Options for the Design and Implementation of Maryland's Navigator Program

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Commissioned by the Maryland Health Benefit Exchange, in conjunction with the Navigator Advisory Committee

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Final Report from Manatt Health Solutions

EXECUTIVE SUMMARY

Background

In 2014, nearly 250,000 Marylanders are expected to become newly insured as a result of expanded Medicaid eligibility and the creation of a health insurance exchange as authorized under the Patient Protection and Affordable Care Act (ACA)[1]. To successfully enroll these individuals in coverage, the State is developing a set of robust outreach and enrollment mechanisms. One of these resources, the navigator program, will help consumers learn about, apply for and enroll in health insurance coverage.

The Maryland Health Benefit Exchange (MHBE) authorized this study to identify and develop options for operationalizing the navigator program within the framework established by Federal and state law. This report draws upon input from the Navigator Advisory Committee (Advisory Committee or Committee), which was convened by MHBE's Board of Trustees to develop and evaluate operational options for the navigator program. The findings will be used to inform the MHBE's recommendations to the Board of Trustees and to support MHBE in drafting the grant solicitation for navigator entities. The work of the Advisory Committee was informed by 26 responses to a Request for Information (RFI) issued by the Committee, as well as a review of state and Federal law and guidance, and practices from other states.

Policy and Operational Options Addressed in this Report

This report explores operational options for several features of MHBE's navigator program including: oversight and management, coordination with other consumer assistance resources, ability to reach diverse and hard-to-reach populations, training, funding and conflicts of interest. While many of the operational features are applicable to both Individual and Small Business Health Options Program (SHOP) Exchange navigators – and therefore the bulk of the study applies to both - the final section of the paper identifies and discusses several considerations that are specific to the SHOP Exchange navigator program.

Navigator Management and Oversight

The Advisory Committee generally supports a regional contracting strategy, whereby the State is divided into several regions for purposes of operating the navigator program. One individual exchange navigator entity (entity or navigator entity) will be contracted per region with a mandate to provide services throughout the region either directly or through one or more sub-contractors. The Advisory Committee suggested that this approach be supplemented with a discrete set of services that could be contracted centrally through the MHBE and available statewide, such as services for the deaf and hard of hearing. The Committee also urged MHBE to ensure that regional navigator entities leverage smaller organizations which target specific sub-populations within each region through subcontracts or other formal relationships. Finally,

[1] Fakhraei, S. H. (2012). Maryland health care reform simulation model: Detailed analysis and methodology. Baltimore, MD: The Hilltop Institute, UMBC.

the Committee members suggested that, post-implementation, the MHBE re-evaluate if the regional breakdown is working and make adjustments, as needed.

The Advisory Committee discussed several options for overseeing navigator performance, primarily focusing on productivity and quality. The Committee suggested establishing baseline performance measures in the grant solicitation that would be collected and evaluated on a quarterly basis across all entities. Baseline metrics should focus on both outcomes and process which could inform the understanding of the level of effort required for enrollment and, eventually, identify best practices. The Committee also urged that baseline metrics include the ability to track outreach to "hard to reach" populations, suggested a strategy for measuring such populations, and discussed that metrics be considered in conjunction with program funding.

The Committee also considered how to manage Navigator resources throughout the year given the anticipated higher demand during open enrollment periods. The Committee suggested that rather than dictating an approach, navigator entity applicants be required to describe how they will manage shifts in needs and productivity across the year. They also suggested that performance and productivity incentives be built into compensation (as discussed in the section *Navigator Funding and Conflicts of Interest*).

Coordination between Navigators and Other Entities

In order to ensure the navigator program will offer "one-stop shopping" to facilitate enrollment into Medicaid, the Maryland Children's Health Program (MCHP) or a Qualified Health Plan (QHP), the Committee suggested that MHBE establish standard protocols for bi-directional coordination between navigators and other agencies or entities (e.g., Medicaid offices, the Call Center, producers/brokers, and other navigator entities). These protocols should be included in the grant solicitation and be agreed to by all applicants.

The Committee agreed that MHBE and the Department of Human Resources (DHR) and Department of Health and Mental Hygiene (DHMH), which oversee the LDSSs and LHDs, respectively, should craft a set of minimum criteria for navigator entities and require all Local Departments of Social Services (LDSSs) and Local Health Departments (LHDs) to work with navigator entities that meet the criteria. Furthermore, the Committee agreed that establishment of minimum criteria creates a floor for entities and LHDs/LDSSs, but does not preclude entities and LDSSs/LHDs from mutually agreeing to expand or enhance collaboration.

