

Minnesota Health Insurance Exchange

Navigator, Agent and Broker Work Group

Advisory Task Force Meeting
October 24, 2012

Advisory Task Force Meeting Navigator, Agent & Broker Work Group October, 2012

Summary

A Health Insurance Exchange is a marketplace for individuals and small businesses to compare, choose, and purchase affordable health insurance. An Exchange can make health care insurance easier to navigate for consumers and small businesses. It can allow Minnesotans to easily compare health insurance options based on cost, quality, and consumer satisfaction. It can also foster fair and equitable competition to encourage insurers and health care providers to focus on value, quality, and affordability.

An Exchange can help small businesses provide affordable coverage choices to their workers and allow employees to choose the plan that is best for them and their families. Subsidies and tax credits will be available to eligible individuals and small businesses to make coverage more affordable. Eligible Minnesotans can purchase private health insurance or enroll in public programs like Medical Assistance through the Exchange.

Consumer assistance will be critical to the success of the Exchange. In order to ensure quality health care is accessible to consumers and to meet the Affordable Care Act (ACA) requirement that each Exchange have a Navigator program, Minnesota's Health Insurance Exchange will establish a Customer Assistance / Navigator Program that identifies specific roles and responsibilities. This consumer assistance will provide public outreach and education and help individuals through the eligibility determination process and plan selection and eligibility determination process.

This report provides recommendations regarding the following items as they pertain to Customer Assistance / Navigator program:

- a. Definition – Levels of Service
- b. Training, Certification and Licensing

Consumer Assistance / Navigator Program – Definition and Levels of Service

October, 2012

Recommendations

Background

The Minnesota Health Insurance Exchange Advisory Task Force adopted several recommendations on January 18, 2012 to help guide the development of a Minnesota-made Health Insurance Exchange. The following guiding principles were focused on the Navigator program, but will inform the design and development of the Levels of Service as part of the Minnesota Consumer Assistance / Navigator Program:

- 1) The Navigator program should be consumer focused and determine program priorities based on the needs of consumers, including those who are most likely to face barriers to successful enrollment.
- 2) Outreach is a critical function of Navigators, and development of a Navigator program should be undertaken in close concert with planning for outreach and marketing.

Due to final policy decisions for the Minnesota Health Insurance Exchange (HIX) being made after the November Elections, the Navigator, Agent, and Broker Work Group has focused on developing general recommendations and identifying options. The following section complies conceptually to this progress by not assuming a specific format for consumer assistance. As required, Minnesota will create a federally approved Navigator program and also recognizes the critical role agents and brokers will play in the Exchange assisting individuals and small businesses. In addition, Minnesota is considering options through the In-Person Assister Program and Web Brokers. These consumer assistance roles may or may not be created for the initial HIX open enrollment period in 2013. As such, this recommendation doesn't focus just on the Navigator Program requirements, but uses the term "Consumer Assistance" to address navigators, agents/brokers and in-person assister roles. This terminology allows Minnesota and the Navigator, Agent, and Broker Work Group to speak to broader recommendations for consumer assistance in Minnesota.

Duties of the Consumer Assistance / Navigator Program

Consumer assistance will require outreach, education, application and enrollment assistance and plan selection guidance for many different populations in Minnesota including the uninsured and underinsured. In addition to a Navigator Program, federal guidelines permit other assisters to operate within the HIX – including Agents and Brokers and "In-Person Assisters". The following recommended requirements apply to all potential forms of HIX consumer assistance.

