

Navigators and In-Person Assistors: Medicaid Integration

October 2012

Support for this resource provided through a grant from the Robert Wood Johnson Foundation's State Health Reform Assistance Network program.

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-  **Health benefit exchanges (HBE) must support enrollment into Insurance Affordability Programs.**
-  **Federal law permits but does not require Navigators to enroll Medicaid and CHIP populations.**
-  **States face a number of questions related to the how the Navigator Program and Medicaid/CHIP interact, including the scope of services for each entity, oversight/training and financing.**
-  **No matter how states organize the Navigator Program, handoffs between Navigators/the Exchange and Medicaid/CHIP will occur and processes must be in place to make the enrollment process seamless for consumers.**



Federal Regulations outline Exchange role in Medicaid Eligibility Determination

- Exchanges may execute all eligibility functions directly or enter into contracts with state Medicaid agencies
- Exchanges must apply MAGI-based income standards and immigration and citizen status consistent with federal Medicaid/CHIP regulations

Regulations also outline Medicaid Agency Role in QHP Tax Subsidy Eligibility Determinations

- State Medicaid Agency must certify Medicaid eligibility criteria for the Exchange and enter into agreements with Exchange to ensure prompt eligibility determinations and enrollment
- If the Medicaid Agency determines an individual is not Medicaid eligible, the Agency must assess potential eligibility for other Individual Affordability Programs
- Exchanges and Medicaid Agencies must enter into agreements delineating their respective areas of responsibility in relation to both Medicaid eligibility determination and eligibility for Advanced Premium Tax Credits (APTCs)/Cost Sharing Reductions (CSRs)

ACA

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 a 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

Note: Qualified health plans are defined at Section 1301 of ACA and do not include Medicaid and CHIP plans.

