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Frontline Assisters Prove Federal Navigator Grants to Be Good Public Policy Commentary

Passage of the Patient Protection and Affordable Care Act (ACA) marked the advent of a number of new federal programs intended to help with implementation of the law's varied provisions. One of them, the Navigator grant program, provides funds to organizations that aid individuals with eligibility determination and enrollment in qualified health insurance plans offered in an ACA marketplace. When Lars Tummers and Philip Rocco set out to examine the coping experiences of frontline workers implementing policy in a digital environment, they appropriately chose recipients of Navigator grant funds in two states. Their article, "Serving Clients When the Server Crashes: How Frontline Workers Cope with E-Government Challenges," describes their study and, in addition to some very interesting results,

provides some intriguing ACA policy implications. The implications inform the ongoing discussion of the suitability of the types of organizations and workers receiving the Navigator grants.

The authors point out that the two states they chose for their case studies, although notably similar in most demographic categories, represent opposite approaches to ACA implementation. The state of Minnesota, with a governor and administration generally supportive of the ACA's goals, devoted a great deal of effort and resources to establishing, marketing, and maintaining a state-based marketplace. Wisconsin is the polar opposite. Wisconsin's governor has presidential aspirations that, from his political perspective, would be damaged by even the faintest demonstration

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of support for the ACA. (With few exceptions, most states could use one or the other of these descriptions to characterize their approach to the ACA.)

Because the authors conducted their research during the first ACA open enrollment period in late 2013 and early 2014, they were able to capture some of the most stressful time periods for the frontline workers. In addition to debilitating technical problems in both the federal and state exchanges, extraordinary demands were placed on the assisters during the last month of open enrollment, when 47 percent of the total enrollment signed up. As noted, the workers interviewed were operating in two very different state environments. Wisconsin frontline assisters not only lacked the support of their state government but also received only limited support from the federal Navigator program because the state was using the federally facilitated marketplace. Minnesota, on the other hand, with its state-based marketplace, received considerably more funds for securing contracts with assisters. As the authors note, there were nearly nine times as many uninsured individuals per assister in Wisconsin as there were in Minnesota, but Wisconsin residents had access to assistance from the federal marketplace call center.

With such a drastic difference in environments, one might expect the coping methods of the frontline workers in the two states to be significantly different as well. Yet, as it turned out, the factors that proved to be the most stressful for the assisters were very similar. Both the federal marketplace and Minnesota's state-based marketplace were plagued by technical problems that substantially increased the difficulty of the enrollment process. And because other factors noted by the authors were universal—such as distrust of the health care system, a serious lack of health insurance knowledge among the uninsured, and complex eligibility rules—the demands on the coping skills of the two states' assisters were similar. All factors considered, the most important common denominator affecting the manner in which the assisters coped was actually not specific to the ACA; it was the culture of service shared by the majority of the assisters.

Of the three “families” of coping behaviors identified by the authors, they found that the majority of those interviewed took actions that

categorized them as moving *toward* the client as opposed to moving *away from* or *against* the client. The actions that put the assisters in the “moving toward” family are consistent with what one would expect of individuals from the selected organizations and with the educational backgrounds of those interviewed. Those actions included long overtime hours, multiple visits working with a single client to meet eligibility determination and enrollment challenges, and developing their own training materials when those supplied by the state or federal government were insufficient. Much of their activity, such as attending meetings to network with other assister organizations, was uncompensated and took place outside of work hours.

The policy implications represented by these actions provide valuable insight into the appropriateness of the Navigator grant program. Aside from concerns about the program, there is a school of thought that paying licensed insurance producers (agents) to assist with eligibility and enrollment might make more sense. Those who advocate for using licensed producers note that producers are already familiar with health insurance details and would require little training to get up to speed. They think that the money spent on Navigator grants would be better spent paying the producers to assist with eligibility and enrollment. However, when the authors' findings are viewed through the lens of the navigator versus producer discussion, it appears that federal officials made the right call.

It is difficult to imagine that, faced with the challenges the ACA frontline assisters took on, licensed producers, who are in the business of *selling* health insurance for a commission, would take actions that could be categorized as “moving toward” clients. Instead, based on information in this article, it seems that the federal officials who decided to award funds to assisters who are part of a social service, legal aid, or other “helping” culture chose assisters who would work long hours with little sleep, exhibit extraordinary patience with enrollment system problems, or any of the other activities undertaken by the interviewees—and do so with no other motivation than to help people enroll in health insurance. As the authors state, the approaches of the frontline assisters eventually become the policy they carry out. The strongest conclusion that one can draw from this article is that the approaches of the assisters in this study represent good policy that should be continued in coming years.