With respect to the Call Center, the Committee acknowledged that given the scope of services available through the Call Center, including staff navigators, routine hand-offs to external navigators would be rare. However, when an individual requires in-person assistance, the Call Center should make "warm" hand-offs to navigator entities, staying on the phone to provide the initial contact.

The Committee also recognized the need for more formal arrangements in instances where a navigator is coordinating with a non-state entity (such as a licensed and authorized producer or another navigator). In those situations, the Advisory Committee suggested that MHBE consider requiring formal partnership arrangements, such as a memorandum of understanding or other written communication delineating roles/responsibilities.

Reaching Diverse Populations

The Committee considered how best to ensure that navigators meet the needs of culturally diverse, disabled and other hard-to-reach populations. It specifically contemplated whether and to what extent MHBE should set standards for navigator entities related to reaching these populations. The Committee members recognized the importance of cultural competency and accessibility and agreed that standards need to be set for navigator entities. They suggested that MHBE develop standards to address language, culturally-appropriate interpretation/translation and communication, reading level, formats accessible to those with disabilities, physical accessibility and relationships with target communities. The Committee favored setting a minimum floor of standards while giving navigator entities flexibility to determine their own strategies to meet those requirements. MHBE would be responsible for monitoring navigator performance and modifying the standards as needed.

With regard to spoken language, the Committee suggested that MHBE require navigator entities to offer in-house services, including staff who are proficient in the language, for languages that are spoken by more than a minimum percentage of the population. Since data on the languages spoken by the uninsured can be difficult to get on a localized basis, the Committee suggested that MHBE develop a proxy for language requirements. For other languages, MHBE should provide navigator entities with centralized interpretation and translation resources to minimize cost across the program. The Committee also suggested that specialized services required to serve the hearing and vision impaired may also be best procured centrally and made available to navigator entities.

Training

The Committee considered the appropriate content, amount (training hours), format (in-person vs. online) and frequency (e.g., annually, as needed) of training necessary to enable navigators to successfully perform the functions required of them. The Committee strived to balance sufficient preparation while not making the training so burdensome that it limits participation or diverts resources from enrollment. Generally, the Committee agreed that MHBE should set minimum training standards and encourage entities to develop on-the-job training programs. The Committee reviewed the mandatory training modules and potential new content and determined that initial training will take between 40 and 80 hours to complete. The Committee agreed that training must be offered in multiple formats (e.g., in-person, online) to meet the needs of MHBE and potential navigators, but that some in-person components should be required.

Funding Structure

The Committee discussed how to structure grants to navigator entities in order to adequately compensate them for their services while incentivizing performance. The Committee concluded that base grants coupled with incentive-based payments would be most effective funding strategy. The Committee further recommended that some base funding should be provided up front to support the development of initial navigator operations. The Committee suggested developing a formula to determine how much funding should be provided up front. For performance incentives, the Committee suggested that MHBE set forth a model where achievement of incentives is possible across all entities, and that first year incentives be modest since specific measures will be initially difficult to set and evaluate.

Conflicts of Interest

The Committee reviewed standards and enforcement procedures to avoid steering in plan selection. In addition to the prohibition on compensation from carriers for enrollment included in Federal and state law, the Committee suggested explicitly prohibiting any attempt to steer applicants to a plan or carrier based on considerations other than the individual's preference and interest. The Committee emphasized that conflicts need to be addressed in initial and annual training. The Committee advocated for collecting and analyzing Individual and SHOP Exchange navigator data for unusual enrollment patterns and tracking customer complaints. Additionally, Navigator entities should disclose all business relationships with carriers, even if those relationships are unrelated to plan enrollment. The Committee clarified that not all relationships with carriers will disqualify an organization from becoming a navigator entity or retaining their entity status.

Special Considerations for SHOP Exchange Navigators

The Committee considered the feasibility of requiring that navigator entities retain and oversee SHOP Exchange navigators. The Committee concluded that navigator entities should have the option to retain SHOP Exchange navigators as a part of the grant solicitation process. MHBE should supplement, as needed, with employed SHOP Exchange navigators which could be placed in the Call Center and perform targeted outreach functions. All navigator entities will be required to have the ability to ensure seamless coordination with local producers and SHOP Exchange navigators to ensure that small business are served through the navigator program.

