

## NAVIGATOR / AGENT CURRENT LANDSCAPE BREAKDOWN

PROJECT RESEARCH	UNINSURED	MEDICAID/PUBLIC PROGRAMS	INDIVIDUAL	SMALL GROUP	LARGE GROUP
	← 100% →				
<p><b>PERCENT OF MARKET</b> Estimated figures taken from merging MN Dept Commerce 2008/2009 data</p>	Total...9%	<b>Medicare 16.06%</b> <b>Med Assistance (MA) 9.37%</b> <b>MinnesotaCare (MCRE) 2.47%</b> <b>General Assist Medical .58%</b> <b>Total....29%</b>	Total...5%	Total...7%	Total...50%
				<b>Very similar to Large group but under -50 employees subject to MN Care Rules</b>	
<p><b>PEOPLE SERVED</b></p>	<p>2011= 490,000 people</p> <p>1. INCOME: Of those who are uninsured, they fall into the following income groups</p> <ul style="list-style-type: none"> <li>• 0-100% = 24.1%</li> <li>• 101 – 200% = 30.1%</li> <li>• 201 – 300% = 25.1%</li> <li>• 301 – 400% = 10.0%</li> <li>• 401%+ = 10.8%</li> </ul> <p>UNINSURANCE RATES BY INCOME: X% of each of the following income groups are uninsured</p> <ul style="list-style-type: none"> <li>• 0-100% = 16.4%</li> <li>• 101-200% = 15.8%</li> <li>• 201-300% = 13.0%</li> <li>• 301-400% = 6.4%</li> <li>• 401 + = 2.6%</li> </ul>	<p>1. INCOME: (limits) (Children = &lt;21)</p> <p>a. MA</p> <ul style="list-style-type: none"> <li>• Children &lt; 2 – 280% FPG</li> <li>• Children 2–18 – 150%</li> <li>• Ages 19-20 / Adults with children / Elderly Disabled - 100%</li> <li>• Pregnant women- 275%</li> <li>• Adults w/out children – 75%</li> </ul> <p>a) MCRE</p> <ul style="list-style-type: none"> <li>• Parents / children – 275%</li> <li>• Adult w/out children – &gt;75% &lt;=250%</li> </ul>	<p>1. INCOME: Unknown</p> <p>2. AGES:</p> <p>a. Up to age 65 standard coverage</p> <p>b. Over age 65 Medicare Supplement</p> <p>3. RACE: All</p> <p>4. BARRIERS:</p> <p>a. Multi language barrier</p> <p>b. Age rate burden on elderly</p> <p>c. Cost of State Mandates</p> <p>d. No guarantee issue</p> <p>5. Education Level: N / A</p> <p>6. Payment Method:</p> <p>a. After tax check or auto debit</p>	<p>1. INCOME: Minimum wage +</p> <p>2. AGES: All ages with dependents</p> <p>3. RACE: All</p> <p>4. BARRIERS:</p> <p>a. Part time most benefits not provided</p> <p>b. Transient members who use Cobra can be cost prohibitive</p> <p>c. Multi language barrier</p> <p>d. Age rate burden on elderly</p> <p>e. Cost of State Mandates</p> <p>f. Conformity to the many state and federal benefits laws</p> <p>5. Education Level: N / A</p> <p>6. Payment Method:</p>	<p>1) INCOME: Minimum wage +</p> <p>2) AGES: All ages with dependents</p> <p>3) RACE: All</p> <p>4) BARRIERS:</p> <p>a. Part time most benefits not provided</p> <p>b. Transient members who use Cobra can be cost prohibitive</p> <p>c. Multi language barrier</p> <p>d. Claims experience rated premiums</p> <p>e. Cost of State Mandates</p> <p>f. Conformity to the many state and federal benefits laws</p> <p>5) Education Level: N / A</p> <p>6) Payment Method:</p>

