The Critical Role of Navigation in Health Care Delivery:
Implications of Federal Funding Reductions to Navigator Programs

August 2019
Introduction

Across the nation, community-based navigation services that target underserved, vulnerable populations have become an essential component of effective health care delivery. As health care systems implement value-based care models, strategies that promote greater coordination that increase access to care and generate better health outcomes are gaining significant traction. Navigators who serve as intermediaries between providers and patients are increasingly playing a key role to meet these goals.

By working directly with consumers, in-person and in the community, navigators ensure that individuals and families who need the most support enroll in coverage, stay insured, overcome barriers to accessing care, and connect to community resources that address the social conditions impacting their health. Navigation services have proven to be effective in controlling chronic conditions, preventing unnecessary health service utilization, promoting healthy behaviors, and addressing the social determinants of health.

A core function of navigators is engaging in outreach and assisting consumers year-round in the process of applying for health insurance or public programs and accessing coverage through health insurance exchanges or marketplaces. Navigators also provide impartial and unbiased information to support individuals in selecting the best health plan for their specific needs.

Yet despite increasing recognition that navigation is a critical component to help people enroll in health care coverage and increase access to care by improving how patients navigate delivery systems, funding for navigation services is sporadic, inconsistent, and patchwork at best. Most notably, federal funding for the Navigator Program required by the Patient Protection and Affordable Care Act (ACA) has been dramatically reduced in recent years. This funding was critical to building the outreach and enrollment navigation workforce who provide these critical navigation services for low-income and hard to reach populations. From 2017 to 2019, grants awarded for navigation organizations in the 34 states using the federally-facilitated exchange (FFM states) decreased by 84%.

“We went from about 152 navigators serving 67 counties year-round to about 35 Navigators providing in-person assistance in 37 counties only during Open Enrollment, with the rest being served by virtual or phone appointments.”

Jodi Ray, MA
Director, College of Public Health, Florida Covering Kids & Families
University of South Florida
from $63 million to $10 million.\textsuperscript{vi} The Centers for Medicare and Medicaid Services (CMS) recently announced that Navigator Program funding will remain at this drastically reduced level through 2021.\textsuperscript{vi}

The immediate impacts of these federal funding reductions on the navigation workforce and the communities they serve, as well as the potential long-term fallout, should be cause for serious concern among all health care stakeholders. As a result of funding cuts, the number of navigator organizations dropped by about half, and three federal marketplace states — Iowa, Montana, and New Hampshire — had no navigators at all after not receiving Navigator Program funding in 2019. And highly populated urban areas, such as the cities of Dallas and Cleveland, were not served by Navigator Programs either.\textsuperscript{vi}

Meanwhile, uninsured rates are on the rise again, after hitting a historic low in 2016 and enrollments in federal exchange plans decreased.\textsuperscript{viii} According to the most recent Census data, of the states with the highest uninsured rates, nearly all were significantly impacted by federal Navigator Program funding reductions.\textsuperscript{ix}

This paper examines the potential systemwide impacts of funding reductions for Navigator Programs, making the case that ongoing, sustainable funding for community-based navigation services is needed to ensure consumers receive these critical supports to obtain and maintain coverage, access care, and overcome barriers to care and addressing social determinants of health. These navigation services are critical for improving the efficiency of delivery systems, making sure patients stay covered, reduce churn, and receive care at the right time and right place.

**Navigation Services and the Workforce Providing Them**

In the broadest sense, navigation services are a continuum of services designed to educate, engage, and connect families, children, and individuals to their health coverage and care, while addressing barriers to improve access and health outcomes. These services include a wide range of activities both pre- and post-enrollment into coverage but are tailored to the specific needs of the consumer and their family.

Pre-enrollment, navigators expend significant time and energy to help consumers understand their coverage options, and to enroll into coverage. After they are covered, many consumers still need help understanding where to go for care, how to address billing and payment issues, and connecting to other social services that impact their health. While many providers that comprise local health care delivery systems offer some level of navigation for consumers, the scope of navigation services provided varies greatly by organization and provider type. While we recognize that clinical care navigation is a type of navigation service, for the purposes of this paper, we focus on outreach and enrollment navigation services aimed at improving access to coverage.
In the current health care landscape, navigation services are also frequently referred to as “outreach and enrollment,” “consumer assistance,” and “enabling services.” Staff who provide navigation services have a wide range of titles, including navigator, assister, patient advocate, community health worker, enrollment and eligibility specialist, care coordinator, Promotora, and insurance navigator. In this paper, we use the term “navigator” in the broadest sense.

