

# Navigators and In-Person Assistors: Exchanges

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 **Navigators Defined**

 **State Considerations**

- Navigator Roles and Responsibilities
- Navigator Oversight

 **What States Are Doing**

# What is a Navigator?

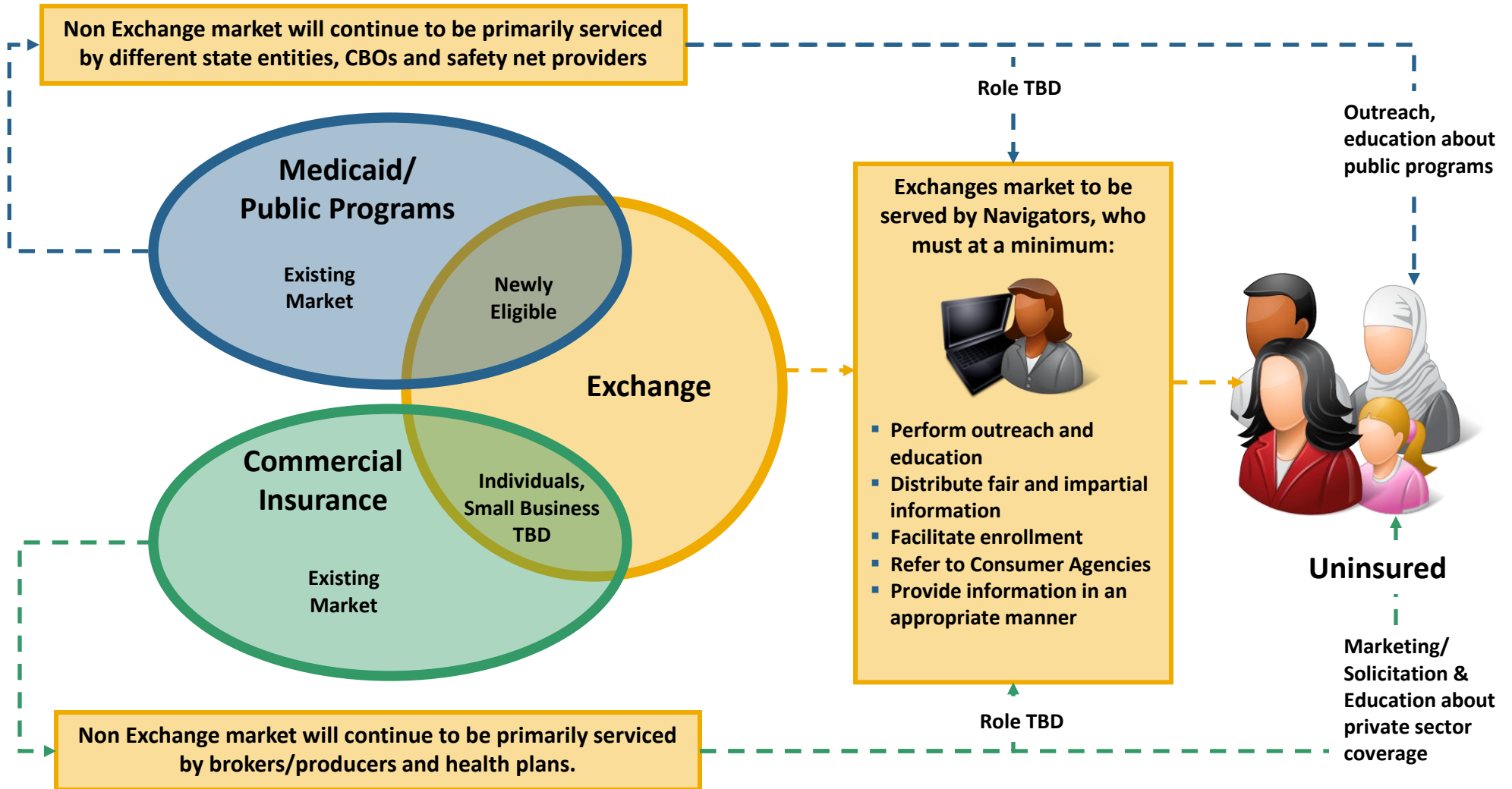
## Exchanges must establish a Navigator program to perform the following functions:

- Conduct public education activities to raise awareness of the availability of QHPs;
- Distribute fair and impartial information concerning enrollment in QHPS and the availability of premium tax credits and cost-sharing reductions in accordance with federal laws;
- Facilitate enrollment into QHPs;
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman or any other appropriate state agency or agencies, of any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan of coverage; and
- Provide information in a manner that is culturally and linguistically appropriate to meet the needs of the population being served by the Exchange

ACA § 1311(i)

# Role of Navigator Post-ACA

- The Exchange sits at the intersection of two insurance markets – commercial and public – each with separate mechanisms for outreach/marketing, enrollment and other consumer assistance functions.
- States must contemplate the role and financing of the various consumer assistance providers across markets and programs.