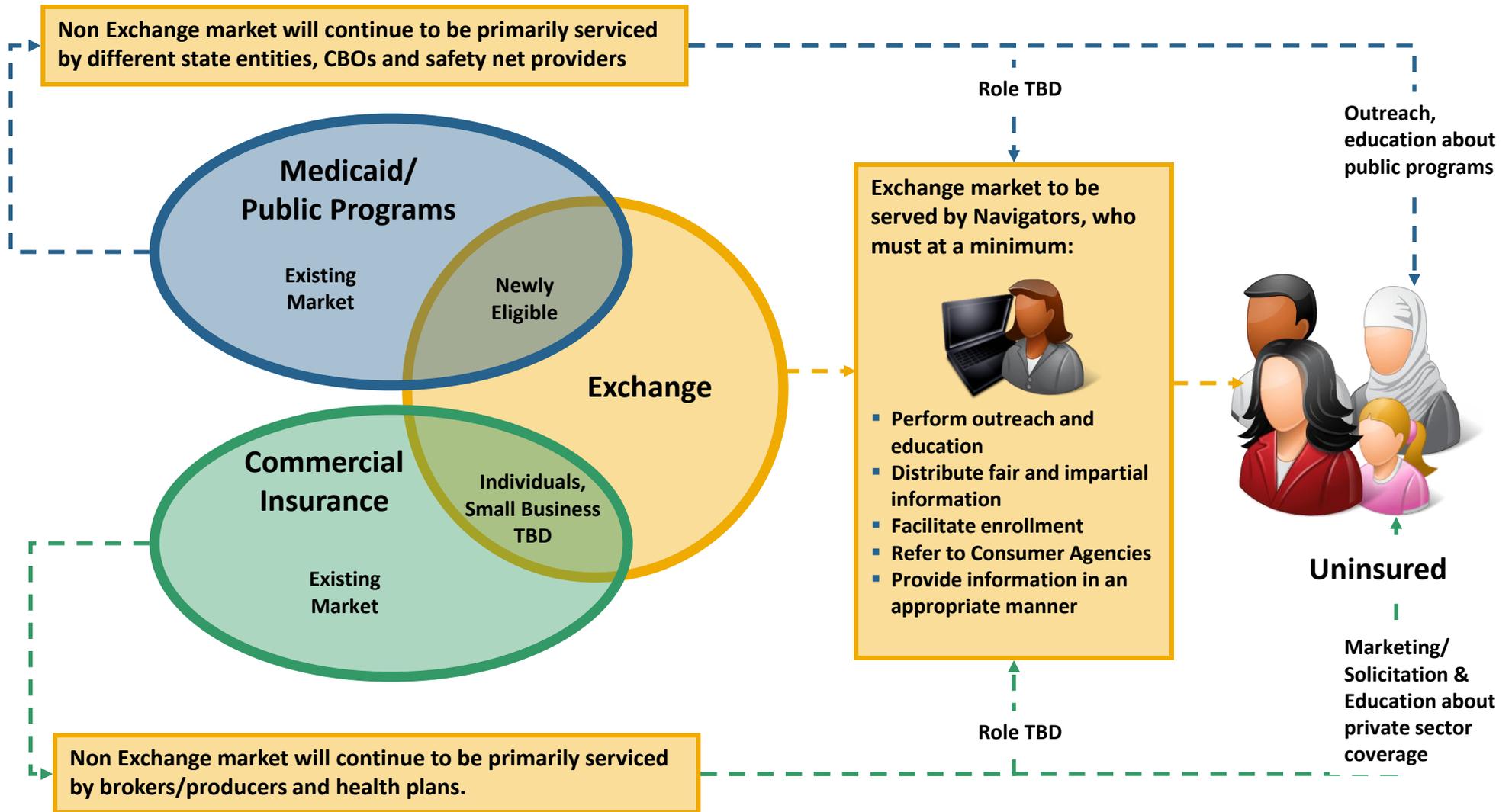
Regulations

Federal regulations permit States to require the Navigator Program to also provide Medicaid/CHIP eligibility/enrollment functions.

- Addressed in preamble but not regulatory text. The discussion relates to Navigator Program financing and the ability to request Medicaid support of the Navigator program to the extent the state “permits or requires” Navigators to address Medicaid and CHIP.
 - “If the State chooses to permit or require Navigator activities to address Medicaid and CHIP administrative functions, and such functions are performed under a contract or agreement that specifies a method for identifying costs or expenditures attributable to Medicaid and CHIP activities, the Medicaid or CHIP agencies may claim Federal funding for a share of expenditures incurred for such activities at the administrative Federal financial participation rate described in 42 CFR 433.15 for Medicaid and 42 CFR 457.618 for CHIP.”

Role of Navigator

- 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.



Consumer Options for Enrollment in Medicaid and QHPs in 2014



Uninsured

Multiple avenues for consumer engagement make seamless integration of roles and responsibilities critical.



