State Health Reform Assistance Network
Charting the Road to Coverage

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Designing Consumer Assistance Programs: Resources from the Field

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Introduction

The implementation of the Affordable Care Act (ACA) presents opportunities for Medicaid, the Children's Health Insurance Program (CHIP), and soon-to-be-established Health Benefits Exchanges to improve their efforts to provide consumer assistance. The Congressional Budget Office estimates that seven million Americans will enroll in Medicaid and CHIP, mostly adults under 65, and nine million more will enroll in commercial insurance through the Exchanges in 2014 when the new ACA coverage expansion provisions will be in place. It is expected that enrollment will increase over time as more of the population becomes familiar with and knowledgeable about these new coverage opportunities. Additionally, states can expect shifts in enrollment of children between Medicaid and CHIP and into coverage provided through Exchanges due to new eligibility requirements. Many others will be eligible for federal subsidies to help pay for private insurance purchased through an Exchange. In light of these changes, consumers will require unbiased, accurate information, particularly in the first year of operations. States are considering providing consumer assistance through multiple avenues including: advertising, websites, community-based organizations, navigators, in-person assisters, insurance producers and carriers, and call centers.

Regulatory requirements for consumer assistance for Exchanges include: implementation of navigator programs, call centers, and consumer-friendly Exchange websites. (Though not required by law, there are also new opportunities to engage insurance brokers.) Medicaid and CHIP agencies must also provide application and renewal assistance in person, by phone, and online. Two publications by Manatt Health Solutions, one on Exchange regulations and the other on Medicaid regulations, summarize the consumer assistance requirements.

A coordinated and consistent approach to consumer assistance across Medicaid, CHIP, and the Exchange is vital to the success of all. Consumers expect to receive the same level of assistance no matter which program they encounter or for which they are ultimately found eligible. Communication and coordination among programs about existing assets such as call centers, online communication and consumer-facing account technology, and relationships with private insurance and community-based organizations will ensure all resources are maximized and reduce duplication.

This brief outlines major state decisions regarding consumer assistance strategies and lists valuable tools that state officials can use when determining how to meet the needs of new and current consumers. Many of the resources come from the State Health Reform Assistance Network (*State Network*). Each resource is intended to help state officials make decisions about how to design consumer assistance strategies. The resources are summarized in a manner that will help readers determine their usefulness; links to each product are included in the appendix.

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The brief covers four major topic areas that states are considering as they develop consumer assistance strategies:

- Outreach and engagement through marketing and advertising;
- Enrollment assistance through navigators and in-person assistors;
- Engagement of insurance producers (inclusive of both agents and brokers); and
- Individualized support through call centers and other communications.

Education and Marketing to Engage Consumers in a New Coverage Landscape

To ensure successful and robust enrollment in coverage, states, the federal government, and their stakeholder partners will need to strategize about how to most effectively engage populations seeking coverage in this new landscape. The ACA creates a new framework for engaging consumers both through the Exchange and Medicaid.

- Outreach and educational materials provided by Exchanges must be culturally and linguistically appropriate and cover information regarding eligibility and enrollment options, benefits, and services available through the Exchange, and Insurance Affordability Programs (IAPs), including Exchange subsidies, cost-sharing reductions, and Medicaid.
- Exchanges must have an outreach plan for certain populations including: individuals, entities with experience in facilitating enrollment such as agents/brokers, small businesses and their employees, large employer groups, health care providers, community-based organizations, Federally-recognized Tribal communities, advocates for hard-to-reach populations, and other relevant populations.[1]
- Medicaid agencies must have the capacity to furnish— by paper, electronically, or orally— timely information in plain language on eligibility requirements, Medicaid services, and rights and responsibilities of applicants and beneficiaries. Information must be accessible to those with limited English proficiency and those with disabilities.[2]

Marketing the Massachusetts Health Connector

After passage of its health reform law in 2006, Massachusetts designed and implemented a three-phase marketing campaign to reach its principle goal of increasing the number of people with insurance. This campaign included 1) the development of strategies to raise awareness about changes due to the new law; 2) development of an "edgy, creative campaign" to enroll uninsured residents into coverage; and 3) promotion of the of Massachusetts' health Exchange "Connector" brand among identified target populations.

States can use many education and marketing vehicles to engage consumers under the scope of these new requirements. Websites and social media can be helpful tools for states, and consumers will respond to messages they can relate to and from those they trust. This presentation from Community Catalyst notes the need to create assistance that is "grounded in the needs of real people," citing common characteristics about Medicaid enrollees and potential Exchange consumers. More than just a marketing strategy, people-centered programming is fundamental to all consumer assistance. Furthermore, as noted in this presentation, GMMB, a *State Network* technical assistance provider, emphasizes the need to fashion assistance that is objective and trusted and with messages that will not confuse or overwhelm consumers.

