



February 23, 2018

Concept Paper

Harlem Health Advocacy Partners Insurance Navigation

Purpose of the Proposed RFP

Although healthcare and social service systems in New York City have made efforts to improve the health of the most vulnerable populations, these systems were not designed to be equitable or to address the complex needs of communities suffering from historical and contemporary injustices, including poverty, racially-motivated segregated housing, disinvestment, and discrimination.

The Department of Health and Mental Hygiene's (DOHMH) Harlem Health Advocacy Partners (HHAP) is a place-based community health worker program aiming to address this systems gap. Launched in 2014 as a Demonstration Project, the initiative operates in 5 NYC Housing Authority (NYCHA) public housing developments in East and Central Harlem, which are home to nearly 10,000 adults.

HHAP improves the health of residents by:

- Supporting access to health and social services to which they are entitled (Individual Health Advocacy)
- Providing health coaching to individuals for roughly 6 months to increase self-efficacy for healthy behavioral changes and disease management (Direct Service)
- Building community capacity to seek and/or create healthy conditions and acceptable services through advocacy to government and other service providers (Community Health Advocacy).

An initial needs assessment of the selected population determined that among the adults 35 year or more, 74% were suffering from chronic conditions, including 54% diagnosed with hypertension, 29% with diabetes and 12% with current asthma. DOHMH surveillance programs, including hospitalization data and A1C registry data, suggest that in many instances these conditions are not well controlled among this population. On an individual level, these conditions impact quality of life. On a population level, they contribute to an excess number of avoidable emergency room visits and hospitalizations in the community district and associated costs.

Initial evaluation results of the HHAP Demonstration Project indicate that:

- The program increased the percent of people reporting excellent to good general health by 50% between initial enrollment and last follow-up assessment (increasing from 44% to 69%).
- Among those with diabetes, the number with controlled diabetes increased by nearly 50%, from 49% to 73%.



- Among those with hypertension, the number with controlled blood pressure increased by 17%, from 61% to 76%.

The program's health navigation work has been an essential part of HHAP's success. In particular, access to health and social services has been supported by Health Advocates, who have integrated seamlessly with the program to provide insurance navigation and enrollment, health literacy education and post-enrollment support. Their services have empowered residents (including some with low literacy or English language) to acquire the knowledge and skills to secure the health-related services to which they are entitled. Through HHAP, health navigation services were provided to over 900 individuals to address more than 200 health insurance related needs. Health Advocates have saved community residents over \$170,000 in by resolving outstanding bills and obtaining coverage for health-related services.

As a result of the Demonstration Project's findings, the Department of Health and Mental Hygiene (DOHMH) proposes to issue an RFP for a contractor to provide continued insurance enrollment, navigation and medical billing assistance to support its Harlem Health Advocacy Partners (HHAP) program.

Rationale for Continued Services:

For multiple reasons, it is of vital import to maintain the service of Health Advocates in HHAP's placed based model.

- First, significant contributions were made by Health Advocates during the program's initial 3 years toward helping residents to acquire/keep health insurance, and to access medical care, prescription medications, medical devices, home health assistance and health sustaining nutrition.
- Resident enrollment in HHAP continues to grow and demand for Health Advocates remains strong. More than half of referrals made by HHAP community health workers are for Health Advocate services.
- Additionally, we note that some residents who received Health Advocate advice in the past 3 years rely on their expertise when new problems open up or changes to insurance plans occur.
- The rapidly changing world of complex managed care, insurance regulations and public policy necessitates the continued services of well-informed Health Advocates, who are able to interpret new policy administration and rules.

The Goals of the RFP

The goals of this solicitation are:

1. To provide insurance enrollment and navigation support services for residents in New York City Housing Authority (NYCHA) in East and Central Harlem.

2. To provide high quality educational workshops to help residents understand their health insurance and rights to health care via patient bill of rights.
3. To identify systemic issues and barriers faced by residents which impact ability to utilize health care and related insurance services.
4. To support residents' capacity building and advocacy for improved health equity through monthly workshops in the current value based payment system.

Program Information

The Contractor will create a staff of **two full-time (2) Health Advocates (HAs)** who would be trained and certified by the New York State of Health – The Official Health Plan Marketplace as In-Person Assistors and Navigators (IPA/Navigator). The Health Advocates would help consumers:

- (1) Enroll in coverage if eligible,
- (2) Navigate their coverage once insured or identify sources of free or low-cost care if uninsured; and
- (3) Assist consumers with high level coverage problems.

The staff will also consist of **one (1) full time Project Manager**. The Contractor would be expected to have Health Advocates fully trained and certified within 60 days of contract registration.

The proposed scope of work consists of the following elements:

- 1) **Health Insurance Enrollment and Navigation:** DOHMH anticipates that the contractor would be expected to engage 700 cases each year, consisting of a mix of insurance enrollment, and navigating insurance/billing issues. DOHMH estimates that 200 unique individuals would be served annually.

A. Enrollment tasks consist of:

- i. Helping consumers enroll in Medicaid, Emergency Medicaid, Child Health Plus, the Essential Plan, or Qualified Health Plans (QHPs) through New York State of Health (NYSOH);
- ii. Helping consumers with renewal applications through NYSOH;
- iii. Helping consumers aged, blind, and disabled (Non-MAGI) with Access NY applications for Medicaid that must be submitted through the Human Resource Administration (HRA);
- iv. Helping consumers with Medicaid recertification applications that must be submitted through HRA;
- v. Helping consumers with applications for Extra Help, EPIC, and the Medicare Savings Program; and
- vi. Helping consumers enroll in Medicare (Part A, B, C, and D) and Medi gap policies.

