

## Request for Information

Deadline: Applications Accepted  
on a Rolling Basis

# Supporting a Health Insurance Enrollment Network in New York State

### I. About the Foundation

The New York State Health Foundation (NYSHealth) has a broad mission to improve the health of New York State residents. In order to have a tangible impact, most of the Foundation's grantmaking is focused on three priority areas: expanding health care coverage, improving diabetes prevention, and advancing primary care.

### II. Background

NYSHealth estimates that 1.2 million of the uninsured in New York could gain coverage due to health reform. An expansion and simplification of Medicaid, the establishment of the New York Health Benefit Exchange, and financial subsidies for individuals and small businesses should make coverage more affordable and more accessible.

The Exchange will provide an online portal for individuals and small firms to apply for health insurance; give New Yorkers real-time eligibility determinations for the first time; and enable them to select and enroll in a plan. It will be linked with federal and State data repositories that contain income and tax data, and reduce the paperwork burden that has discouraged enrollment in the past.

However, achieving the promise of health reform will not be easy. Many consumers are uninformed and unprepared to take advantage of its benefits. Limited outreach and education efforts thus far have left the public with little knowledge of the opportunities ahead. A recent national poll found that 4 in 10 Americans did not know the health reform law is still in place; 1 in 5 Americans think that either the Supreme Court struck it down or that it was repealed by Congress. Furthermore, half of Americans say they do not understand how the law will affect them and their families. Among uninsured, low-income Americans, that percentage rises to two-thirds.

Compounding this information deficit, a majority of individuals who will be eligible for insurance coverage have low education levels, low incomes, and limited access to computers and online enrollment tools. In New York, about half of the uninsured have household incomes at or below the new Medicaid eligibility threshold (which for a family of three in 2012 equaled a gross annual income of \$26,535). In New York, about half of the uninsured who will qualify for either Medicaid or insurance plan subsidies have a high school diploma or less.

Given these challenges, there is a high need for direct assistance and face-to-face support to help individuals complete enrollment applications. Experience tells us that sophisticated online portals have limitations, as many uninsured individuals, particularly the most vulnerable, often do not have personal computer access. Many individuals also may find the process of selecting an insurance plan to be a new

experience, and would benefit greatly from face-to-face support. New York State is funding a multi-pronged strategy to engage the uninsured and help them enroll in coverage. For example, the Exchange is funding enrollment activities such as a \$26-million-a-year initiative for five years to help organizations across the State serve as navigators. These organizations will provide face-to-face assistance to prospective enrollees and help them enroll in plans on the Exchange.

### III. NYSHHealth Perspective

NYSHHealth seeks to complement the Exchange's efforts and enhance its impact. Funding community-based organizations that can serve as trusted messengers to their communities for outreach and enrollment services will be critical to expanding access to coverage.

NYSHHealth seeks to make targeted grants that will support enrollment of the uninsured. Our strategy is to support a network of organizations across the State focused on one of the following high-value populations that are uninsured at disproportionately high rates: low-wage workers, immigrants, and lesbian, gay, bisexual, transgender (LGBT) individuals.

- Low-wage workers are frequently uninsured because they work for firms that do not offer health care coverage, they cannot afford the cost of employer-based coverage, or they are unaware of public insurance programs for which they might qualify. At least 1.5 million of New York's uninsured have at least one full-time worker in the household, and an additional 340,000 uninsured residents have at least one part-time worker.
- Immigrants who are legal residents, but not citizens, often lack coverage. Noncitizens in New York are more than three times as likely as citizens to be uninsured. Fully 37% of noncitizens in New York are uninsured.
- Numerous studies have found that LGBT people are uninsured at disproportionately high rates. One recent survey found that nearly one in four gay and lesbian adults lack health coverage. Other studies confirm that partnered gay men and lesbians are less than half as likely as their heterosexual counterparts to have health care coverage and that they have vastly unequal access to employer-sponsored coverage.

### IV. Eligibility

Eligible applicants are nonprofit organizations. It is not necessary to be a formally deemed navigator to apply. Formally deemed navigators are also eligible to apply, and they must demonstrate how an NYSHHealth grant will support enrollment numbers above and beyond those produced with Exchange funding.

Competitive applicants do not necessarily have to have previous enrollment experience. However, applicants should be in direct contact with the target populations they seek to enroll who otherwise may not seek assistance from other entities. Some grantees will have long track records of doing health insurance enrollment, while others may be newer to this work but are natural partners for enrollment efforts because of the populations they serve. Competitive applicants should work closely with one of the above

target populations.