Level of Service	Comments
(1) OUTREACH, INREACH, EDUCATION, ASSESSMENT	
<i>Public Education</i>	<ol style="list-style-type: none"> 1. Conduct outreach to consumers typically in group settings, focusing on broad topics related to health insurance and coverage options. 2. Educate public, particularly the uninsured, on the benefits of health insurance and what health insurance provides for the individual. 3. Inform consumers of health insurance options (Inreach) and advise consumers regarding the value of coverage, in addition to explaining insurance options available through the HIX. 4. Define health insurance terms by aiding consumers in understanding the difference between a premium, deductible and co-insurance. 5. Explain the HIX and its governance structure. 6. Provide materials and explanations about Essential Health Benefits. 7. Inform consumers of the expanded and changed coverage as a result of the ACA, including: premium tax credits, insurance rescission rules, lifetime limit changes, preventive screening changes, pre-existing exclusion, etc.
<i>Individual / Family Guidance</i>	<ol style="list-style-type: none"> 8. Inform individuals of application processes, required documentation, mandated requirements and any exemption criteria. 9. Explain program eligibility rules for advance premium tax credits, cost-sharing reductions, Medicaid, or CHIP. 10. Address questions regarding access to any of the enrollment methods and the submission of enrollment documentation to the HIX; explain the enrollment criteria for purchasing insurance through the HIX, from public programs to QHPs. 11. Describe the methods of purchase and the different means available to purchase and enroll in a QHP: HIX web portal, HIX call-in center, walk-in centers, participating small employers, kiosks located in community service centers, and state agencies, mail in applications and fax applications. 12. Provide the consumer with documentation regarding the available plans, enrollment letters stating the date coverage will start, etc.

Level of Service	Comments
<p>13. Provide information and referrals to small employers on enrollment in the Small Business Health Options Program (SHOP) and any tax provisions, including credits and penalties, potentially affecting small employer.</p>	
<p>Assessment</p>	
<p>14. Administer tools to assess needs for all individuals, including all persons who reside in a household and identify possible eligibility for various HIX insurance options.</p>	
<p>15. Gauge eligibility for the HIX and provide referrals to appropriate support services/ programs for further assistance (i.e. free health clinics, Agents and/or Brokers, etc.).</p>	
<p>16. Provide non-medical referrals to the appropriate State agency or agencies;</p>	
<p>17. Gather information and data for verification and statistical reporting.</p>	
<p>Access</p>	
<p>18. Distribute fair and impartial information concerning enrollment in QHP’s, the availability of premium tax credits and cost-sharing reductions in accordance with federal tax laws, and enrollment in public programs.</p>	
<p>19. Provide culturally and linguistically appropriate health insurance education.</p>	
<p>20. Aid the consumer to find avenues to resolve disputes, such as directing them to the Division of Commerce, a public program Ombudsman, or to the HIX.</p>	
<p>21. Provide access to locations or mobile computing centers with the ability to print and mail hard copies of enrollment documents to the HIX processing center.</p>	
<p>(2) APPLICATION ASSISTANCE / FACILITATE ENROLLMENT</p>	
<p>22. Provide application assistance for Medicaid, CHIP, premium tax credits, cost-sharing reductions.</p>	
<p>23. Assist with completion of enrollment form (application and verification) and possibly collect initial premium payment.</p>	
<p>24. Enter, assist with the entry, or oversee the entry of information into enrollment tools and resources, including final submission of information. (“Enrolling” is intended to focus activity on the physical mechanics of enrolling individuals, including properly utilizing the appropriate tools, resources and data to perform this function).</p>	
<p>25. Advise individuals, families, and small employers enrolled through the HIX on the impact of changes in household income on the amount of any affordability assistance program.</p>	

Level of Service	Comments
<ul style="list-style-type: none"> 26. Address questions regarding the submission of enrollment documentation to the HIX (documentation necessary for verification – i.e. pregnancy, income, etc.). 27. Facilitate collection of individual information required to determine eligibility for a Qualified Health Plan subsidies or Medicaid/CHIP. 28. Facilitate referrals to Agents and/or Brokers for individuals/families enrolling in Qualified Health Plans through the HIX and requesting additional plan enrollment assistance. 29. Facilitate referrals to Agents and/or Brokers for small employers requesting additional assistance in the SHOP. 30. Address questions regarding post enrollment and renewal activities, including following up at prescribed intervals to ensure successful enrollment, determine utilization status, identify barriers and assist with dispute resolution. 31. Assist individuals and families insured through the HIX with the renewal of their coverage, or updating eligibility information. 32. Understand the basics of the HIX’s web portal, Advanced Premium Tax Credits, structure of the Small Business Health Options Program (SHOP) HIX, Medicaid enrollment and where to direct individuals who require social services from programs such as Supplemental Nutrition Assistance Program (SNAP; formerly food stamps) and Temporary Assistance for Needy Families (TANF).** 	
<p>(3) PLAN SELECTION SUPPORT</p>	
<ul style="list-style-type: none"> 33. Provide awareness of and assistance with utilization of decision tools available within the HIX. 34. Dispense QHP information (including buyers’ guides, coverage selection forms, and other similar forms) regarding specific plan details including benefit and cost sharing variations, i.e. plan deductibles, co-insurance, copays and out-of-pocket maximums. 35. Assist consumers in gathering required documentation 36. Explain, discuss, and interpret coverage and policies with consumer to facilitate plan selection. Assist with plan comparison based upon individual priorities, including but not limited to Metal Tier levels, quality ranges, providers, (i.e. specialty care, pharmaceutical, dental and eye care, etc.) and total cost estimation including utilization and health status. 37. Facilitate initial premium payments on behalf of the HIX 	