Online/Mail In



Exchange Call Center



State Medicaid/CHIP agency



Navigator

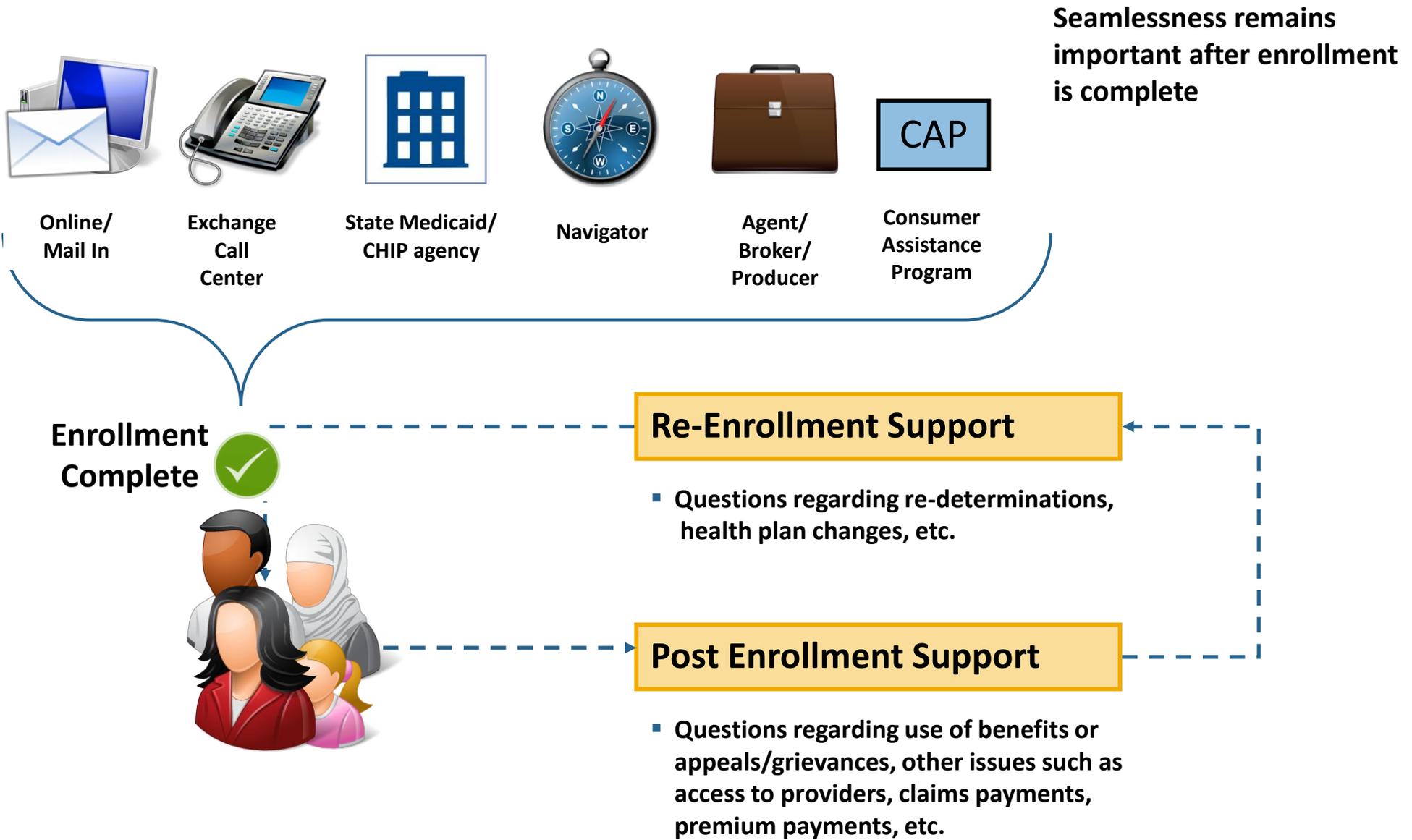


Agent/Broker/Producer



Enrollment Complete

Consumer Options for Post-Enrollment Help



State's Options for Medicaid and Navigators

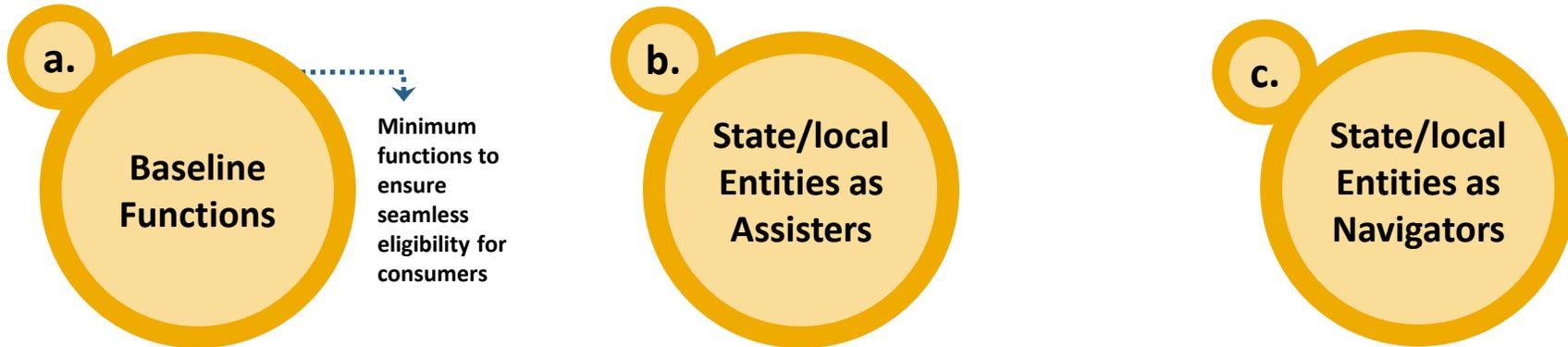
- ①... The role of Medicaid/CHIP in PTC/CSR eligibility and QHP enrollment
- ②... The role of Navigators in Medicaid/CHIP eligibility and enrollment
- ③... Financing
- ④... Oversight