Several states have already begun the process of planning or implementing marketing strategies to educate consumers about the changing coverage landscape. For example, Cover Oregon maintains an interactive website detailing the purpose, mission, and intended function of its Exchange. Additionally, this tip sheet from the *State Network* covers ten best practices for effective website design.

In addition to the regulatory requirements of a website, this report by the National Academy for State Health Policy (NASHP) for the *State Network* includes examples of some marketing strategies states are considering, including presentations to community groups, use of Twitter, blogs, and websites, distribution of educational materials at public fairs and festivals, media campaigns, creation of tailored messages and consistent branding, and development of partnerships with "trusted faces"–local celebrities and community partners–to increase spread of the message. Oregon has developed a comprehensive communication plan and several other states are contracting or plan to contract with communications firms to develop a robust marketing and outreach strategy intended to educate consumers about the new health coverage landscape. Colorado's Request For Information may be useful as a model for states considering this strategy.

[1] Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers 45 CFR 155.130 (2012).

[2] Medicaid Program; Eligibility Changes Under the Affordable Care Act of 2010, 42 CFR 435.905 (2012).

As the uninsured are not a homogeneous group, states may want to target specific, key sub-populations. As noted in this report by NASHP, some populations that states may opt to target include the "traditionally hard-to-reach, like those with limited English proficiency or rural populations, [or] 'new' populations who will for the first time be exploring and selecting insurance." States will need a comprehensive understanding of the characteristics of those populations in order to fashion their engagement strategies in ways that can most effectively reach intended populations. Some tools states can use to do so are provided by the State Health Access and Data Assistance Center (SHADAC), which shares lessons on how data and mapping can drive targeted outreach efforts through a more robust understanding of key characteristics of specific populations and their access to programs, vehicles, or infrastructure that can reach them. Micro-simulation models, like those analyzed in this brief, allow states to conduct state-specific and flexible analyses of the potential impacts of various policy and programmatic changes on populations. These models help states gauge how their populations will be impacted by and respond to changes in availability and accessibility of coverage. Such tools may help states assess the implications of both federal and state decisions on different populations and assist states in directing outreach, marketing and education to those who will be most affected by the impending coverage changes.

Using Navigators and In-Person Assisters to Provide Consumer Assistance

As a required function of the Exchange, the navigator program is an integral part of the consumer assistance landscape. Federal regulations include specifications related to required navigator duties, conflict of interest provisions, and required entities, i.e. that at least one navigator entity be a consumer-focused nonprofit. States will need to make decisions within these regulatory parameters, including: who will be navigators, how they will be paid, what oversight mechanisms will be in place, and how or if the navigators will work with Medicaid in addition to Exchange populations.

In-person assisters (IPAs), a new class of consumer assistance personnel included in the Exchange blueprint, will perform similar functions as navigators. In-person assistance, as defined by the guidance on Federally-facilitated Exchanges and further detailed in guidance on State Partnership Exchanges, may include helping consumers with: filing an application, receiving an eligibility determination, reporting changes during the coverage year, renewing coverage, comparing and selecting a coverage option, and enrolling in a QHP. IPAs must also meet the Exchange's conflict of interest, privacy and security, and accessibility standards.[3] IPA programs are required for State Partnership Exchanges taking on consumer assistance functions, but are optional for State-based Exchanges.

States can use the IPA program to supplement their navigator programs, specifically to allow groups that may not qualify as navigators to participate and to assist especially hard to reach populations. States will have broad authority to develop IPA programs, but IPAs cannot replace the navigator program and must coordinate to avoid duplication of effort. Arkansas, planning for a partnership Exchange, is designing an IPA program that will perform comprehensive outreach during the Exchange's initial open enrollment period.

Included in the latest guidance from CMS is a third category of consumer assistance: certified application counselors. The proposed rule suggests that "application counselors" will provide community-based application assistance for Exchanges similar to that which is currently available to support Medicaid and CHIP today. To promote coordination among the programs, training and certification requirements are identical for Medicaid, CHIP, and the Exchange, allowing for joint training or for each program to accept certification of application counselors from the others. Application counselors and IPAs will provide "the same core application assistance services" and have similar training requirements and conflict of interest standards.

The following discussion focuses on navigators but much also applies to IPAs and likely will apply to application counselors. For example, states should be able to use training systems and other infrastructure in place for navigators for the IPA and application counselor programs as well. Furthermore, IPAs and application counselors will need to meet the same training standards that apply to navigators.