Consumer Assistance / Navigator Program – Training, Certification & Licensing

October, 2012

Recommendations

Background

The Navigator, Agent, and Broker Work Group recommends organizations and individuals providing consumer assistance for Minnesota's HIX complete specific levels of training to be certified to operate within the HIX. Under the final federal Exchange regulations, states are required to create training standards for Navigators that cover, at a minimum, the following topics:

- Needs of underserved and vulnerable populations;
- Eligibility and enrollment rules and procedures;
- Range of QHP options and insurance affordability programs;
- Exchange privacy and security standards; and
- Proper handling of tax and other personal data.

The following recommended training requirements apply broadly to HIX consumer assistance, with an understanding that some content areas may only be required for specific types of assisters, as appropriate. This is not a recommendation that all HIX consumer assistance organizations receive all recommended training, yet the goal is to warrant each type of consumer assistance entity receive applicable training to appropriately serve HIX consumers. This document does not account for the depth of each content area required for different types of consumer assistance.

Training Contingencies

The Navigator, Agent and Broker Work Group continues to study, evaluate and develop options regarding the duration of each training content area, the modality of such training, and specific requirements based on consumer assistance roles. According to initial environmental scans, other States' training programs are recommending 16 to 24 hours of initial required training. At this time, the work group has not come to consensus on recommended durations of training. Duration of each content area is dependent upon the finalized curriculum and content. Ultimately, the goal is to ensure a quality and highly efficient and effective consumer assistance training program. The workgroup also recognized that some of the individual content areas could be merged based on future analysis.

Roles and Responsibilities

As the work group continues to refine training recommendations, specific roles and resources within the HIX have begun to emerge. As such, the work group has begun to discuss what these roles may be and to some extent, what level of training may be required. However, the workgroup has no specific recommendations on roles and responsibilities at this time.

Note: HHS model training standards have not yet been issued to states. Therefore, these recommendations will remain flexible to account for anticipated training regulations from HHS. In addition, HHS has not yet released their “conflict of interest” standards which will directly impact Content Area 8 (conflict of interest) content.

Considerations outside the scope of this document

The following topic areas are recognized as needing to be addressed, but are not specifically addressed in this recommendation. These items will need to be addressed within the scope of the operational development and implementation of HIX Consumer Assistance / Navigator Program. There are also several interdependencies with other HIX Work Groups that are assumed within these recommendations. HIX staff will continue to monitor the activity of other states to provide context to options, recommendations and operational decisions.

- Timeline constraints for operationalizing these and other Navigator, Agent, and Broker Workgroup recommendations.
- HIX must leverage the existing consumer assistance infrastructure in Minnesota– both training capacity and current competencies/capacity. Potential for some consumer assistance entities to be “grandfathered” into the HIX Consumer Assistance / Navigator Program.
- Budget, finance, and compensation.
- Detail on Conflict of Interest (required by HHS).
- Difference between ‘core’ content areas and content area geared toward specific roles or services provided by a broader HIX Consumer Assistance / Navigator Program, including potential opportunities to merge identified content areas into specific curriculum.
- Difference between initial and on-going training needs.
- Frequency: Initial and on-going (relative to certification), re-training due to poor performance, annual re-training requirements, etc.
- Modality & Supporting materials.
- Duration of content areas.
- Proficiency/Competency assessment or “Minimum Standards”.
- Program/Procedure Update Training, Continuing Education, and Performance Measurement.
- Regulation: Will certain consumer assistance organizations require certification and/or training by Department of Commerce (e.g. licensure) and/or Department of Human Services (e.g. MAGI Medicaid Eligibility Requirements) in partnership with the HIX?
- Training needs for HIX support and technical assistance for HIX Assisters.