PART I: INTRODUCTION AND OVERVIEW

INTRODUCTION

Study Overview

In 2014, nearly 250,000 Marylanders are expected to become newly insured as a result of expanded Medicaid eligibility and the creation of health insurance exchange under the Patient Protection and Affordable Care Act (ACA).[2] To successfully enroll these individuals in coverage, the State is developing a set of robust outreach and enrollment mechanisms. One of these resources, the navigator program, will help consumers learn about, apply for and enroll in health insurance coverage.

Since the passage of ACA, Maryland has moved rapidly to implement key provisions of the law, becoming a national leader in the development of the policies, governance and infrastructure that will help connect consumers and employers to Qualified Health Plans (QHPs). In its 2011 legislation authorizing a health insurance exchange, the State required thoughtful consideration of how ACA's provisions could best be operationalized in Maryland. Recognizing the importance of in-person assistance for consumers, the law mandated additional study of the ACA-required navigator program. The resulting study used a collaborative, multi-stakeholder process to develop a policy framework for the navigator program. The process culminated in a set of recommendations to the Maryland General Assembly in December 2011, which were reflected in the Maryland Health Insurance Exchange Act of 2012 (MD HBE Act of 2012).

The Maryland Health Benefit Exchange (MHBE) authorized this current study to identify and develop options for operationalizing the navigator program within the framework established by Federal and state law. The findings will support MHBE in drafting the grant solicitation for navigator entities. This report draws upon input from the Navigator Advisory Committee, which was convened by the MHBE's Board of Directors to develop and evaluate operational options for the navigator program. The work of the Advisory Committee was informed by public comments received during Committee meetings, responses drawn from a Request for Information (RFI) issued by the Committee[3] which drew responses from 26 entities, review of state and Federal law and guidance, and practices from other states.

The study questions identified by MHBE in the RFI and addressed in this report include:[4]

1. What specific functions should navigators perform throughout the year?
2. How should MHBE contract with navigator entities to balance the needs of Marylanders and MHBE?

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[2] Fakhraei, S. H. (2012). Maryland health care reform simulation model: Detailed analysis and methodology. Baltimore, MD: The Hilltop Institute, UMBC.

[3] A full copy of the RFI can be found at: http://dhmh.maryland.gov/exchange/pdf/MD%20HBE%20Navigator%20Program%20RFI.pdf

[4] Navigator: Training, Procurement and Role Definition Request for Proposal, May 30,2012, http://dhmh.maryland.gov/exchange/pdf/2012%20Navigator%20RFP%20Final.pdf

3. How should navigators work with Local Health Departments (LHDs) and Departments of Social Services (DSSs)?
4. How can Maryland ensure it is reaching culturally diverse and difficult to reach populations?
5. What elements should be included in navigator training to ensure:
    a. All coverage options are presented equally
    b. Culturally diverse populations are reached and communicated to appropriately
    c. Continued education is received
    d. Tax credit calculations and implications are clearly understood
    e. Individuals are not harmed?

During the course of this study, additional issues were raised for Advisory Committee input.

1. How should the navigator program meet the needs of the Small Business Health Options Program (SHOP) Exchange navigator program?
2. How can MHBE ensure access to navigator services across different geographic areas?
3. What is the appropriate funding structure for navigator entity grants?
4. How can MHBE ensure coordination of services between navigators and the Call Center, between navigators, and between navigators and producers?
5. What should be the operating practices and metrics to monitor navigators?
6. What is the appropriate oversight and management structure?
7. What conflict of interest standards are needed and how should they be enforced?

Methodology and Organization

MHBE contracted with Manatt Health Solutions (Manatt) to undertake this study. In consultation with MHBE staff and the Advisory Committee, Manatt implemented a three-part strategy to develop navigator program options:

- Survey of state and national navigator policy development;
- Collection of public comments through an RFI; and
- Stakeholder input through the Navigator Advisory Committee.

A brief overview of the approach follows.

Survey of State and National Navigator Policy Development

Manatt compiled the following information to inform the Advisory Committee's deliberations:

- State and Federal navigator program requirements and guidance;
- A state-by-state analysis of navigator-related provisions enacted in state legislation, state navigator program Work Plans, published reports, minutes from public proceedings, and targeted interviews; and
- A literature review of commentary from national stakeholders on operationalizing the navigator program (e.g., the National Association of Insurance Commissioners and consumer advocacy organizations).

The compilation of updated Federal and state requirements and guidance are included in the *Federal and State Requirements* section below. Results of the state survey and literature review are included in Attachments B and C.

Collection of Public Comments Through a Request for Information

Manatt, in collaboration with MHBE staff and the Advisory Committee, developed an RFI to solicit public input into navigator program policy and operational questions. The RFI was distributed to over 100 individuals and posted on the MHBE website.