Current or past NYSHHealth grantees may apply.

## V. Project Activities

Projects will be for 18 months in order to ensure that these resources are maximized from the moment that the Exchange launches open enrollment on October 1, 2013, and deployed continuously through two cycles of open enrollment.

Applicants should design their enrollment and outreach project in a way that best maximizes their strengths and ensures they are achieving enrollment targets. Enrollment is not the sole activity to be performed under this grant, but enrollment numbers—how many individuals the grantee successfully enrolled per month—will be the objective measure by which we will assess grantees' impact and monitor needs for assistance.

Among the activities the grants will support:

### **Outreach and Education:**

- Organize community events, such as health fairs or neighborhood fairs, to reach and inform prospective enrollees about the benefits available to them, and conduct eligibility screenings and enrollment at events when feasible;
- Partner with community or public resources (e.g., libraries, community colleges, government social service agencies, job centers, health centers, hospitals) to obtain on-site access and set up stations to offer eligibility screenings and enrollment and outreach services to their clients. Sites should be varied, accessible, and convenient to the target populations;
- Use their organization's programs to share information about the enrollment services they offer;
- Use creative ways to engage hard-to-reach populations, particularly populations that have a high likelihood of eligibility and underinsured rates;
- Translate, prepare, and distribute brochures to target populations; and
- Be informed and able to educate prospective enrollees about potential out-of-pocket expenses (e.g., premiums, coinsurance, copays, deductibles), cost-sharing discounts, and tax credits to subsidize these costs.

### **Enrollment:**

- Conduct individual enrollment services, either face-to-face or by phone, at program sites or off-site;

- Assess individuals and enroll them into a public insurance program (e.g., Medicaid, Family Health Plus) or a qualified health plan on the Exchange;
- Assess individuals for eligibility of available tax credits to subsidize monthly health insurance premium costs; and
- Offer enrollment services during nontraditional hours, as determined by the needs of the target population.

**Referral:**

- Refer consumers to other enrollment support resources or entities equipped to address complex cases outside of the organization's expertise, language abilities, or experience. These entities may include State-funded navigators, the State-funded call center, the local department of social services, or local legal aid organizations.

The enrollment network grantees supported through this RFP also will provide feedback to State policy-makers, including identifying systemic problems or challenges affecting the enrollment process; sharing on-the-ground resolutions and implementation successes; and identifying what data needs to be collected by the State for improved oversight and monitoring. Through these efforts, the network also will contribute to ongoing efforts to improve implementation across the system.

## VI. Technical Assistance and Support

Successful applicants will have a range of experience and expertise. Through a contract with the Community Service Society of New York (CSS), grantees will receive training, technical assistance, and individualized services to build their capacity and successfully maximize their enrollment impact. The provision of these services to all grantees, regardless of their expertise level, will ensure a consistent message across the enrollment network, spread best practices, and provide a collective sense of mission and peer support.

## VII. Funding

Applicants may apply for a grant of up to \$115,000, which includes a required \$15,000 subcontract to CSS to finance technical assistance and training.

## VIII. Review Criteria

NYSHealth will consider the following factors in recommending proposals most qualified to receive funding:

- 1) A strong demonstration of reach and access to one of the three target populations;

- 2) Experience with high-touch programs assisting individuals;
- 3) Interest and commitment to enrolling the target populations into whatever health insurance program they may qualify for, including Medicaid or subsidized health plans available on the Exchange;
- 4) Prior experience with enrollment or health-related projects;
- 5) Project's aims and ambitions, including the estimated number of individuals the organization would enroll;
- 6) Regional diversity;
- 7) Reputation in the community as a trusted messenger for the target population; and
- 8) Collaboration with other stakeholders.

#### IX. Inquiry Process

Applicants should complete the Request for Information response form, which can be found at <http://nyshealthfoundation.org/grant-seekers/rfps/supporting-a-health-insurance-enrollment-network-in-new-york-state> and submit it to **EnrollmentGrants2013@nyshealth.org**. Response forms will be accepted on a rolling basis. Selected applicants then will be invited to submit formal applications.

Programmatic questions regarding the application process should be e-mailed to Amy Shefrin, program officer, at **shefrin@nyshealth.org**.