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200 West Jackson Blvd.  
Suite 2200  
Chicago, IL 60606

Tel. (312) 922-2322  
Fax (312) 922-2916

## **Comments on Illinois Navigator Program Design Final Report Submitted July 27<sup>th</sup>, 2012**

On behalf of the AIDS Foundation of Chicago (AFC), thank you for the opportunity to comment on the Illinois Navigator Program Design Final Report.

The AIDS Foundation of Chicago is a nonprofit organization that collaborates with community organizations to develop and improve HIV/AIDS services; fund and coordinate prevention, care, and advocacy projects; and champion effective, compassionate HIV/AIDS policy. For over 25 years, AFC has been a local and national leader in the fight against HIV/AIDS, and has a strong interest in ensuring that Illinois residents have every available opportunity to benefit from the full implementation of the Affordable Care Act (ACA) in Illinois.

The ACA will expand health care coverage for millions of Americans, in part by expanding Medicaid access and offering subsidies for the purchase of private health insurance. It is estimated that over 1.6 million Illinois residents will benefit from full implementation of the ACA in 2014, including many of the estimated 46,000 living with HIV in the state.

Currently, thousands of uninsured or under-insured people with HIV obtain healthcare from the Ryan White Program and the AIDS Drug Assistance Program (ADAP) in Illinois. Data projections estimate that the health care landscape for people living with HIV will change in Illinois with implementation of the ACA, with nearly 20% of current ADAP clients eligible for insurance subsidies and 70% eligible for Medicaid.<sup>1</sup> While the Exchange is expected to streamline the application process for Medicaid and tax credits for private insurance, it is expected that many individuals will still require personalized assistance to understand their options for coverage and submit an application.

AFC coordinates the case management system for people with HIV in the Chicago metropolitan area. We envision that Navigators will be embedded in the HIV case management system, as they have experience working with diverse, hard-to-reach, and vulnerable populations. HIV/AIDS case managers have direct experience and expertise in assisting individuals and families in facilitating eligibility review and enrollment into government programs, including Ryan White programs, Medicaid, and COBRA Health Insurance Continuation (CHIC). This is the only HIV case management system of its kind in the county, which means that each client has only one case manager and that their case manager assists the client in accessing resources to meet their needs. Through this coordinated system, case managers will be able to assess the totality of a consumer's health care needs and be able to provide fair and impartial information concerning enrollment in Medicaid and qualified health plans and facilitate enrollment.

We provide the following specific comments on the report:

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<sup>1</sup>Robert Greenwald, (2012) Poster Exhibition Abstracts. XIX International Conference on AIDS, July 2012, Washington, D.C; Poster NO. MOPE606; Abstract NO. A-452-0320-09396.

### Section V. Illinois Stakeholder Findings

- Overall, AFC agrees with nearly all the proposed recommendations and stakeholder findings in the Navigator Final Report.

### Section VI. Navigator Program Design

- We agree with the report that Navigator grants must be awarded through a competitive Request for Proposals (RFP) process that allows for organizations throughout Illinois to apply and offer their unique approaches to outreach and enrollment to be considered.
- Illinois *should* conduct a “needs assessment” in order to better understand where persons who will benefit from Navigator services reside. This needs assessment will help target limited resources and help the state better craft the RFP that best addresses outreach and enrollment.
- The design of the Navigator certification process should not prohibit individuals with a criminal record or who have served time in correctional institutions from serving as Navigators. Such a provision would bar participation by individuals who may be best able to readily establish relationships with their community and provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including marginalized communities.
- We recommend that Illinois’ Navigator program includes additional training for Navigators to screen and refer other public benefit programs. Given the integrated eligibility system that the Illinois Department of Healthcare and Family Services (HFS) is in the process of building, giving Navigators the resources and basic information about these programs can help connect more eligible individuals to these programs.
- We recommend that due to the new public and private enrollment opportunities and the fact that the Navigator program will be new to Illinois, recertification of Navigators should take place more frequently in the first two years of operation of the Navigator program. We also think that the initial Navigator training should be mandatory to attend in person to ensure the maximum level of participation and engagement by the individual who will be providing the enrollment and outreach.

### Section VII. Navigator Compensation Structure

- We agree with the report that Navigators should be compensated with block grant funding, and receive an additional performance-based bonus. However, the report proposes only 5% of grant amounts to be set aside for the performance bonus; we do not believe this is a large enough incentive to be meaningful. We recommend a 10-20% performance bonus to encourage performance. We also recommend that should this funding model be adopted, that it should be reviewed 18-24 months after the awarding of the first grant to determine whether or not this payment mechanism should be revised.
- We agree with the report that some populations will be harder to reach than others, and that Navigator compensation should be appropriately varied. In addition to people who are homeless (as mentioned in the report), it will be challenging to reach people with limited English proficiency, those who are home-bound, and those who have limited mobility and difficulty travelling due to chronic illness or disability, including persons living with AIDS.

### Section VIII. Navigator Program Financing and Sustainability

- We agree with the report that a portion of the Exchange operating budget should be utilized to fund the Navigator program over the long-term. As mentioned in the report, the state should leverage

Medicaid matching funds for Navigators as they will identify and enroll eligible individuals into Medicaid. Once the exchange is established, state General Revenue Fund (GRF) should not be utilized to support Navigator operations.

- In our experience providing state-funded services, state agencies often do not have the resources to quickly institute grant agreements, leading to dramatic delays in service provision. To avoid this problem, until the Exchange is operating and in charge of contracting, the Illinois Department of Insurance (DOI) should contract with a small number of entities that can in turn subcontract to agencies. This would reduce the number of contracts the state would need to process and monitor and allow faster, more flexible contracting of payments. The DOI should select reputable organizations with strong track records of administering state programs. It will be difficult for the state to monitor the 65 grants proposed until the low budget scenario is achieved and impossible to monitor the high budget scenario (215 grants) (p.32, Program Budget). The use of subcontracts would increase efficiency and reduce cost.
- We recommend the DOI award multi-year contracts to avoid interruption in services. In the past state governmental awards have been received late, which result in an interruption of services for consumers; multi-year contracts would allow for a more seamless process.

#### Section IX. Recommended Navigator Model

- We agree with the report that the efforts of Navigators should be focused on outreach and enrollment for the individual market, especially in the first few months of operation. We think that the door should remain open for Navigators to assist with enrollment into SHOP in the future.

#### General Comments

- Navigators should be viewed as ‘feedback mechanism’ for the state, in order to help monitor the efficacy of the Exchange and towards broad-based outreach efforts. We recommend Navigators be required to meet on a regular basis with state officials to share this feedback.
- We agree with the report that data should be provided to Navigators on a monthly basis and support the development of an online portal where Navigators can submit reports and data that they must provide as part of their grant agreement. We also think that information about the Navigator program, including progress towards the overall program goals should be reported on the Exchange on a regular basis, as well as included in any reports that the Exchange issues to the public.

Thank you again for the opportunity to comment. If you have additional questions, please feel free to contact me at 312-334-0928 or at [rgardenhire@aidschicago.org](mailto:rgardenhire@aidschicago.org).

Sincerely,



Ramon Gardenhire  
Director of Government Relations