Assister Training Program Outline

Content Area	Content Area / Activity	Duration
1	Affordable Care Act^	TBD
2	Minnesota Health Insurance Exchange (HIX) 101^	TBD
3	Needs of underserved and vulnerable populations*^	TBD
4	Cultural and linguistically appropriate approaches and materials^	TBD
5	Qualified Health Plans and Insurance Affordability Programs*^	TBD
6	Eligibility and Enrollment Rules and Procedures*^	TBD
7	Means of appeal and dispute resolution	TBD
8	Conflict of Interest*^	TBD
9	Privacy and Security Policies and Requirements / Standards*^	TBD
10	Consumer Assistance Support	TBD
11	Coverage Renewal	TBD
12	Proficiency/Competency Assessment or “Minimum Standards” / Continuing Education / Re-certification	TBD
13	Outreach and Education	TBD
14	Small Business Health Options Program (SHOP) Specific	TBD
15	Licensure Specific Training / Certification Coursework	TBD

*Required Navigator Training Standards per ACA (§155.210 (b) (2))

^Recommended “Core Curriculum” components.

Content Area 1	Affordable Care Act^	Notes
Duration:	Modalities:	
	<ul style="list-style-type: none"> ▪ Coverage available under the ACA ▪ Rights and Protections ▪ Guarantee Issue ▪ Coverage requirement ▪ Insurance Affordability Programs: <ul style="list-style-type: none"> ○ MAGI Medicaid/CHIP ○ Coverage in Qualified Health Plan through HIX with 	<ul style="list-style-type: none"> ▪ Information within this Content Area may be different, depending on audience (role). ▪ May be a first year only requirement. ▪ Recommendation to have same curriculum for all roles – providing a basic overview and understanding of “all” covered through the MN HIX.

	<ul style="list-style-type: none"> ○ Premium Tax credits or Cost-Sharing reductions <ul style="list-style-type: none"> ○ State Basic health plan (TBD) ▪ Require coverage of preventative services and immunizations ▪ Extend dependent coverage up to 26 ▪ Essential Health Benefits ▪ The expectations of various HIX Assister roles 	
Content Area 2	Minnesota Health Insurance HIX 101^	
Duration:	Modalities:	
	<ul style="list-style-type: none"> ▪ HIX Governance and Organizational Structure ▪ Role of Assisters ▪ Initial Assessment Tool: individual & household eligibility ▪ Consumer Website Navigation <ul style="list-style-type: none"> ○ How consumers will use the HIX web site ○ Tools for the Consumer ▪ Assister Website Navigation <ul style="list-style-type: none"> ○ How Assisters will use the HIX web site ○ Tools for Assisters ▪ Technical Issues – HIX FAQ 	<ul style="list-style-type: none"> ▪ Different for SHOP.
Content Area 3	Needs of underserved and vulnerable populations*^	
Duration:	Modalities:	
	<ul style="list-style-type: none"> ▪ Ensure knowledgeable about the populations they are most likely to serve <ul style="list-style-type: none"> – Underserved; – Vulnerable populations; – Specific populations in Minnesota (use scan); – Barriers ▪ Best practices in reaching the underserved and vulnerable ▪ Referrals <ul style="list-style-type: none"> ○ Public Programs (SNAP, Cash, non-healthcare) ○ Community/Nonprofits ○ FQHCs / Free Services ○ Bridge to Benefits 	<ul style="list-style-type: none"> ▪ Some organizations will already have this competency. ▪ Information within this Content Area may be different, depending on audience (role). ▪ Differences between breadth and depth, depending on role.