Roles for Navigators

While navigators do have duties spelled out in the ACA and final regulations, states have the flexibility to require navigators to perform additional duties and to develop a certification process. There are six main navigator requirements: providing outreach and education; assisting with enrollment; having expertise in eligibility and enrollment; offering services in a fair and impartial manner; providing referrals to ombudsmen or other consumer assistance programs; and making available information in a manner that is culturally and linguistically appropriate. States may allow navigators to specialize in specific duties: for example, some navigators might specialize in outreach, others in enrollment assistance as long as they continue to meet the minimum requirements. Alternatively, states may create navigators that specialize in assisting different types of consumers – either individuals or small businesses. As detailed in this presentation by Manatt Health Solutions, Maryland has decided to create separate navigators for its Small Business Health Options Program (SHOP) and individual Exchanges given that the populations and needs for each Exchange will likely be very different. For more information on Maryland's Navigator plans, see their Request for Proposals and Request for Information. According to Minnesota's Blueprint application, that state is considering the need for separate and distinct roles within the navigator program to ensure that consumers' unique needs are met, particularly those with the highest levels of uninsurance and largest health disparities.

[3] Blueprint for Approval of Affordable State based and State Partnership Insurance Exchanges, Sec. 2.7

Regulatory Oversight and Training

Oversight and training will be needed to ensure that navigators are qualified and prepared to assist consumers, are trustworthy, and know how to handle personal information and make seamless handoffs when necessary. Uniformity in training across programs can ensure consistency in information for all consumers. Regulations require navigators to meet a number of training standards, including: addressing the needs of underserved and vulnerable populations, familiarity with qualified health plans (QHPs) and other IPAs, understanding eligibility and enrollment rules and procedures, and knowledge of privacy and security requirements.[4] That said, specific guidance on training programs has not yet been issued. This presentation by the Minnesota Health Insurance Exchange Navigator, Agent and Broker Workgroup outlines 15 content areas related to navigator training, including eight that compose a "core curriculum." The curriculum includes coverage renewal, appeal and dispute resolution, and SHOP-specific content in addition to the required training standards.

Financing and Compensation

Federal law prohibits the use of federal funding to pay navigators for direct services. However, states can use federal grant funds to create the infrastructure for the navigator program. Initial federal guidance on the IPA program indicates that states will be able to use federal Exchange funding for both creation and operations of that program. It is important to note that all federal funding for Exchanges expires at the end of 2014; so permanent funding mechanisms to support navigators and IPAs will need to be put in place for 2015 and beyond.

There are a number of ways that states can develop funding strategies for navigators and IPAs. While the majority of funding will likely come from the Exchange, which will need to be financially self-sustaining, there are additional opportunities to augment that funding stream while encouraging seamlessness between Medicaid/CHIP and the Exchange. Federal regulations allow states to use Medicaid match funds for navigators that serve Medicaid/CHIP populations. NASHP's report on navigators for the *State Network* recommends that states take into consideration systems and program infrastructure currently in place–such as application assisters, out-stationed eligibility workers, enrollment brokers, and insurance agents and brokers–as options to participate in or supplement their navigator programs.

States can structure their compensation methods for navigators and IPAs to maximize their goals. A block grant payment structure allows a state to have a fixed investment and control the cost of the program. Payment methods based on performance allow a state to focus its investment in particular areas such as enrollment of target populations. Maryland's Health Benefit Exchange examined three potential options for navigator payments: block grants, performance-based, and payment per application. Minnesota's Exchange published this report, which also considers navigator payment options, including pay for performance.

Using Insurance Producers to Provide Consumer Assistance

Across states, insurance producers–inclusive of insurance agents and brokers who are licensed to sell insurance–have a long history as key players in assisting consumers to acquire coverage both in individual and small group markets. As trained and licensed entities, producers may be valuable assets in a state's overall consumer assistance strategy. They bring not only a keen understanding of the intricacies of private market insurance but, in many cases, have long-established relationships with businesses and consumers who purchase insurance, especially in small group markets.

The ACA provides states with flexibility in how they might continue to engage producers, but, as outlined in this brief by Families USA, states have many issues to consider when determining the roles of producers in their new coverage landscape including regulation, training, and compensation. For example, a state may choose to allow producers to enroll consumers into health plans through the Exchange only if that producer agrees to certain conditions. A state could require producers to meet one or more of the following conditions: enter into a formal agreement with the Exchange; be trained to provide information about qualified health plans offered through the Exchange and insurance affordability programs; or commit to complying with certain privacy and security standards. Maryland, recognizing the potential impact of the over 20,000 active producers in the state, will use a producer authorization program to train brokers to educate consumers and sell products on the Exchange. Similarly, Oregon's Agent Management Program will certify agents to be affiliated with its Exchange in an effort to "expand upon the sales and distribution channels that exist in the current market." Other states may opt to hone their engagement with producers specifically around the expertise and resources they may offer having served consumers specifically in the small group market.