B. Navigation tasks consist of:

- i. Educating consumers about their rights and responsibilities under their coverage;
- ii. Helping consumers find providers in-network or secure out-of-network providers, if appropriate or medically necessary;
- iii. Explaining plan documents, such as Explanation of Benefits notices;
- iv. Attempting to resolve billing disputes;
- v. Negotiating medical debt;
- vi. Helping consumers understand and access their prescription drug coverage, including formularies;
- vii. Explaining cost-sharing concepts such as co-pays, co-insurance and deductibles;
- viii. Helping consumers obtain prior approval for medical procedures, medical equipment, or other care, if required by their plans;
- ix. Helping consumers choose, switch or disenrollment from a health plan;
- x. Helping individuals who are unable to qualify for coverage, including undocumented immigrants, find sources of free or low-cost care such as hospital financial assistance, federally qualified health centers, and prescription drug programs;
- xi. Handling consumers with appeals of NY State of Health eligibility determinations;
- xii. Helping consumers with Medicaid Fair Hearings and commercial and other plan-based coverage appeals; Helping individuals appeal tax credit “claw backs” with the IRS; and
- xiii. Helping consumers with other coverage navigation issues.

2) **Workshops:** The Contractor would conduct workshops four times per months (total of 48 per year) to educate total of 400 unduplicated residents in New York City Housing Authority (NYCHA) housing in East and Central Harlem on topics such as:

- A. Prescription drug coverage and programs available to get discounts on prescription and over-the counter-drugs.
- B. Learning how to use and make the most of health coverage.
- C. Enrolling in Medicaid Managed Long Term Care plans.
- D. Health insurance literacy.
- E. Coverage options for immigrants.
- F. Hospital financial assistance.
- G. Negotiating medical debt
- H. Mental health
- I. Dental coverage options.
- J. Patient Bill of Rights and Health Advocacy

- 3) **Outreach:** Contractor will support DOHMH's multi-pronged outreach strategy to engage and promote insurance literacy for 400 unduplicated residents over the course of the contract term (six years) in East and Central Harlem. Components of the outreach strategy will include:
- A. Distributing consumer marketing materials such as the HHAP fact sheet and outreach flyers, as well as other materials provided by DOHMH.
 - B. Distributing promotional items to promote the program and incentivize target residents to take advantage of Health Advocate services and take part in workshop activities.
 - C. Recruiting interns with the cultural competency and language skills to effectively engage hard-to-reach residents of other ethnic backgrounds and nationalities.
 - D. Attending health fairs and other events in the community.
 - E. Posting program information in buildings and tabling inside and outside community and senior centers and other key locations in the five developments.
 - F. Coordinating farmers' market tours and distributing DOHMH's health bucks to incentivize purchasing and consumption of fresh fruits and vegetables.
- 4) **Reporting Requirements:** DOHMH anticipates that the Contractor would submit a monthly program report to DOHMH, reporting contract delivery events for the previous month. Data points would include:
- A. The number of unique residents in the targeted community reached and services provided.
 - B. The number of unique residents who attended workshops.
 - C. The names of participants who received enrollment and coverage navigation assistance and agreed to have their first and last name shared with DOHMH for program evaluation purposes.
 - D. Quantitative data specific to the person served. They will also submit a monthly data report on all people they serve within the first five business days of the following month. Data falls into six major categories: Medical Service Needs, Billing Cases by Bill Type, Billing Cases by Insurance Type for Target Clients, Cases by Health Plan, Participants receiving Health Navigation and CHW services.
 - E. On a quarterly basis Qualitative Data should be provided indicating major themes around issues and barriers faced by residents in programs target development.



Use of HHS Accelerator.

To respond to the forthcoming Harlem Health Advocacy Partners Insurance Navigation RFP, vendors must be appropriately qualified in the City's Health and Human Services (HHS) Accelerator System. The HHS Accelerator System is a web-based system maintained by the City of New York for use by its human services Agencies to manage procurement.

Only organizations with approved HHS Accelerator Business Application and Service Applications for one or more of the following service areas will be eligible to propose:

- **Community Engagement**
- **Life Skills**
- **Health Education and Supports**
- **Outreach**
- **Capacity Building**
- **Entitlements Assistance**
- **Financial Counseling**

To submit a Business and Service application to become eligible to apply for this and other client and community services RFPs, please visit <http://www.nyc.gov/hhsaccelerator>.

Proposed Term of the Contract(s)

It is anticipated that the term of the contract awarded from this RFP would be as follows:

- September 1, 2019 – August 31, 2025

Procurement Timeline

It is anticipated that the RFP issuance date would be in summer 2018, with an approximate proposal due date in fall 2018 and expected award decisions in spring 2019.

Funding Information and Proposed Payment Structure

The anticipated Maximum Reimbursable Amount of the contract would be \$2,700,000 for the six year term. The agency expects to make one award. The actual funding levels will depend upon the availability of funds.

The agency is particularly interested in feedback from the provider community on how to structure payments under the resulting contracts.

Contact Information /Deadline for Questions/Comments

Comments are invited by April 9, 2018. Please email RFP@health.nyc.gov and indicate **HHAP Concept Paper** in the subject line of the email. Alternatively, written comments may be sent to the following address:

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