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	<p>2. AGES (CY11):</p> <ul style="list-style-type: none"> <li>• 0 – 5 = 4.6%</li> <li>• 6 – 17 = 9.9%</li> <li>• 18 – 24 = 15.7%</li> <li>• 25 – 34 = 27.0%</li> <li>• 35 – 54 = 31.7%</li> <li>• 55 – 64 = 10.1%</li> <li>• 65+ = 1.0%</li> </ul> <p>3. RACE: (2008 survey of total uninsured by race),(2011 survey of uninsured rates by race)</p> <ul style="list-style-type: none"> <li>• American Indian – 3.3% of total uninsured Minnesotans <b>(14.3% of total American Indian pop uninsured)</b></li> <li>• Hispanic – 13.4% of total uninsured MN's <b>(26% of total Hispanic pop uninsured)</b></li> <li>• Asian – 5.8% of total uninsured MN's <b>(11.5% of total Asian pop uninsured)</b></li> <li>• Black – 11.5% of total uninsured MN's <b>(17.9% of total African American pop uninsured)</b></li> </ul>	<p>2. AGES (CY11):</p> <p>a) MA</p> <ul style="list-style-type: none"> <li>• Parents and children – 558,528</li> <li>• Disabled – 133,142</li> <li>• Elderly – 67,553</li> <li>• Adults with no kids – 119,989</li> </ul> <p>b) MCRE –</p> <ul style="list-style-type: none"> <li>• Families w/ children – 115,120</li> <li>• Adults without children – 103,791</li> </ul> <p>3. RACE: (2008 survey)</p> <ul style="list-style-type: none"> <li>• American Indian – 7.3%</li> <li>• Hispanic – 9.3%</li> <li>• Hmong – 3.0%</li> <li>• Other Asian – 3.5%</li> <li>• African American – 12.3%</li> <li>• Somali – 3.9%</li> <li>• Other African – 2.8%</li> <li>• White – 58.0%</li> </ul> <p>4. BARRIERS:</p> <p>a) Coverage</p> <ul style="list-style-type: none"> <li>• Income</li> <li>• Assets</li> <li>• Access to insurance</li> <li>• Citizenship Status</li> <li>• Application barriers;</li> </ul>		<p>a. Employer contribution</p> <p>b. Employee Payroll Deduction</p> <p>c. Pre-tax</p>	<p>a. Employer contribution</p> <p>b. Employee Payroll Deduction</p> <p>c. Pre-tax</p>

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	<ul style="list-style-type: none"> <li>• White – 72.1% of total uninsured MN's <b>(7.6% of total Caucasian pop uninsured)</b></li> </ul> <p>4. BARRIERS:</p> <ul style="list-style-type: none"> <li>• Lack of information about programs / eligibility / how to apply</li> <li>• Application barriers; forms, timeliness, verifications, etc.</li> <li>• Trust</li> <li>• Immigration status</li> <li>• Literacy</li> <li>• Computer literacy</li> <li>• Lack of understanding of the value of coverage</li> <li>• Crises mode / instability</li> <li>• Intimidated by gov't / process</li> <li>• Language</li> <li>• Culture</li> <li>• Cost</li> <li>• Don't want public asst</li> </ul> <p>5. Education Level:</p>	<p>forms, timeliness, verifications, etc.</p> <ul style="list-style-type: none"> <li>• Lack of information about programs / eligibility / how to apply</li> <li>• Lack of understanding of the value of coverage</li> <li>• Crises mode / instability</li> <li>• Intimidated by gov't / process</li> </ul> <p>b) Care and Access</p> <ul style="list-style-type: none"> <li>• Provider availability</li> <li>• Transportation</li> <li>• Language</li> <li>• Cultural</li> <li>• Literacy</li> <li>• Computer Literacy</li> <li>• Child Care</li> <li>• Trust</li> </ul> <p>5. Education Level: N/A</p> <p>6. Payment Method:</p> <ul style="list-style-type: none"> <li>• MA-EPD premiums</li> <li>• MCRE premiums</li> <li>• Cost-sharing</li> <li>• Waiver obligations</li> </ul>			