1 The role of Medicaid in PTC/CSR eligibility and QHP enrollment

- ■ **To what extent will the Medicaid/CHIP Agency assist consumers with PTC/CSR eligibility? QHP enrollment?**
- ■ **If providing PTC/CSR eligibility and QHP enrollment support...**
 - How will Medicaid/CHIP staff be trained?
 - How will they be paid for their services?
 - Who will be responsible for providing oversight (Exchange/Medicaid Agency)?
- ■ **Will the state permit state/local entities conducting Medicaid/CHIP eligibility to become Navigators?**
- ■ **If so...**
 - Would all state/local Medicaid/CHIP entities participate or a subset (e.g. certain counties)?
 - Would they be designated like other nongovernmental vendors or would the state create an alternative process (e.g. MOU)?

Role of State/Local Entities in Navigator Program – Illustrative Example

Federal law permits state and local agencies to become Navigators. Exchanges have several options for the involvement of State/local entities.



- ...● State/local entities continue to provide Medicaid and CHIP eligibility and application assistance (the number of individuals eligible will increase and new MAGI eligibility rules will be implemented)

- ...● State/local entities & Exchanges establish protocols for handoffs to Navigators, or the call center for individuals not eligible for Medicaid and potentially eligible for PTCs/QHPs

- ...● Protocols may address:
 - Data sharing arrangements and case file hand offs
 - Referral relationships with Navigators to provide services
 - On-site services or kiosks

- ...● State/local entities provide services beyond Medicaid/CHIP application and eligibility assistance, but not the full range of Navigator functions

- Determination of eligibility for PTCs/CSRs
- Education about QHP options

- ...● State/local entities provide the full range of PTC/CSR eligibility and QHP enrollment functions.

- ...● State/local entities either employ or contract with Navigators to provide services

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- 2** — **The role of Navigators in Medicaid/CHIP eligibility and enrollment**
- **Will Navigators make Medicaid/CHIP eligibility determinations?**
 - **Will Navigators enroll Medicaid/CHIP recipients in health plans (in states with Medicaid managed care)?**
 - **If so what hand-offs be necessary between Navigators and the Medicaid/CHIP Agency.**

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Financing

The Navigator Program must be financed through Exchange operations. To the extent Navigators provide Medicaid services, the Federal government may match state expenditures through the Medicaid Program.

- **How will the state pay for PTC/CSR eligibility and QHP enrollment functions performed by the Medicaid agency?**
- **Will the Medicaid/CHIP Program leverage Federal matching dollars to support the Navigator services for Medicaid/CHIP-related functions?**
- **If so, which entity will put up the state match – the Exchange or the Medicaid Agency? And how will costs be allocated?**

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Oversight

The Exchange will need to ensure that appropriate oversight of Navigators occurs. This could include (but is not limited to):

- Develop and conduct training
- Develop performance measures and a process for reporting progress to Exchange
- Troubleshooting
- Quality Assurance/Audit

▪ **Who has responsibility for oversight of Navigators providing Medicaid services? Medicaid workers providing Navigator services?**

▪ **How will the Exchange and Medicaid coordinate oversight?**

▪ **Who will set Navigator standards?**

▪ **How will monitoring/reporting occur?**

▪ **How will the state/Medicaid track consumer complaints regarding Navigators?**