Qualified navigators require expertise in an expansive range of topics including eligibility and enrollment, health coverage, patient counseling and communication skills, and the ability to move consumers through the health care delivery system. As direct liaisons with consumers and patients, the most effective navigators are trusted messengers in communities they serve, providing culturally competent, proactive and responsive assistance.

**Navigation Services are Essential for Stabilizing Health Insurance Markets and Improving Health Care Delivery Efficiency**

While consumers vary in their navigation needs, virtually every American has a story about struggling with understanding coverage choices, their health care bills, or where to go for the care they need. Our modern health care system is laden with complexity and confusing to navigate, even for health care experts. Very few health care delivery systems are truly integrated where patients move seamlessly across a continuum of care as their needs change over time and as their coverage changes. This fragmentation is compounded by the fact that more than half of all health care consumers have low health insurance literacy, which means they have a limited understanding of how core components of health coverage work, and the common terms associated with health plans.
Without support, consumers struggle to navigate the delivery system landscape and make informed health care choices, which can lead to delays in accessing needed preventive care and higher rates of avoidable hospitalizations. For many underserved and vulnerable populations, even with the implementation of the ACA, successful navigation of health care systems — from enrolling in coverage to accessing care — requires additional assistance.

1. **Navigators Support Patient Connection to Coverage and Services, Reducing Churn**

When it comes to accessing coverage through the marketplace, the vast majority of individuals, including uninsured individuals, have incorrect information or are unaware of the timing of open enrollment periods. The number of new marketplace enrollees has declined significantly since 2016, from 39% to 24% of consumers being new marketplace enrollees in 2019, suggesting that outreach and education efforts to new consumers have stalled. New enrollees tend to be younger and healthier and help maintain a stable risk pool.

Outreach is a critical piece of the navigator’s role as it requires them to serve as the linkage between the health system and the consumer. Outreach requires partnering with community-based organizations, utilizing local knowledge of options and resources, and building a foundation of trust to foster relationships with consumers. Making individual consumers aware of, and assisting them in, comprehending their options is just the first step in navigating the healthcare system.

The benefits of outreach and enrollment assistance provided by navigators cannot be understated. By decreasing the number of uninsured individuals and increasing coverage renewals, navigation services contribute to healthier risk pools and lower overall costs. Connecting individuals to health coverage and helping individuals stay insured also increases access to needed medical services and preventive care and helps reduce the financial burden of high health care costs.

2. **Navigators are a Lifeline to Care and Services for Underserved, Vulnerable Populations**

Once enrolled in coverage, patients often go back to their navigator to understand how to utilize their coverage and access care. The same navigators helping consumers stay insured are also educating consumers on how to maximize the utility of their coverage within the context of their healthcare system. This includes providing information and education on cost-sharing, when to go to the emergency room or seek primary or specialty care, the differences between in-network versus out-of-network providers, drug formulary coverage and utilization requirements (e.g., step therapy and prior authorization), how to file an appeal when denied coverage, and re-enrollment assistance.

For underserved communities and vulnerable populations that are more likely to be in poor health and have historically faced challenges in accessing coverage, navigation services are a lifeline to receiving basic health care. These populations include low-income individuals and families, people with chronic conditions, individuals with disabilities, racial and ethnic minorities, LGBTQ individuals, the elderly, individuals experiencing homelessness, those with limited English.
proficiency, families with mixed immigration status, individuals with limited computer skills, and underserved communities in isolated rural areas.

Navigators provide critical guidance to help overcome barriers, connect to coverage, and ensure they use their coverage effectively. By helping individuals establish a medical home and access their primary care provider, they are an essential link to primary and preventative care, impacting health outcomes. They guide patients across multiple systems and providers, assisting with referrals and appointments and helping with any follow-up. Moreover, navigators actively address barriers to accessing care, like transportation and translation.

3. Navigation Services Help Address the Social Determinants of Health
The multi-faceted role the navigator has to have when it comes to knowledge of local programs and services, skills and training makes them ideally suited and situated to screen and address the social determinants of health that drive poor health outcomes, contributing to unnecessary hospitalizations and high health care costs. Part of navigators' success is that often they are from the same culture and community and therefore look and/or speak like the individuals they aim to serve. Given their relationships with patients, navigators act as a key resource to address external elements that impact health such as housing instability, nutritional assistance, neighborhood resources, transportation, language, cultural and socioeconomic barriers that impede patients’ ability to access coverage, follow a treatment plan, and stay healthy in their communities.