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	<ul style="list-style-type: none"> <li>• Less than high school = 19.5%</li> <li>• High school grad = 31.8%</li> <li>• Some college / tech school = 33.0%</li> <li>• College Grad = 13.0%</li> <li>• Postgraduate = 2.7%</li> </ul> <p>6. Payment Method: N/A</p>				
<b>TYPICAL SERVICES PERFORMED</b>	<p>Navigators (including MNCAAs, CHWs, Community orgs, providers, etc) – provide a range of services including, but not limited to (also applies to Medicaid/Public Programs):</p> <ol style="list-style-type: none"> <li>1. Identify potential uninsured through outreach and assessment.</li> <li>2. Establish trusting relationships</li> <li>3. Inform applicant of requirements and process.</li> <li>4. Assist with application completion.</li> <li>5. Gather documentation.</li> <li>6. Submit app and documentation to county and / or MCRE.</li> </ol>	<p>Financial Workers:</p> <ul style="list-style-type: none"> <li>• Determine eligibility</li> <li>• Referrals to other resources</li> <li>• Assist with applications</li> <li>• Gather documentation / verifications</li> </ul> <p>Application Assistors (including MNCAAs, CHWs, Community orgs, providers, etc) – provide a range of services including, but not limited to (also applies to Uninsured):</p>	<ol style="list-style-type: none"> <li>1. Electronic submission of underwriting to multi-carriers bid-outs for rating &amp; approval</li> <li>2. Analyze defined contribution verses defined benefit</li> <li>3. Make plan recommendations</li> <li>4. Have legal representation for benefits inquiries</li> <li>5. Personal Insurances to Purchase :               <ol style="list-style-type: none"> <li>a. Medical</li> <li>b. Dental</li> <li>c. <del>Group</del>/Supp life</li> <li>d. Disability, long/short</li> <li>e. Cancer</li> <li>f. Accident</li> <li>g. Vision</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Electronic submission of underwriting to multi-carriers bid-outs for rating &amp; approval</li> <li>2. Medical plan cost analysis               <ol style="list-style-type: none"> <li>a. Claims analysis by type of illness and type of benefit served</li> <li>b. Demographic change analysis</li> <li>c. Industry cost comparisons</li> </ol> </li> <li>3. Analyze defined contribution verses defined benefit</li> <li>4. Help select self-insured verses fully-insured</li> <li>5. Make plan recommendations</li> <li>6. Have legal representation</li> </ol>	<ol style="list-style-type: none"> <li>1. Electronic submission of underwriting to multi-carriers bid-outs for rating &amp; approval</li> <li>2. Medical plan cost analysis               <ol style="list-style-type: none"> <li>a. Claims analysis by type of illness and type of benefit served</li> <li>b. Demographic change analysis</li> <li>c. Industry cost comparisons</li> </ol> </li> <li>3. Analyze defined contribution verses defined benefit</li> <li>4. Help select self-insured verses fully-insured</li> <li>5. Make plan recommendations</li> <li>6. Have legal representation</li> </ol>