Wakely Consulting Group's (Wakely) brief on New York's individual and SHOP Exchanges outlines four potential models states may use to compensate producers operating within the context of a state's Exchange, though not necessarily as navigators:

1) Carriers pay Exchange-appointed producers at the same rates in and out of the Exchange;

2) The Exchange pays producers directly at the same rates (on average) as carriers pay outside the Exchange;

Producers in Rhode Island

Rhode Island's producers will be trained and certified by the state's Exchange specifically to:

1) Enroll qualified employees and employers on the Exchange;
2) Refer employees who cannot afford employer sponsored insurance to the non-group Exchange;
3) Help employers with the small business tax credit; and
4) Advise employers on their roles and responsibilities regarding their employees' health coverage.

[4] Required Navigator Training Standards per Patient Protection and Affordable Care Act, P.L. 111-148 (§155.210 (b) (2))

3) The Exchange pays producers directly at a "discounted" rate from commercial carriers; or

4) The Exchange appoints producers as navigators and supports them with grants.

Maryland and Rhode Island intend to adopt a variation of the first model by having payments flow directly from QHP issuers to producers. Commissions, which will be set by each carrier in Oregon's Exchange, will pass through to the carriers' commissions without the state taking a percentage for its use.

Consumer Assistance through Call Centers and Other Communications

The ACA requires call centers and assistance with online and phone applications for consumers applying for Medicaid, CHIP, and coverage through Exchanges. Research conducted by Lake Research Partners and GMMB for the *State Network* shows that even consumers who apply online may want the support and confirmation of call center staff when completing the Medicaid application or making the difficult and complex decision of choosing a health plan. For many new applicants to whom the marketing and outreach efforts will be targeted, the call center will be the first experience they have with the Exchange or Medicaid agency. Projected high usage of call centers, especially in the first open enrollment period, underscores how important they will be to states' consumer assistance efforts.

Call centers are not new for state governments; most states run at least one. The requirements of the ACA present an opportunity for states to leverage existing resources in a way that increases cost efficiency and accessibility by the public. This report and more detailed presentation authored by Wakely for the Vermont Health Exchange recommend that states consolidate all call center support into one organization and with only one phone number – with referral structures built into an integrated voice response system. The report also includes metrics for predicting call center volume and tracking call resolutions, as well as measurement of a dozen leading call center practices which states may find useful when determining how to evaluate call center performance.

Rhode Island's Approach

Rhode Island has released an RFP for an IT vendor to support the technology for the web portal, contact center and navigator program. The state will release separate RFPs in early 2013 for the operational side of both the contact center and the navigator program. The contact center will accommodate walk-in and online chat questions in addition to phone support.

Call centers alone will not be able to address the needs of potential and new applicants, and in fact could be overwhelmed in early months of operation. The volume will require states to consider options, such as those discussed in this *Maximizing Enrollment* brief, to augment such a resource-intensive program. Technologies such as online chat, pop-up help boxes imbedded in the online application, and access to personal online accounts might answer applicants' questions, thereby eliminating their need to make a call. Utah's Medicaid program found great, though not immediate, success with its online chat and online account management system, which also includes access to e-notices.[5] Web-savvy consumers in Utah have the option to chat online with a customer service representative while completing the online application, reviewing their application or eligibility status. Additionally, as a result of a CMS-approved pilot, consumers may elect to receive eligibility notices online at their convenience. Information about Utah's experience with these and several other consumer assistance innovations can be found in this blog post.

Conclusion

The resources and state examples presented here represent only a portion of the material available to states looking for examples of best practices and the latest thinking on consumer assistance. In the coming months, the *State Network* will release more detailed briefs on specific consumer assistance topics including navigators and call centers. (Future briefs will be available at www.statenetwork.org). Appendix 1 includes full citations of all the reports, websites, and presentations linked above. Other resources that may be useful but are not referenced in this brief are included in Appendix 2.

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[5] Initially the state found that consumers called and sought answers through online chat simultaneously, creating longer queues in both. They are now encouraged to call for eligibility related questions and chat for questions about the application.

Appendix 1

Full Citations of all Resources in Brief

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Appendix 2

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