Implications of Federal Funding Reductions to Navigator Programs

Under the ACA, exchanges are required to establish Navigator Programs that provide culturally responsive and linguistically appropriate outreach, education, and assistance to support individuals in enrolling in health coverage available through the marketplace or in other public coverage options. Modeled after similar consumer assistance programs designed to enroll individuals in Medicare, Medicaid, and Children’s Health Insurance Program (CHIP), Navigator Programs target communities facing the most barriers in accessing coverage and care.
For Navigator Programs in states with state-based marketplaces (SBM states), funding is generated from exchange operating revenues and funding levels are at the discretion of the state entity administering the exchange. In the 34 states utilizing the federally-facilitated marketplace (FFM), grant amounts are determined by the federal government. In all states, Navigator Program grants are awarded through a competitive process to qualified organizations experienced in providing navigation services to underserved and vulnerable populations in local communities. To ensure the success of ACA marketplaces, in 2013 CMS awarded $67 million in funding for Navigator Programs in FFM states, supporting more than 100 organizations in all 34 FFM states. CMS funding levels remained relatively stable through 2016 and then precipitously dropped in 2017 to $36 million. Funding levels were reduced again in 2018 to $10 million, with only 39 organizations receiving Navigator Program grants across 31 states.

**Navigator Lay-Offs and Reduction of Services for the Most Vulnerable**

Federal reductions to the Navigator Program have had a major impact on the navigation workforce, as well as the underserved, vulnerable populations that navigators serve. Following the first round of cuts in 2017, 89% of navigator organizations reported that they expected to reduce staff. More than half of the programs reported that they expected to reduce services for limited and non-English speaking consumers and decrease enrollment assistance for Medicaid and CHIP eligible populations. Since then, organizations funded through the Navigator Program have been forced to make staff and service reductions as a result of the federal cuts. One navigator organization reported that target populations who were already marginalized were impacted the most by the Navigator Program cuts, including people living with disabilities, those living with HIV/AIDS, small business owners, and individuals living in rural areas. For many organizations, Navigator Program funding reductions have meant that they no longer had funding to support partnerships with organizations serving vulnerable populations, which significantly reduced their ability to reach the individuals with the highest need.

Funding reductions have limited the ability of navigator organizations to provide the same level of intensive, in-person assistance. Another navigator organization shared that this has forced a shift from in-person services to telephonic support, which is particularly challenging for consumers with low English literacy, those with poor hearing, individuals experiencing distraction and stress over finances or health issues, and those who are confused about
coverage options. On the phone, navigators are unable to read consumers non-verbal cues to help decipher and understand complicated issues that are difficult to articulate.xxii

Alarming Coverage Trends in States Impacted by Navigator Cuts

According to the most recent Census data, of the states with the highest uninsured rates, nearly all were significantly impacted by federal Navigator Program funding reductions.xxiii In the abrupt reductions of the multi-year funding agreement with CMS and federally facilitated marketplace states, many have seen precipitous drops in new enrollment.xxiv CMS argued that Navigators have played a limited role in facilitating marketplace enrollment in particular contrast to the work of brokers. The Center for Medicare and Medicaid’s logic for reduced funding relies on a limited definition of navigators “helping” enrollment as it is only considered successful when an enrollee signs up for insurance in the direct presence of a navigator.xxv

<table>
<thead>
<tr>
<th>State</th>
<th>Exchange Typexxvi</th>
<th>% Uninsured 2017</th>
<th># Uninsured 2017</th>
<th>Navigator Program Federal Funding 2018</th>
<th>% Change in Federal Funding 2016-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Texas</td>
<td>FFM</td>
<td>17%</td>
<td>4,805,800</td>
<td>$1,356,297</td>
<td>↓ 85%</td>
</tr>
<tr>
<td>2. Alaska</td>
<td>FFM</td>
<td>14%</td>
<td>98,700</td>
<td>$100,000</td>
<td>↓ 83%</td>
</tr>
<tr>
<td>3. Oklahoma</td>
<td>FFM</td>
<td>14%</td>
<td>531,900</td>
<td>$251,442</td>
<td>↓ 78%</td>
</tr>
<tr>
<td>4. Georgia</td>
<td>FFM</td>
<td>13%</td>
<td>1,354,000</td>
<td>$499,995</td>
<td>↓ 86%</td>
</tr>
<tr>
<td>5. Florida</td>
<td>FFM</td>
<td>13%</td>
<td>2,653,000</td>
<td>$1,250,000</td>
<td>↓ 87%</td>
</tr>
<tr>
<td>6. Mississippi</td>
<td>FFM</td>
<td>12%</td>
<td>348,500</td>
<td>$187,849</td>
<td>↓ 79%</td>
</tr>
<tr>
<td>7. Wyoming</td>
<td>FFM</td>
<td>12%</td>
<td>69,200</td>
<td>$100,000</td>
<td>↓ 83%</td>
</tr>
<tr>
<td>8. Idaho</td>
<td>SBM-FP</td>
<td>11%</td>
<td>180,500</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Nevada</td>
<td>SBM-FP</td>
<td>11%</td>
<td>325,900</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>10. North Carolina</td>
<td>FFM</td>
<td>11%</td>
<td>1,068,600</td>
<td>$500,000</td>
<td>↓ 85%</td>
</tr>
<tr>
<td>11. South Carolina</td>
<td>FFM</td>
<td>11%</td>
<td>541,600</td>
<td>$300,000</td>
<td>↓ 80%</td>
</tr>
<tr>
<td>12. Alabama</td>
<td>FFM</td>
<td>10%</td>
<td>452,600</td>
<td>$303,219</td>
<td>↓ 77%</td>
</tr>
<tr>
<td>13. Arizona</td>
<td>FFM</td>
<td>10%</td>
<td>686,400</td>
<td>$300,000</td>
<td>↓ 82%</td>
</tr>
</tbody>
</table>