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	<ul style="list-style-type: none"> <li>7. Follow-up with county / MCRE.</li> <li>8. Advocate</li> <li>9. Educate</li> <li>10. Referral to other community resources i.e. low-cost medical and dental services, food, housing, mental health services to address immediate needs</li> <li>11. Provide assistance at organization/ via telephone / at various locations in the community.</li> <li>12. Assist with access – appt scheduling, provider information, transportation, etc.</li> <li>13. Assess for other program eligibility – human services and other</li> <li>14. Interpreter</li> <li>15. Recertification assistance</li> <li>16. Provide assistance with other coverage issues – COBRA, private insurance, etc.</li> </ul>	<ul style="list-style-type: none"> <li>1. Identify potential uninsured through outreach and assessment.</li> <li>2. Inform applicant of requirements and process.</li> <li>3. Assist with application completion.</li> <li>4. Gather documentation.</li> <li>5. Submit app and documentation to county and / or MCRE.</li> <li>6. Follow-up with county / MCRE.</li> <li>7. Advocate</li> <li>8. Educate</li> <li>9. Referral to other community resources i.e. low-cost medical and dental services, food, housing, mental health services to address immediate needs</li> <li>10. Plan selection</li> <li>11. Provide assistance at organization/ via telephone / at various locations in the community.</li> <li>12. Assist with access – appt scheduling, provider information, transportation, etc.</li> <li>13. Assess for other program eligibility – human services</li> </ul>	<ul style="list-style-type: none"> <li>h. Identify theft</li> <li>i. HRA</li> <li>j. H SA</li> <li>k. Cobra / state continuation</li> <li>l. Bridge indemnity medical plans</li> <li>m. Discount medical service cards</li> <li>n. Critical illness</li> <li>o. Travel accident &amp; medical</li> <li>p. Stand-alone Rx</li> <li>q. Evacuation coverage</li> <li>6. Help explain or design new products in the market</li> <li>7. Annual Enrollment education                             <ul style="list-style-type: none"> <li>a. Sometimes individual member meetings</li> </ul> </li> <li>8. Optional Services &amp; administration</li> </ul>	<ul style="list-style-type: none"> <li>for benefits inquiries</li> <li>7. Complete 5500 forms</li> <li>8. Membership newsletter and update management</li> <li>9. Employees in transition support</li> <li>10. Help determine which ancillary benefits to offer employees                             <ul style="list-style-type: none"> <li>a. Medical</li> <li>b. Dental</li> <li>c. Group/Supp life</li> <li>d. Disability, long/short</li> <li>e. Cancer</li> <li>f. Accident</li> <li>g. Vision</li> <li>h. Identify theft</li> <li>i. Group legal</li> <li>j. Flex</li> <li>k. HRA</li> <li>l. H SA</li> <li>m. Cobra / state continuation</li> <li>n. Bridge indemnity medical plans</li> <li>o. Discount medical service cards</li> <li>p. Critical illness</li> <li>q. Travel accident &amp; medical</li> <li>r. Stand-alone Rx</li> <li>s. Evacuation coverage</li> </ul> </li> <li>11. Unite all benefits into one</li> </ul>	<ul style="list-style-type: none"> <li>for benefits inquiries</li> <li>7. Complete 5500 forms</li> <li>8. Membership newsletter and update management</li> <li>9. Employees in transition support</li> <li>10. Help determine which ancillary benefits to offer employees:                             <ul style="list-style-type: none"> <li>a. Medical</li> <li>b. Dental</li> <li>c. Group/Supp life</li> <li>d. Disability, long/short</li> <li>e. Cancer</li> <li>f. Accident</li> <li>g. Vision</li> <li>h. Identify theft</li> <li>i. Group legal</li> <li>j. Flex</li> <li>k. HRA</li> <li>l. H SA</li> <li>m. Cobra / state continuation</li> <li>n. Bridge indemnity medical plans</li> <li>o. Discount medical service cards</li> <li>p. Critical illness</li> <li>q. Travel accident &amp; medical</li> <li>r. Stand-alone Rx</li> <li>s. Evacuation coverage</li> </ul> </li> <li>11. Unite all benefits into one</li> </ul>

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		and other 14. Interpreter 15. Recertification assistance 16. Provide assistance with other coverage issues – COBRA, private insurance  Other health and human services programs  Case management / maintenance		corporate budget. 12. Explain Benefits laws & updates 13. Bid out all product in the market with spreadsheet comparisons 14. Help explain or design new products in the market 15. Annual Enrollment education a. Group meetings b. Sometimes individual member meetings 16. Optional Services & administration: a. Outsource enrollment administration b. HR portal for HR assistance c. FMLA procurement d. Wellness procurement e. Human Resource services f. Eligibility verification g. Property / Casualty Insurance / Workers Comp.	corporate budget. 12. Explain Benefits laws & updates 13. Bid out all product in the market with spreadsheet comparisons 14. Help explain or design new products in the market 15. Annual Enrollment education a. Group meetings b. Sometimes individual member meetings 16. Optional Services & administration: a. Outsource enrollment administration b. HR portal for HR assistance c. FMLA procurement d. Wellness procurement e. Human Resource services f. Eligibility verification g. Property / Casualty Insurance / Workers Comp.
<b>CRACKS IN SERVICES THAT SHOULD OR CAN BE ADDRESSED</b>	<b>490,000 people in MN are uninsured</b>  Lack of funding and systems	Simplify eligibility criteria  Less frequent recertification	1. Medical more often times is solicited as part of a Personal Financial Security	1. One main crack in serving our market is obtaining coverage for those who are not eligible for benefits at	1. One main crack in serving our market is obtaining coverage for those who are not eligible for benefits at