## Navigators must:

45 CFR § 155.210(e)

- 1 Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange
- 2 Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs
- 3 Facilitate selection of a QHP
- 4 Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or determination under such plan or coverage
- 5 Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency

# Who Can Serve as a Navigator?

## Navigators must:

45 CFR § 155.210(c)

- 1 Have existing relationships, or could easily establish relationships with target populations
- 2 Meet state licensing or other standards
- 3 Not have a conflict of interest
- 4 Comply with the privacy and security standards adopted by the Exchange

**Federal regulations require Navigators include at least one community based organization/consumer-focused non-profit as well as at least one of the following:**

- Trade, industry, and professional associations;
- Commercial fishing industry organizations, ranching and farming organizations;
- Chambers of commerce
- Unions
- Resource partners of the Small Business Administration
- Licensed agents and brokers; and
- Other public or private entities or individuals that meet the requirements of this section, e.g., Indian tribes, tribal organizations, and State or local human service agencies

## Training:

45 CFR § 155.210(b)(2)

States must establish a set of training standards for Navigators to ensure expertise in:

- ① The needs of underserved and vulnerable populations;
- ② Eligibility and enrollment rules and procedures;
- ③ The range of QHP options and insurance affordability programs; and
- ④ The privacy and security standards.

## Financing:

45 CFR § 155.210(f)

- The regulations stipulate that Navigators may not be funded from Federal funds received by the State to establish the Exchange
- Navigators may be funded by Medicaid at the State's administrative federal financial participate rate.



## **Navigators must not:**

**45 CFR § 155.210(d)**

- Be a health insurance issuer;
- Be a subsidiary of a health insurance issuer;
- Be an association that includes members of, or lobbies on behalf of, the insurance industry; or,
- Receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP or a non-QHP

## **Exchanges must develop and disseminate conflict of interest standards to ensure appropriate integrity of Navigators. The preamble urges Exchanges to address:**

- Financial and nonfinancial considerations
- Family member's employment or activities with potentially conflicted entities
- Monitoring of Navigator-based enrollment patterns
- Legal and financial recourses for consumers that have been adversely affected by a Navigator with a conflict of interest
- Applicable civil and criminal penalties for Navigators that act in a manner inconsistent with the conflict of interest standards set forth by the Exchange.







# Navigator Roles and Responsibilities – State Considerations

- Will Navigators support the state's Medicaid program?
- Will Navigators assume other responsibilities (e.g. troubleshooting/dispute resolution, health education?)
- How will the costs of additional services impact the overall costs of the Exchange?
- How will Navigators coordinate with existing enrollment and consumer assistance entities?
- Do all Navigators perform all functions or can there be different levels of Navigators?
  - How should “assisters” be defined or deployed?
- What role do Navigators have in consumer education vs. assistance?
- How can Navigators be used as a feedback mechanism to assess policies and procedures?
- Will Navigators have a different role in the individual market vs. SHOP?
- How should the Exchange ensure that Navigators balance roles and responsibilities during the open enrollment timeframe versus the rest of the year?
- What standard operating practices or metrics should be used to monitor Navigators?




## States Must Consider:

- Will the Exchange select, contract with and provide overall compliance oversight for Navigators or are these functions best provided by another entity?
- To the extent Navigators provide Medicaid services, what role will the Medicaid Agency have in providing oversight of Navigators?
- What reporting requirements and mechanisms are needed to track and monitor Navigator activity?
- How will the state track consumer complaints regarding Navigators?
- How do Navigator functions intersect with state licensure requirements?
- What should be the rules for certification/licensing, renewals, revocations, reinstatement, etc.?
- What conflict of interest standards should be established?