In 2017, 13 states had uninsured rates higher than the national rate of 9%, as pictured in Table 1. Of these 13 states, 11 are FFM states with Navigator Program funds reduced by more than 75% since 2016. In addition, enrollments in exchange plans during the 2019 open enrollment period decreased nationwide from the previous year. These declines were primarily driven by federal exchange states, all of which were impacted by federal budget reductions to the Navigator Program. Four of these states — Texas, Florida, Georgia, and North Carolina — represent more than one third (36%) of the total uninsured population in the nation. Navigator Program funding in these four states was reduced by 85-87%.

In two recent reports from CMS, the agency found that among several of these states the rate of unsubsidized enrollment dropped significantly from 2017-2018. Among the steepest declines, Arizona, Georgia and Oklahoma saw a respective 79%, 71%, and 71% decrease in unsubsidized enrollment.

Federal policy changes are likely to exacerbate consumer confusion and affect enrollment. The new federal “public charge” policy adopted by the current administration has led to fear and reticence among immigrant families in applying for health coverage that they may be eligible for, including Medicaid and CHIP. A study published in JAMA in early July 2019 found that approximately 3.8 million children who are enrolled in CHIP, Medicaid or SNAP could be disenrolled with the new expanded rule. In addition, a report by the Urban Institute found that one in seven immigrants have avoided public benefit programs, even though there are many

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### Table 2. Top 10 States with Largest Declines in Exchange Enrollments

<table>
<thead>
<tr>
<th>State</th>
<th>Exchange Type</th>
<th>Exchange Enrollments 2018</th>
<th>Exchange Enrollments 2019</th>
<th>% Change in Exchange Enrollments 2018 - 2019</th>
<th>Federal Navigator Funding 2018</th>
<th>% Change in Navigator Federal Funding 2016-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Virginia</td>
<td>FFM</td>
<td>400,015</td>
<td>328,020</td>
<td>↓ 18%</td>
<td>$525,000</td>
<td>↓ 76%</td>
</tr>
<tr>
<td>2. Vermont</td>
<td>SBM</td>
<td>27,409</td>
<td>22,599</td>
<td>↓ 18%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Louisiana</td>
<td>FFM</td>
<td>28,763</td>
<td>25,223</td>
<td>↓ 12%</td>
<td>$300,000</td>
<td>↓ 82%</td>
</tr>
<tr>
<td>4. Indiana</td>
<td>FFM</td>
<td>166,711</td>
<td>148,404</td>
<td>↓ 11%</td>
<td>$300,000</td>
<td>↓ 80%</td>
</tr>
<tr>
<td>5. Ohio</td>
<td>FFM</td>
<td>230,127</td>
<td>206,871</td>
<td>↓ 10%</td>
<td>$316,818</td>
<td>↓ 84%</td>
</tr>
<tr>
<td>6. New Hampshire</td>
<td>FFM</td>
<td>49,573</td>
<td>44,581</td>
<td>↓ 10%</td>
<td>$0</td>
<td>↓ 100%</td>
</tr>
<tr>
<td>7. New Mexico</td>
<td>SBM</td>
<td>49,792</td>
<td>45,001</td>
<td>↓ 10%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>8. Missouri</td>
<td>FFM</td>
<td>243,382</td>
<td>220,461</td>
<td>↓ 9%</td>
<td>$300,000</td>
<td>↓ 83%</td>
</tr>
<tr>
<td>9. Washington</td>
<td>SBM</td>
<td>243,227</td>
<td>220,765</td>
<td>↓ 9%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>10. Wisconsin</td>
<td>FFM</td>
<td>225,435</td>
<td>205,118</td>
<td>↓ 9%</td>
<td>$200,000</td>
<td>↓ 85%</td>
</tr>
</tbody>
</table>

whose status would not be affected by the rule change. Due to these ambiguous and draconian changes, individuals are fearful that signing up for health insurance could affect their immigration status. In this climate of fear and confusion, navigators are needed to provide unbiased and factual information on health coverage to vulnerable populations and help them understand their individual situations.