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<b>TYPICAL ORGANIZATION FUNDING</b>	to support universal coverage  Lack of funding to support outreach and enrollment assistance efforts through community-based agencies.  .	Systems that better support re-enrollment  Auto re-enrollment from one govt. program to another when eligibility changes  Reduce processing times  Presumptive enrollment for target groups of people	Packages. It is cost prohibitive to concentrate solely on Medical Solicitation. Individuals who don't establish a financial strategy or can't afford one may not be solicited to for Medical coverage.	the employer level, mainly part-time workers. New Ideas: a. Introduce employer contribution as an across the board dollar/ hour worked ratio. b. Introduce Navigation into Exchange with offset with employer contribution	the employer level, mainly part-time workers. New Ideas: a. Introduce employer contribution as an across the board dollar/ hour worked ratio. b. Introduce Navigation into Exchange with offset with employer contribution
	Federal and State Grants  MNCAA \$25 payment per successful enrollment  Private/Community Foundations  United Way  Funding needs to increase and be on-going	74% of DHS budget devoted to MHCP.  FY11 Expenditures: 7.5 billion Federal share: 4.5 billion State share: 2.9 billion County share: 101 million	1. Medical: a. Commission built into product. Medica, BCBS & HealthPartners flat rate for all carriers is \$19.00/ee/mo. and PreferredOne is \$18.00 /ee/mo. Average in a percent of premium = 3-6%	1. Medical: Sm group – 50 a. Commission built into product. Medica, BCBS & HealthPartners flat rate for all carriers is \$19.00/ee/mo. and PreferredOne is \$18.00 /ee/mo. Average in a percent of premium = 3-6%	1. Medical: Large group 50 + a. Commission built into product via agent negotiated with employer or b. No commission but direct consulting fee between agent and employer c. Average in a percent of premium = 3-6%
		2. All other benefits products are commissioned or direct consulting fee as in medical. 3. Optional services and administration are usually employer negotiated based on a per employee per month basis. 4. <b>Note:</b> Some ancillary	2. All other benefits products are commissioned or direct consulting fee as in medical. 3. Optional services and administration are usually employer negotiated based on a per employee per month basis. 4. <b>Note:</b> Some ancillary	2. All other benefits products are commissioned or direct consulting fee as in medical. 3. Optional services and administration are usually employer negotiated based on a per employee per month basis. 4. <b>Note:</b> Some ancillary	

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<b>TYPICAL BUSINESS CLASS</b>			services are not charged for but funded through commissions from other benefits.	services are not charged for but funded through commissions from other benefits.	4. <b>Note:</b> Some ancillary services are not charged for but funded through commissions from other benefits.
	<b>TYPICAL ORGANIZATION CHART</b>	Varies	<p>State Government</p> <p>County Government</p> <p>Application Assistors:</p> <ul style="list-style-type: none"> <li>• Non-profits</li> <li>• Insurance agents</li> <li>• Schools</li> <li>• Providers</li> <li>• Human Service organizations</li> </ul>	C-Corporation, Sub-S Corporation or Limited Liability	C-Corporation, Sub-S Corporation or Limited Liability
	Mostly Non-profits				
		<p><u>State:</u></p> <p>Governor</p> <p>Commissioner</p> <p>Deputy Commissioner</p> <p>Asst. Commissioners</p> <p>Senior Management Team</p> <p>Department Directors</p> <p>Managers</p> <p>Supervisors</p> <p>Team Leads</p> <p>Staff</p> <p><u>County:</u></p> <p>Board of Commissioners</p>	<p>1. Consulting Divisional Depts.</p> <p style="padding-left: 20px;">a. VP of Sales</p> <p style="padding-left: 40px;">i. Sales prospecting</p> <p style="padding-left: 40px;">ii. Individual Sales Rep</p> <p style="padding-left: 40px;">iii. Small Group</p> <p style="padding-left: 60px;">1. Client Rep</p> <p style="padding-left: 60px;">2. Rep support</p> <p style="padding-left: 40px;">iv. Large Group</p> <p style="padding-left: 60px;">1. Client Rep</p> <p style="padding-left: 60px;">2. Rep support</p> <p style="padding-left: 40px;">v. Opt. Market Bid-out</p> <p style="padding-left: 40px;">vi. Opt. Compliance</p> <p>2. Administration Divisional Depts.</p>	<p>1. Consulting Divisional Depts.</p> <p style="padding-left: 20px;">a. VP of Sales</p> <p style="padding-left: 40px;">i. Sales prospecting</p> <p style="padding-left: 40px;">ii. Individual Sales Rep</p> <p style="padding-left: 40px;">iii. Small Group</p> <p style="padding-left: 60px;">1. Client Rep</p> <p style="padding-left: 60px;">2. Rep support</p> <p style="padding-left: 40px;">iv. Large Group</p> <p style="padding-left: 60px;">1. Client Rep</p> <p style="padding-left: 60px;">2. Rep support</p> <p style="padding-left: 40px;">v. Opt. Market Bid-out</p> <p style="padding-left: 40px;">vi. Opt. Compliance</p> <p>2. Administration Divisional Depts.</p>	<p>1. Consulting Divisional Depts.</p> <p style="padding-left: 20px;">a. VP of Sales</p> <p style="padding-left: 40px;">i. Sales prospecting</p> <p style="padding-left: 40px;">ii. Individual Sales Rep</p> <p style="padding-left: 40px;">iii. Small Group</p> <p style="padding-left: 60px;">1. Client Rep</p> <p style="padding-left: 60px;">2. Rep support</p> <p style="padding-left: 40px;">iv. Large Group</p> <p style="padding-left: 60px;">1. Client Rep</p> <p style="padding-left: 60px;">2. Rep support</p> <p style="padding-left: 40px;">v. Opt. Market Bid-out</p> <p style="padding-left: 40px;">vi. Opt. Compliance</p> <p>2. Administration Divisional Depts.</p>