# Appendix: Notable State Activity

<p><b>Arkansas</b></p> 	<ul style="list-style-type: none"> <li>On June 1, 2012, the Arkansas Insurance Department released a Request For Information (RFI) for a solution to meet the technical needs of the Navigator Program Services required under the ACA. The software solution for the Navigator Program in Arkansas must manage three functions concurrently: grant applications, grantee operations and Certified Navigator training/certification. Proposals were due June 22nd and no award has yet been made. Arkansas has previously announced they will pursue a partnership exchange.</li> </ul>
<p><b>California</b></p> 	<ul style="list-style-type: none"> <li>On June 26, 2012, The California Health Benefit Exchange released a final draft of Phase I and II of the Statewide Assisters Program Design Options, Recommendations and Final Work Plan on June 26, 2012. The report includes two primary components. The first is the Assisters Program recommendations regarding the role of Assisters and Navigators as mandated by the Affordable Care Act. The recommendations also cover training, eligibility and standards, and recruitment and monitoring of Assisters. The second component includes design options for the Exchange to consider with regard to the compensation of the Navigators.</li> <li>The California Health Benefit Exchange, Department of Health Care Services and the Managed Risk Medical Insurance Board commissioned a report on "California Health Benefits Marketplace Assisters Program." The report: (1) Describes the Assisters Program to include Certified Enrollment Assisters that would be trained, certified and registered with the Exchange in order to enroll consumers in Exchange products and programs. Only those Certified Enrollment Assisters that are designated as Navigators will be compensated by the Exchange and (2) Indicates that Navigators will only be compensated for enrollment of consumers in Qualified Health Plans based on a fixed per application fee of \$58 for a successful enrollment activity. There will be no compensation for renewals.</li> </ul>
<p><b>Colorado</b></p> 	<ul style="list-style-type: none"> <li>In March 2012, the Colorado Consumer Health Initiative, the Colorado Center on Law and Policy and the Colorado Public Interest Research Group released a report on the consumer perspective on Exchanges, which included survey questions to consumers on Navigators. Of the individuals who responded, 70 percent said they would be extremely likely to use a navigator, and just less than 8 percent said they were not at all likely to use a navigator. The remaining 22 percent were neutral. When asked how they would most like to contact a navigator, the first choice was a phone call to a live person. That was followed by online chat, email and face-to-face</li> </ul>
<p><b>Connecticut</b></p> 	<ul style="list-style-type: none"> <li>The Brokers, Agents and Navigators Advisory Committee released proposed recommendations on July 10, 2012 on the role of Navigators, Brokers and Agents. The recommendations include two tiers of Navigators for the individual market:             <ul style="list-style-type: none"> <li>Tier 1 Educators will focus on raising awareness of the Exchange and Medicaid options, and distribute impartial information about options and enrollment. They would be paid on a grant/lump sum basis.</li> <li>Tier 2 Enrollers will focus on collecting the information needed to determine eligibility for appropriate programs, assisting in enrollment, and following up with consumers as needed. The committee is still discussing how to compensate Tier 2 Navigators.</li> <li>Organizations, not individuals, will be designated as Navigators and can apply for Tier 1, Tier 2 or both functions; individuals carrying out Navigator duties will have to receive the appropriate training and certifications.</li> <li>The committee is still discussing how to certify SHOP Navigators.</li> <li>The committee also discussed providing training/information opportunities for stakeholder organizations and individuals who are not interested in certifying or being paid as Navigators but who want to help in outreach and public education.</li> </ul> </li> </ul>

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<p><b>Illinois</b></p> 	<ul style="list-style-type: none"><li>▪ The “Illinois Navigator Program Design Final Report” includes the following recommendations:<ul style="list-style-type: none"><li>▪ Navigators should be selected competitively.</li><li>▪ Navigators should be required to complete training and certification requirements.</li><li>▪ Navigators should receive block grant payments.</li><li>▪ Navigators should have the opportunity to earn incentive payments, for which standards would be established in advance.</li><li>▪ Navigators should initially serve consumers in the individual Exchange (and the Medicaid market) but not the SHOP Exchange.</li><li>▪ The current Medicaid outreach and eligibility support program should be fully integrated into the Navigator Program. Rather than continue to operate a separate outreach and consumer assistance program for Medicaid and All Kids, AKAAs should also be able apply to become Navigators.</li></ul></li></ul>
<p><b>Maryland</b></p> 	<ul style="list-style-type: none"><li>▪ On August 3, 2012, the Exchange issued a request for information (RFI) seeking input on the design of its Navigator Program. The information collected will help inform the analysis of options by the Exchange’s Navigator Advisory Committee, as well as the solicitation of Navigators by the Exchange in early 2013. Specifically, the RFI asks respondents to provide information related to the following categories: Navigator role and responsibilities in the Individual Exchange; Navigator role and responsibilities in the SHOP Exchange; training; and compensation. Responses were due August 17, 2012.</li><li>▪ Under legislation passed in the state, Navigators in the individual exchange are responsible for reaching out to uninsured individuals. Navigators can “sell” only plans inside the Exchange. Certified Navigators (certified by Exchange) are the only ones able to support plan selection. Assistors can support outreach, and anything leading to plan selection and/or individual subsidy discussions.</li><li>▪ SHOP Navigators are responsible for reaching out to uninsured groups. Can “sell” only plans inside the Exchange. Licensed (by MIA; different than producer license) Navigators are the only ones able to discuss tax subsidies and support plan selection. Licensure limited to in the exchange, only. Assistors can support outreach and anything leading up to tax subsidy / plan selection discussions.</li></ul>
<p><b>Nevada</b></p> 	<ul style="list-style-type: none"><li>▪ On June 8, 2012, the Nevada Silver State Exchange’s Consumer Assistance Workgroup discussed Navigators and Brokers. Specifically, their roles and responsibilities, licensing, certification and training, compensation, conflicts of interest and relationship with insurers, and performance metrics. The Workgroup proposed both education Navigators and Enrollment Navigators. Education Navigators are certified by the Exchange and perform all Navigator functions with a focus on outreach to consumers and general health insurance education. Education Navigators can not do enrollment. Enrollment Navigators are licensed and regulated by the DOI and undergo a criminal background check. They are responsible for enrolling consumers into plans offered in the Exchange. Both Navigators will be funded by competitive grants from the Exchange.</li></ul>