While a number of factors are likely contributing to decreasing exchange enrollments, including the elimination of the individual mandate and higher premiums in some states, the trend is particularly concerning because new enrollments are needed for healthy risk pools and effective marketplaces. While reduced Navigator Program funding is not the only factor driving decreases in exchange plan enrollments, navigators are an important component of an overarching strategy to keep exchange enrollments on track.

What Happens Now

Navigation services not only help towards improving health outcomes, especially for the most vulnerable, but also benefit the health care delivery system as a whole. The fact that states with the highest uninsured rates and greatest reductions in marketplace enrollments no longer have the funding to support robust Navigator Programs should raise serious red flags. Additionally, the risks for health care delivery systems that do not have access to expert navigators are highest where payment is tied to health outcomes. This is mainly because achieving health outcome-related goals is now inclusive of addressing social determinants of health, and this is increasingly difficult to do without insurance navigators in the community who help people access coverage which pays for care, and patient navigators in the delivery system who help move people through the care continuum. In the clinic setting, these roles can also overlap.

Navigators also continue to be critical in light of consumer confusion and ongoing efforts to undermine the ACA. One effort to invalidate the ACA led by 18 Republican attorneys general and governors alongside the Trump Administration, is awaiting a decision before the Fifth Circuit Court of Appeals. A decision is expected in fall 2019. While the case is expected to be appealed to the Supreme Court (and thus this fall’s decision will not be the final word on the case), the

“The Latinx population is acutely aware of the public charge and this is a big factor when it comes to enrolling themselves and their families. We have people voluntarily disenrolling from any and all benefits, including not covering their children, even when they are eligible.”

Allen Gjersvig
Director of Navigator and Enrollment Services
Arizona Alliance of Community Health Centers
case itself—and the timing of the decision—is likely to cause confusion, fear, and worry among consumers who rely on the ACA.

The potential for people to misinterpret how this case will affect their coverage may cause some to disenroll or choose to forgo re-enrollment if they believe that they will no longer receive coverage at all. Threats such as these pose a great danger to the stability of our health care system, only further demonstrating the natural and necessary role that navigators serve to guide consumers through such changes.

Just as the benefits of navigation services trickle upstream through addressing social determinants of health into health care delivery systems, so will the negative impacts of reducing the navigation workforce and limiting access to scalable navigation services. As policymakers and health care stakeholders seek smarter ways to improve health care delivery systems, the impacts of federal cuts to the Navigator Program increases the urgency for ensuring ongoing and sustainable funding for community-based navigation services.
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About Transform Health

Transform Health is a nationally certified women and minority-owned consulting firm focused on solutions that improve the quality of care and health outcomes for the most vulnerable. We work with leaders in the public and private sectors to drive solutions that promote efficiency, value, and access to care and address the key social determinants of health to improve health outcomes. For more information, visit www.transformhc.com.

About Whitman-Walker Health

Whitman-Walker Health is a federally qualified health center in Washington, DC offering affirming community-based health and wellness services to all with a special expertise in LGBTQ and HIV care. We empower all persons to live healthy, love openly, and achieve equality and inclusion. Navigations are key members of our team and we receive funding from DC’s state-based marketplace care team, and we receive funding from DC’s state-based marketplace DC Health Link from 2013 to present. We partnered with DC Health Benefits Exchange to train all Assister/Navigator grantees from 2013 through 2017. For more information, visit https://www.whitman-walker.org.
Endnotes


7. Ibid.


10. In this paper, for ease of reading, staff that provide navigation services are referred to as navigators.


Key informant interview with South Carolina Palmetto Project.

Key informant interview with Covering Wisconsin.


"Data Note: Further Reductions in Navigator Funding for Federal Marketplace States." The Henry J. Kaiser Family Foundation, 24 Sept. 2018


Definitions for exchange types: FFM=federally facilitated marketplace, SBM=state-based marketplace, SBM-FP=state-based marketplace using the federal platform (Navigator Programs in SBM-FP states are funded by state exchanges)