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PROJECT RESEARCH	UNINSURED	MEDICAID/PUBLIC PROGRAMS	INDIVIDUAL	SMALL GROUP	LARGE GROUP
		<ul style="list-style-type: none"> <li>County Administrator</li> <li>Directors</li> <li>Deputy Directors</li> <li>Managers</li> <li>Supervisors</li> <li>Staff</li> </ul>	<ul style="list-style-type: none"> <li>a. VP of Operations                             <ul style="list-style-type: none"> <li>i. Case setup</li> <li>ii. Enrollment</li> <li>iii. Cobra / State continuation</li> <li>iv. Flex</li> <li>v. HRA</li> <li>vi. H SA</li> <li>vii. <b>Future:</b> <ul style="list-style-type: none"> <li>1. Discrimination testing</li> <li>2. Eligibility verification</li> <li>3. Federal Exchange Credit / Tax Employer Audit to determine corporate financial risk</li> </ul> </li> </ul> </li> <li>3. Opt. Property &amp; Casualty                             <ul style="list-style-type: none"> <li>a. Not dissected</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. VP of Operations                             <ul style="list-style-type: none"> <li>i. Case setup</li> <li>ii. Enrollment</li> <li>iii. Cobra / State continuation</li> <li>iv. Flex</li> <li>v. HRA</li> <li>vi. H SA</li> <li>vii. <b>Future:</b> <ul style="list-style-type: none"> <li>1. Discrimination testing</li> <li>2. Eligibility verification</li> <li>3. Federal Exchange Credit / Tax Employer Audit to determine corporate financial risk</li> </ul> </li> </ul> </li> <li>3. Opt. Property &amp; Casualty                             <ul style="list-style-type: none"> <li>a. Not dissected</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. VP of Operations                             <ul style="list-style-type: none"> <li>i. Case setup</li> <li>ii. Enrollment</li> <li>iii. Cobra / State continuation</li> <li>iv. Flex</li> <li>v. HRA</li> <li>vi. H SA</li> <li>vii. <b>Future:</b> <ul style="list-style-type: none"> <li>1. Discrimination testing</li> <li>2. Eligibility verification</li> <li>3. Federal Exchange Credit / Tax Employer Audit to determine corporate financial risk</li> </ul> </li> </ul> </li> <li>3. Opt. Property &amp; Casualty                             <ul style="list-style-type: none"> <li>a. Not dissected</li> </ul> </li> </ul>
<b>CONSUMER SAFEGAURDS &amp; TRAINING</b>	<p>Training commensurate with the role. Some may be doing Outreach and providing information, while others will assist with the enrollment process; their training will vary accordingly.</p> <p>On the job training with supervision, specific to the</p>	<p><u>State:</u> DHS Managers / Supervisors must complete 16 hours of continued development / education each year (4 must be diversity related. Non-Managers / supervisors are required to complete 6 hours of continued development / education (2 = diversity)</p>	<p>Minnesota consumers are protected from unqualified assistance, fraud, misrepresentation &amp; unfair trade practices in (4) four major areas</p> <p>1. Licensing:</p> <ul style="list-style-type: none"> <li>a. 20 hr general course</li> <li>b. 10 hr ethics course</li> <li>c. Must pass exam</li> </ul>	<p>Minnesota consumers are protected from unqualified assistance, fraud, misrepresentation &amp; unfair trade practices in (4) four major areas</p> <p>1. Licensing:</p> <ul style="list-style-type: none"> <li>a. 20 hr general course</li> <li>b. 10 hr ethics course</li> <li>c. Must pass exam</li> </ul>	<p>Minnesota consumers are protected from unqualified assistance, fraud, misrepresentation &amp; unfair trade practices in (4) four major areas</p> <p>1. Licensing:</p> <ul style="list-style-type: none"> <li>a. 20 hr general course</li> <li>b. 10 hr ethics course</li> <li>c. Must pass exam</li> </ul>