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<p><b>Oregon</b></p> 	<ul style="list-style-type: none"> <li>▪ The Oregon Health Insurance Exchange Corporation met to discuss the functions of the Exchange and recommended:             <ul style="list-style-type: none"> <li>▪ The Exchange establishes an Agent Management Program. The Exchange will obtain licensure to become a “Business Entity” which is eligible to affiliate with multiple producers under Oregon Insurance regulation.</li> <li>▪ As a Business Entity, the Exchange will collect commission from issuers and redistribute commissions to certified agents (as certified by the Exchange). Essentially, the exchange becomes an agent of each participating issuer, eligible to become the single commission payee for all Exchange business for each participating issues. The intent of this model is to remove any incentive for agents to recommend one plan over another.</li> <li>▪ The Exchange will be tasked with developing a network of agents covering all areas of Oregon. Agents must meet the minimum criteria set forth by the Exchange (including hold a current license, in good standing, has E&amp;O, completes training, etc).</li> </ul> </li> </ul>
<p><b>Vermont</b></p> 	<ul style="list-style-type: none"> <li>▪ On September 9, 2012, the Medicaid and Exchange Advisory Board met to discuss Exchange updates. On the Navigator, "current progress" includes designing a compensation plan; estimating the needed capacity; developing the certification criteria and process; and creating a training program. Next steps include developing an RFP and model contract and creating an evaluation process</li> <li>▪ On June 27, 2012, Bailit Health Purchasing provided a report on Proposed Marketing and Outreach Plan; Navigator Proposal to the Vermont Health Benefit Exchange Advisory Committee which presented nine recommendations, including The Navigator Program should play a central role in Vermont’s early efforts to educate and outreach to the public about coverage available through the Exchange; The State will need to determine an overall budget for the Navigator program, without reliance on federal funds, and should provide enhanced funding during the initial Exchange implementation period. Navigators should have the capacity to serve clients over the phone, by email, and in person, as most appropriate; and the Navigator function should be well-coordinated with that of State and call center staff.</li> </ul>
<p><b>Washington</b></p> 	<ul style="list-style-type: none"> <li>▪ Conducted a survey and did stakeholder interviews in early 2012 to arrive at recommendations for the Navigator program. Recommendations include that:             <ul style="list-style-type: none"> <li>▪ Navigators be knowledgeable about all aspects of the Exchange, including tax credits, subsidies and Medicaid. Training was mentioned as a “must” and stakeholders were divided between requiring certification for Navigators versus licensure (which was advocated by brokers)</li> <li>▪ Navigators should be viewed as trustworthy and independent- not part of a government agency and, preferably, part of an existing resource consumers already turn to for guidance</li> <li>▪ Navigators will need to offer support in a variety of ways- including in-person and online- as well as at the provider’s location</li> </ul> </li> <li>▪ The Exchange is working with Wakely Consulting Group to further develop and refine the structure of the Navigator Program. A forthcoming report will address the program infrastructure, payment model, training program and performance measures. In addition, a newly-formed Technical Advisory Committee devoted to the Navigator Program will conduct its first meeting in July 2012</li> </ul>

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