**How Will Hand-Offs Occur Between
the Various Entities?**

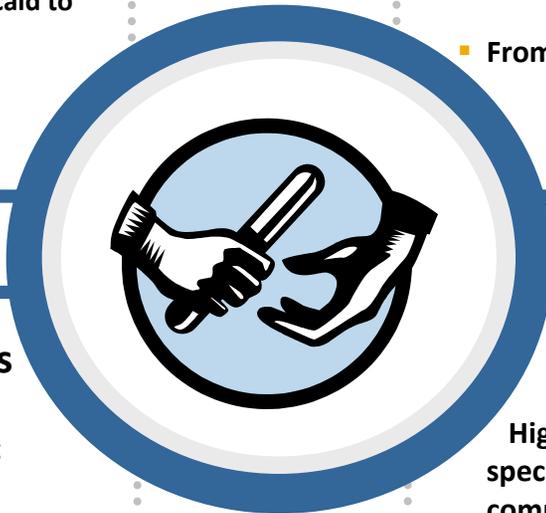
When Hand-Offs May Occur

Between Navigators and Medicaid

- Will vary depending on Exchange model and agency roles in routine determination processes, e.g.:
 - Whether Medicaid needs to send to Navigators to complete QHP enrollment and,
 - Whether Navigators need to send to Medicaid to complete Medicaid eligibility/enrollment
- Probable in cases involving mixed-coverage households; non-MAGI eligibility; or CHIP waiting periods

Between Navigators and Call Center

- From the Call Center to Navigators
 - When the client would like to meet with someone in person
 - When the client needs a specialized service or expertise not house at the Call Center
 - If/when the call center is at Capacity
- From Navigators to the Call Center
 - When a Navigator does not have the expertise or capacity to support the client



Between Navigators and Producers

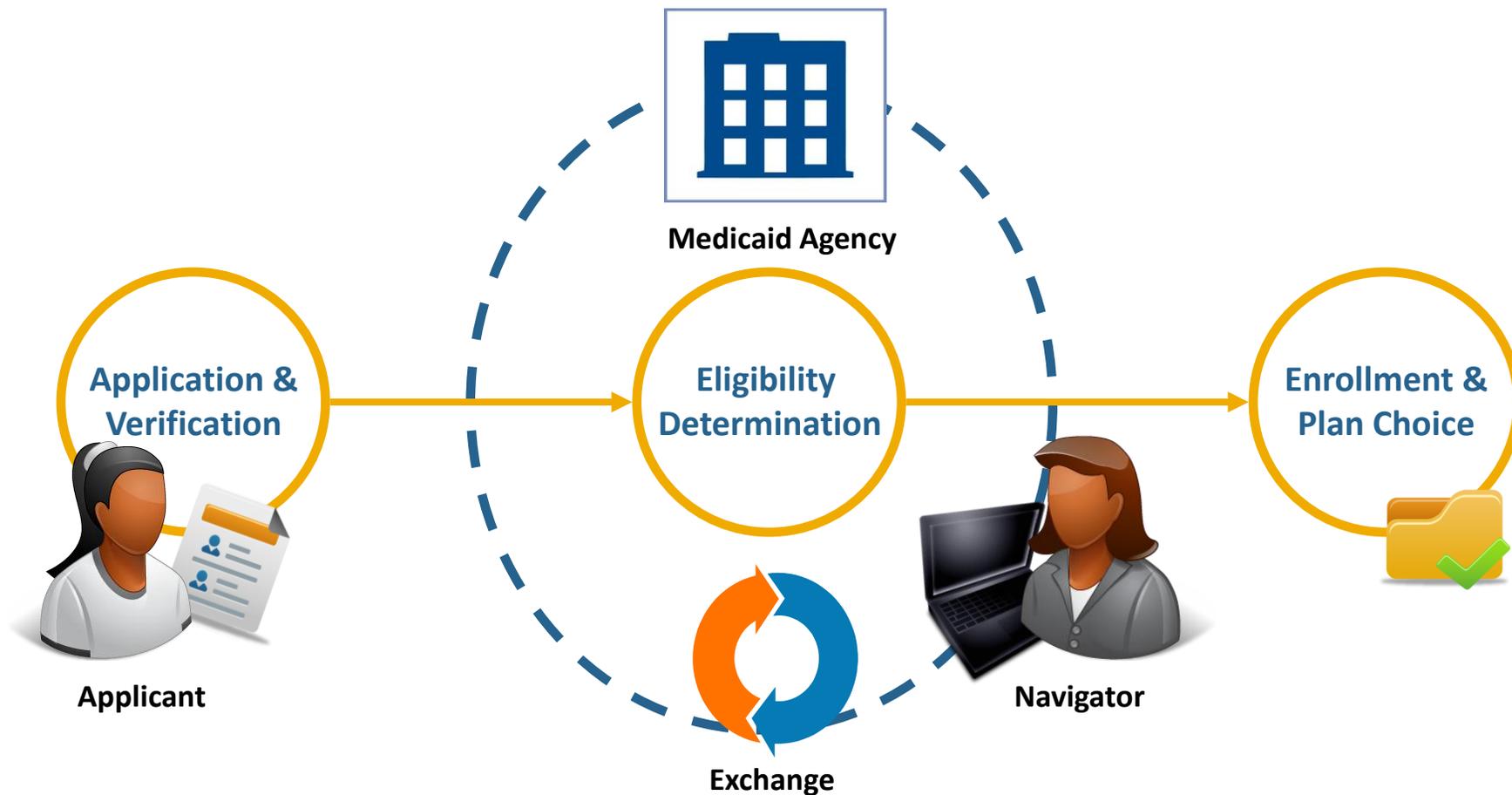
- A client wants information about products not available through the Exchange
- An individual anticipated to be eligible under Medicaid or CHIP approaches a Producer
- A producer identifies a small business who does not want to sign up for insurance, but is interested in getting individuals enrolled and would prefer to hand off to a Navigator.