## NAVIGATOR / AGENT CURRENT LANDSCAPE BREAKDOWN

PROJECT RESEARCH	UNINSURED	MEDICAID/PUBLIC PROGRAMS	INDIVIDUAL	SMALL GROUP	LARGE GROUP
<b>FUTURE BEST PRACTICES</b>	<p>populations being served.</p> <p>Charities Review Council</p> <p>MNCAA certification</p> <p>Navigators will help explain the options available but they will not be recommending a health plan so they do not need the same licensing that brokers do.</p>	<p>Annual performance reviews.</p> <p>Federal Audits</p> <p>Annual Data Privacy and Information Security courses annually.</p> <p><u>Counties:</u></p> <p><u>MNCAAs:</u> 8 hours training Annual data privacy course Worker’s Compensation and Liability insurance</p>	<p>d. Apply for license e. 24 hrs/two years recertification training</p> <p>2. Minnesota Statutes, i.e. 72 A a. Ten (10) subdivisions for agents to adhere to</p> <p>3. Regulations issues by Department of Commerce, Rule 2795 a. Fourteen (14) regulations for agents to adhere to</p> <p>4. Minnesota Court rulings</p> <p>5. Fiduciary duties under ERISA</p>	<p>d. Apply for license e. 24 hrs/two years recertification training</p> <p>2. Minnesota Statutes, i.e. 72 A a. Ten (10) subdivisions for agents to adhere to</p> <p>3. Regulations issues by Department of Commerce, Rule 2795 a. Fourteen (14) regulations for agents to adhere to</p> <p>4. Minnesota Court rulings</p> <p>5. Fiduciary duties under ERISA</p>	<p>d. Apply for license e. 24 hrs/two years recertification training</p> <p>2. Minnesota Statutes, i.e. 72 A a. Ten (10) subdivisions for agents to adhere to</p> <p>3. Regulations issues by Department of Commerce, Rule 2795 a. Fourteen (14) regulations for agents to adhere to</p> <p>4. Minnesota Court rulings</p> <p>5. Fiduciary duties under ERISA</p>
	<p>A “culture of coverage.”</p> <p>Include organizations and individuals who have trusted relationships in many communities, as well as those who have been trained to provide outreach and enrollment assistance across cultures, including care</p>	<p>No discussion</p>			

## NAVIGATOR / AGENT CURRENT LANDSCAPE BREAKDOWN

PROJECT RESEARCH	UNINSURED	MEDICAID/PUBLIC PROGRAMS	INDIVIDUAL	SMALL GROUP	LARGE GROUP
	<p>navigators, community health workers, and Portico-type organizations.</p> <p>Build capacity to include a system-wide capability to reach individuals in communities of daily life, with layers of back-up support from knowledgeable and approachable resources.</p> <p>Accessible and high-quality training and certification program.</p> <p>Provision of technical assistance for the navigators and grantees.</p> <p>Meaningful investment of sustainable resources</p> <p>Navigators embedded in the communities.</p> <p>Versatile technology, consumer-first approach, and geographic reach.</p>				
	Community-based Navigator would build on the current	No discussion			

