secondary insurance, and individuals needing to apply for disability benefits (SSI/SSDI).

As we prepare for the Marketplace and the new opportunities it presents to the patient population we serve, we need to evaluate our current patient advocacy programs, whether they are outsourced or internal. Some of the questions I encourage you to ask include: Does your facility want to employ or provide CACs for your patient population? How will you align yourself with Navigators or will you? Do you want insurance being "sold" in your facility? Do you want your staff and volunteers assisting non-patients in applying for coverage through the Marketplace? And if you outsource your eligibility advocacy function, ask your vendor what they are planning to do within the Marketplace. With October 1st approaching, now is the time to ask!

Information included in this article is subject to revision and clarification as this is an evolving piece of legislation.

Contact Jeff Woody, HCFS, Inc. today at 800-394-4237 or jwoody@hcfsinc.com to learn more about how HCFS can assist you.

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