Among Navigators

- High need individuals that need a Navigator with specialized skills, such as language or cultural competency, or require a specific geographic location
- When a Navigator does not have enough capacity to support additional clients
- When a Navigator in another geographic area may be better suited to support the client

Potential Hand-offs Between Various Entities

- Vary depending on Exchange model and agency roles in routine determination processes.
- Required in mixed-coverage households; non-MAGI eligibility; or CHIP waiting periods.
- Should be minimized and must be seamless for the consumer.



Memorandums of Understanding Between the Navigator Program and Medicaid

The Exchange may use MOUs with Medicaid Agency to accomplish the following:

- Establish roles and responsibilities of the Exchange, the Navigator Program, and the Medicaid Program
- Referral and hand-off procedures
- Determine oversight responsibility of Navigators to the extent they are providing Medicaid services, and of Medicaid workers to the extent they are performing PTC/CSR/QHP functions
- Training requirements across entities
- Establish and coordinate funding streams
- Identify shared resources and the extent to which each party may leverage them

Notable State Activity

<p>California</p> 	<ul style="list-style-type: none">▪ Community Health Councils (CHA) issued a report for the State of California that recommended that the State should capitalize on the ability to draw down additional federal dollars through Medi-Cal Administrative activities.
<p>DC</p> 	<ul style="list-style-type: none">▪ DC will place Medicaid enrollment within the Exchange in order improve the continuity of coverage and gain administrative efficiencies. They expect co-management will ease outreach and education of consumers and may aid in capturing more of the uninsured into various health insurance coverage options.
<p>Illinois</p> 	<ul style="list-style-type: none">▪ HMA issued a report for the State of Illinois that recommended the State incorporate Medicaid eligibility and enrollment functions into the Navigator Program with the intent of streamlining eligibility/enrollment processes in the state.▪ The report also recommended maximizing federal Medicaid funding to offset a portion of the costs of the Navigator Program as Navigators will necessarily identify and enroll eligible individuals into Medicaid.

Notable State Activity

<p>Kansas</p> 	<ul style="list-style-type: none">▪ In January 2011 Kansas Insurance Commissioner Sandy Praeger convened a group of stakeholders to begin the process of designing a state Exchange that would work for Kansans. One of the workgroups is on Medicaid Integration and Interagency Communications.
<p>Maryland</p> 	<ul style="list-style-type: none">▪ State law requires Navigators serving the Individual Exchange to provide consumers with Medicaid/CHIP eligibility and enrollment services.▪ The state is still determining how this will be operationalized, including the extent to which Medicaid will provide oversight of Navigators providing Medicaid services and payment for those services .
<p>Vermont</p> 	<ul style="list-style-type: none">▪ State law requires the Exchange to sit within the Department of Vermont Health Access (DVHA) to be managed jointly with the Medicaid program. The law also establishes a joint Medicaid and Exchange Advisory Committee.

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