Content Area 4 Duration:	Cultural and linguistically appropriate approaches and materials[^] Modalities:	
	<ul style="list-style-type: none"> ▪ Best practices ▪ Resources ▪ Templates ▪ Models / Case Studies 	<ul style="list-style-type: none"> ▪ Evaluate and leverage current approaches, e.g. Community Health Workers, Community/Nonprofit Organizations. ▪ Can we rely on organizational competencies? Not in order to avoid this particular training – all should take; can always continue to learn and grow, especially in the MN landscape. ▪ Recommendation to include this in the core curriculum.
Content Area 5 Duration:	Qualified Health Plans and Insurance Affordability Programs ^{*^} Modalities:	
	<ul style="list-style-type: none"> ▪ Actuarial values – Metal Tiers ▪ Co-insurance, co-pays, deductibles ▪ How to assist consumers to compare health plans (e.g. cost, quality, benefits) ▪ Overview of MN Insurance Code requirements and coverage options available through the individual HIX, including the tax implications of low-income subsidies; ▪ Health Insurance Terminology (materials to utilize) ▪ Full spectrum of Insurance Affordability Programs 	<ul style="list-style-type: none"> ▪ There is a distinction here between licensable activities and non-licensable activities between HIX roles and licensable producer activities.
QHP	<ul style="list-style-type: none"> ▪ Basic requirements that determine a QHP ▪ Insurance carriers 	
Plans	<ul style="list-style-type: none"> ▪ Participating plans in the HIX 	
Insurance Affordability Programs	<ul style="list-style-type: none"> ▪ Overview – Advance Premium Tax Credits (APTC) / Cost Sharing Reductions (CSRs) ▪ Transition point between APTC and MAGI Medicaid/CHIP ▪ Federal Role (e.g. Federal Hub, IRS – Premium Tax Credits) 	

<p>Content Area 6 Duration:</p>	<p>Eligibility and Enrollment Rules and Procedures*^ Modalities:</p>	
	<ul style="list-style-type: none"> ▪ Eligibility and enrollment information related to the HIX and Medicaid as well as procedures to support eligibility and enrollment including use of the new HIX portal and other eligibility systems: <ul style="list-style-type: none"> ○ Processes ○ Mandated requirements – including documentation ○ Individual Mandate Exemption criteria 	<ul style="list-style-type: none"> ▪ Further discussion needed on transition/churn needs between MAGI Medicaid/CHIP and APTC and CSR.
<p>Program Eligibility</p>	<ul style="list-style-type: none"> ▪ What is someone eligible for and when? ▪ Options for individuals, families ▪ Eligibility based on financials and employment status ▪ MAGI Income Policy ▪ Application Policy and Procedures: <ul style="list-style-type: none"> ○ Review of Application ○ Verification Standards ○ Income Standards ○ Citizenship/State Residency/Incarceration Requirements 	<ul style="list-style-type: none"> • Evaluate existing Minnesota Community Application Agent Program (MNCAA) Orientation training. • Differences between breadth and depth, depending on role.
<p>Enrollment Rules and Procedures</p>	<ul style="list-style-type: none"> ▪ Facilitation of enrollment (QHP, Medicaid) ▪ Review of Assister rules and procedures: enrolling on someone’s behalf and signatures 	
<p>Content Area 7 Duration:</p>	<p>Means of appeal and dispute resolution Modalities:</p>	
	<ul style="list-style-type: none"> ▪ Dispute/complaint resolution ▪ Complaint escalation process ▪ Eligibility Determination Appeals, Insurance Affordability Programs ▪ QHP Enrollment Dispute Resolution ▪ APTC/CSR Appeal and Dispute Resolution ▪ Appeals: Department of Human Services, Department of Commerce, Department of Health 	