**NAVIGATOR / AGENT CURRENT LANDSCAPE BREAKDOWN**

PROJECT RESEARCH	UNINSURED	MEDICAID/PUBLIC PROGRAMS	INDIVIDUAL	SMALL GROUP	LARGE GROUP
<p><b>FUTURE CONSUMER PROTECTION &amp; TRAINING</b></p>	<p>model of MNCAA and add additional levels and training.</p>				
<p><b>COMPENSATION LEVEL BY LEVEL PERFORMED</b></p>	<p>Services are offered by nonprofits free of charge to the consumer with no reimbursement from the state, county, or participating PMAPs except for MNCAA payments for those people assisted who are successfully enrolled (see below)</p> <p>MNCAAS: \$25.00 per each individual successfully enrolled (non-hospital related partners)</p>	<p>MNCAAS: \$25.00 per each individual successfully enrolled (non-hospital related partners)</p>	<ol style="list-style-type: none"> <li>1. Individual:               <ol style="list-style-type: none"> <li>a. Flat \$20.00 / mo</li> </ol> </li> <li>2. Sm Grp – 50 ees               <ol style="list-style-type: none"> <li>a. Flat \$20.00 / mo</li> </ol> </li> <li>3. Large Group 50-100 ees               <ol style="list-style-type: none"> <li>a. Flat \$20 / mo</li> </ol> </li> <li>4. Reasons:               <ol style="list-style-type: none"> <li>a. Keeping competitive livable wages.                   <ol style="list-style-type: none"> <li>i. Current landscape compensation for individual runs \$15.00 - \$29.00 / individual / month.</li> </ol> </li> <li>b. Eliminate conflict of interests:                   <ol style="list-style-type: none"> <li>i. All carriers paying same dollar, no carrier favoritism..</li> <li>ii. Compensation can be subject to annual nominal inflationary increases</li> <li>iii. No conflict of</li> </ol> </li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Individual:               <ol style="list-style-type: none"> <li>a. Flat \$20.00 / mo</li> </ol> </li> <li>2. Sm Grp – 50 ees               <ol style="list-style-type: none"> <li>a. Flat \$20.00 / mo</li> </ol> </li> <li>3. Large Group 50-100 ees               <ol style="list-style-type: none"> <li>a. Flat \$20 / mo</li> </ol> </li> <li>4. Reasons:               <ol style="list-style-type: none"> <li>a. Keeping competitive livable wages.                   <ol style="list-style-type: none"> <li>i. Current landscape compensation for individual runs \$15.00 - \$29.00 / individual / month.</li> </ol> </li> <li>b. Eliminate conflict of interests:                   <ol style="list-style-type: none"> <li>i. All carriers paying same dollar, no carrier favoritism..</li> <li>ii. Compensation can be subject to annual nominal inflationary increases</li> <li>iii. No conflict of</li> </ol> </li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Individual:               <ol style="list-style-type: none"> <li>a. Flat \$20.00 / mo</li> </ol> </li> <li>2. Sm Grp – 50 ees               <ol style="list-style-type: none"> <li>a. Flat \$20.00 / mo</li> </ol> </li> <li>3. Large Group 50-100 ees               <ol style="list-style-type: none"> <li>a. Flat \$20 / mo</li> </ol> </li> <li>4. Reasons:               <ol style="list-style-type: none"> <li>a. Keeping competitive livable wages.                   <ol style="list-style-type: none"> <li>i. Current landscape compensation for individual runs \$15.00 - \$29.00 / individual / month.</li> </ol> </li> <li>b. Eliminate conflict of interests:                   <ol style="list-style-type: none"> <li>i. All carriers paying same dollar, no carrier favoritism..</li> <li>ii. Compensation can be subject to annual nominal inflationary increases</li> <li>iii. No conflict of</li> </ol> </li> </ol> </li> </ol>

**NAVIGATOR / AGENT CURRENT LANDSCAPE BREAKDOWN**

PROJECT RESEARCH	UNINSURED	MEDICAID/PUBLIC PROGRAMS	INDIVIDUAL	SMALL GROUP	LARGE GROUP
			interest when individual selects lower cost plan over higher cost plan. c. d. e. f.	interest when individual selects lower cost plan over higher cost plan. c. d. e. f.	interest when individual selects lower cost plan over higher cost plan. c. d. e. f.