Content Area 8 Duration:	Conflict of Interest*^ Modalities:	
	<ul style="list-style-type: none"> ▪ Conflict of Interest Standards ▪ Case Studies (hypothetical) 	<ul style="list-style-type: none"> ▪ HHS must approve. ▪ Leverage existing standards as appropriate.
Content Area 9 Duration:	Privacy and Security Policies and Requirements / Standards*^ Modalities:	
	<ul style="list-style-type: none"> ▪ HIX specific privacy and security requirements ▪ Proper handling of Federal Tax Information (FTI) and other personal financial data ▪ HIPAA , HITECH, MN Data Privacy Statute ▪ Methods for protecting the consumer information 	<ul style="list-style-type: none"> ▪ Evaluate existing DHS Data Privacy Course.
Content Area 10 Duration:	Consumer Assistance Support Modalities:	
	<ul style="list-style-type: none"> ▪ Provide information about post-enrollment support activities: <ul style="list-style-type: none"> ○ Assist with issues related to health plan, provider billing questions, etc.; ▪ Information regarding referrals to appropriate resources such as: <ul style="list-style-type: none"> ○ state consumer assistance ○ ombudsman programs ○ free clinics ▪ Alternative methods available for application and enrolling (including but not limited to): <ul style="list-style-type: none"> ○ Phone ○ In Person (County Offices, Community Centers, Kiosks, Libraries, etc.) ○ Fax 	
Content Area 11 Duration:	Coverage Renewal Modalities:	
	<ul style="list-style-type: none"> ▪ Renewal processes, procedures, and requirements 	<ul style="list-style-type: none"> ▪ Identify any differences between eligibility programs.

<p>Content Area 12 Duration:</p>	<p>Proficiency/Competency Assessment or “Minimum Standards” / Continuing Education / Re-certification</p>	
	<p>Modalities</p> <ul style="list-style-type: none"> ▪ Process and requirements for continuing education (CE) ▪ Re-certification requirements ▪ Remedial and/or voluntary ▪ Schedule for training and certification ▪ Optional, special topic meetings (policy changes, HIX updates, etc.) ▪ Quarterly Community of Practice Meetings ▪ Case studies 	<ul style="list-style-type: none"> ▪ Different for specific roles. ▪ Competencies based on Levels of Service. ▪ Don’t turn this into professionalization. ▪ Capacity to “grandfather” certain organizations and professionals.
<p>Content Area 13 Duration:</p>	<p>Outreach and Education</p>	
	<p>Modalities</p> <ul style="list-style-type: none"> ▪ Goals of the Assister’s role in outreach and education ▪ Key dates for “pushes” ▪ Best practices ▪ Identify and review resources available in the community (libraries, municipal buildings, etc.) ▪ Tracking and reporting of outreach and education 	<ul style="list-style-type: none"> ▪ Need to work with the Outreach, Communications and Marketing Work Group.
<p>Content Area 14 Duration:</p>	<p>SHOP</p>	
	<p>Modalities</p> <ul style="list-style-type: none"> ▪ Employer Requirements and Needs <ul style="list-style-type: none"> ○ Employer web portal ○ Employer application ▪ Employee Requirements and Needs <ul style="list-style-type: none"> ○ Employee web portal ○ Employee application ▪ Understand SHOP product features & comparison tools (networks, quality, benefit information, etc.) ▪ Employees in transition support ▪ Employer Application ▪ Tax credits for small businesses ▪ Explain Benefits laws & updates specific to small groups under the ACA and products sold in the SHOP HIX 	<ul style="list-style-type: none"> ▪ Will evaluate existing training and certifications procedures and leverage as appropriate. ▪ This training should be more focused on the information available to assist in the analysis in the new SHOP world versus how the analysis is done.

Content Area 15	Licensure specific training / certification coursework	
Duration:	Modalities	
	<ul style="list-style-type: none"> ▪ Training for all assisters to understand what is a licensable act and the line between activities allowed based on roles ▪ Penalties ▪ Resources 	<ul style="list-style-type: none"> ▪ Current Licensing Process: <ol style="list-style-type: none"> 1. Licensing: <ol style="list-style-type: none"> a. 20 hr general course b. Must pass exam c. Apply for license d. 24 hrs/two years recertification training, with at least 3 of the 24 hours from a class or classes in ethics, and at least half of the 24 hours from non-company courses. 2. Minnesota Statutes, i.e. 72 A <ol style="list-style-type: none"> a. Ten (10) subdivisions for agents to adhere to 3. Regulations issues by Department of Commerce, Rule 2795 <ol style="list-style-type: none"> a. Fourteen (14) regulations for agents to adhere to 4. Minnesota Court rulings ▪ Fiduciary duties under Employee Retirement Income Security Act (ERISA)