The RFI questions addressed the following:

1. Navigator roles and responsibilities (with separate questions for SHOP and Individual Exchange navigators)
2. Outreach to culturally diverse populations
3. Training
4. Compensation
5. Other areas of import to respondents but not explicitly covered by the RFI.

MHBE received 26 responses from a diverse group of stakeholders, including: community based organizations (CBOs), Local Health Departments (LHDs), vendors, health plans, health IT companies and members of the general public. The common themes from the responses are included in the relevant sections of the report.

Stakeholder Input Through the Navigator Advisory Committee

MHBE established the Navigator Advisory Committee to review and comment on options for outstanding policy and operational options related to the navigator program and to pressure test MHBE thinking on program operations. The Advisory Committee held seven meetings between July and October 2012 in locations across the central Maryland region. All meetings were open to the public and included a public comment period. Throughout this report, we summarize the deliberations by the Committee. While consensus was not required on any

point, the report notes when it occurred. MHBE will consider the options set forth into this paper when making final operational and policy decisions for inclusion in the grant solicitation. Targeted recommendations will be brought before the Boards of Trustees for review.

A list of Committee members, co-chairs and the MHBE Board Liaisons can be found in Attachment A.

Report Organization

The report begins by providing a brief overview of the navigator program and an update to the navigator requirements under state and Federal law and regulation since the November 2011 report, "Study of Navigator Program and Other Consumer Assistance." The report then assesses the options and considerations for addressing: navigator management and oversight, coordination with other consumer assistance resources, reaching diverse populations, training, compensation, conflicts of interest, and special considerations for SHOP Exchange navigators. The report concludes with implementation considerations that reflect on how the various options may come together to form the navigator program.

OVERVIEW OF NAVIGATOR PROGRAM

This section provides a brief overview of relevant Federal and state statute and regulations pertaining to the navigator program. Complete descriptions of Federal and state requirements for distinct components of the program are included at the introduction to each section of the report.[5]

Federal Law and Regulations

The ACA requires the establishment of a navigator program as a core requirement for Exchanges[6]. The purpose of the navigator program is to provide target populations with in-person education, eligibility and enrollment assistance. ACA and Federal regulations[7] establish the minimum requirements related to: 1) eligibility criteria to serve as a navigator entity or navigator, 2) navigator duties, 3) training, 4) compensation, and 5) program financing requirements. The Federal requirements for each of these components of the program are described throughout the paper and serve as the introduction to each section.

Federal law requires that consumers be offered a seamless experience, whereby they can apply for and receive an eligibility determination for Medicaid, CHIP or a tax subsidy for the purchase of a QHP. 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) and Cost Sharing Reductions (CSRs).[8] States have flexibility under Federal law to define the role of navigators in Medicaid eligibility and enrollment.

MD HBE Act of 2012 and State Regulations

Governor O'Malley signed the MD HBE Act of 2012 on May 2, 2012. The legislation establishes navigator programs to serve both the Individual and the SHOP Exchanges. It also more clearly defines the duties of navigators, the criteria for becoming a navigator and the oversight and enforcement mechanisms.

[5] For a more detailed description of the background and history of the Navigator Program, we refer readers to a number of existing reports, such as "Navigators: A background paper," and "Study of Navigator Program and Consumer Assistance."
Folkemer, D., Spicer, L., & John, J. (2011, August). Navigators: A background paper. Baltimore, MD: The Hilltop Institute, UMBC.
Dutton, M., Woda, S., & Smith, M. (2011, November). Study of Navigator Program and Consumer Assistance. Prepared for the Maryland Health Benefit Exchange.
[6] The Patient Protection and Affordable Care Act of 2010 §1311(i)
[7] 42 CFR 155.210
[8] Exchange Final Rule §155.302, March 2012, Medicaid Final Rule §435.1200, March 2012

Individual Exchange Navigator Program

The MD HBE Act of 2012 established the Individual Exchange navigator program to focus outreach on individuals who do not have insurance. State statute[9] builds off ACA requirements and sets forth minimum duties that navigators must perform, outlined in the table below:

Table 1.1
Individual Exchange Navigator Responsibilities- State Requirements

MD HBE Act of 2012- Individual Navigators Responsibilities	
31-113(C) Subsection	**Responsibilities**
(1)	• Conduct education and outreach to individuals
(2)	• Distribute information about: o Individual Exchange, including eligibility requirements for applicable Federal premium subsidies and cost-sharing assistance o Eligibility requirements for the MD Medicaid and MCHP program o Procedures for enrolling in MD Medicaid and MCHP or QHPs in the Individual Exchange
(3)	• With respect to QHPs, facilitate: o plan selection, based on the needs of the individual seeking to enroll o assessment of tax implications and premium and cost-sharing requirements o application, enrollment, renewal and disenrollment processes
(4)	• Facilitate eligibility determinations for the Maryland Medicaid and Maryland CHP program, selection of managed care organizations, and application, enrollment and disenrollment processes
(5)	• Conduct eligibility determinations and redeterminations for premium subsidies and cost-sharing assistance
(6)	• Provide referrals to appropriate agencies, including the attorney general's health education and advocacy unit and the administration, for applicants and enrollees with grievances, complaints, questions or the need for other social services
(7)	• Provide all information and services in a manner that is culturally and linguistically appropriate and ensures accessibility for individuals with disabilities
(8)	• Provide ongoing support with respect to issues relating to eligibility, enrollment, renewal and disenrollment in MD Medicaid, MCHP and QHPs in the Individual Exchange

The law authorizes MHBE to provide grants to "Individual Exchange navigator entities" that will offer consumers in-person assistance through certified Individual Exchange navigators and non-certified personnel.[10] The Act directs MHBE to retain entities that have expertise in working

[9] § 31-113(C), Annotated Code of Maryland, MD Health Benefit Exchange Act of 2012

[10] State law permits navigator entities to use non-certified personnel to conduct a limited scope of services, including: 1) General education and outreach; 2) Facilitating eligibility determinations for premium tax subsidies, Medicaid and MCHP; and 3) Facilitating and providing ongoing support with respect to the selection of MCOs, application processes, enrollment, and disenrollment for Medicaid and MCHP.

with vulnerable and hard-to-reach populations and conduct outreach and provide enrollment support for those populations. Navigator entities need not provide the full scope of navigator services and may be engaged by MHBE to provide a subset of services.

The Individual Exchange navigators engaged or employed by the entities will conduct education and outreach; distribute information about and facilitate selection, enrollment, renewal, and disenrollment in qualified plans; facilitate eligibility determinations for the Maryland Medical Assistance program (Medicaid), the Maryland Children's Health Program (MCHP), and premium subsidies; and provide ongoing support with respect to these functions. Individual Exchange navigators may not provide information or services related to products offered outside the Individual Exchange. Individual Exchange navigators will be certified by MHBE.

Assisters

Federal officials have identified a role for assisters, which could be supported by federal funding. The role of assisters is not defined and MHBE is exploring options for assisters at this time.

With respect to Medicaid, the State opted to have Individual Exchange navigators facilitate eligibility determinations for both Medicaid and the MCHP. Individual Exchange navigators must also facilitate consumer selection of Medicaid managed care plans and application, enrollment and disenrollment processes as they relate to Medicaid and MCHP.[11] Due to this relationship with Medicaid, the law requires close coordination between the Individual Exchange navigator program and the Department of Health and Mental Hygiene (DHMH) and the Department of Human Resources (DHR).

MHBE released draft regulations on August 31, 2012 further defining the Individual Exchange Navigator eligibility criteria, application process and training standards for initial certification and the requirements for recertification. The draft regulations indicated that for initial certification eligibility, an applicant must be of good character and trustworthy, be at least 18 years old, successfully complete and comply with any ongoing requirements of the training program, comply with any applicable requirements of DHMH, and be employed or engaged by an Individual Exchange Navigator Entity. To apply for certification, an individual must complete an application, pay a fee, provide evidence that he/she has successfully completed the training program, and provide evidence of employment or engagement by a navigator entity. Individual Exchange navigators must renew their certification every two years. In order to do this, navigators must continue to meet the eligibility criteria, file a renewal application, pay a renewal fee, and complete the annual training and continuing education requirements.[12]

[11] §§ 31–113(c)(4), Annotated Code of Maryland MD Code, MD Health Benefit Exchange Act of 2012
[12] This information is accurate as of August 31, 2012. Subsequently released proposed regulations may have changed the requirements.

SHOP Exchange Navigator Program

The MD HBE Act established the SHOP Exchange navigator program to focus outreach on employers not offering insurance. State statute[13] builds off ACA requirements and sets forth minimum duties that SHOP Exchange navigators must perform, outlined in the table below:

Table 1.2
SHOP Exchange Navigator Responsibilities- State Requirements

MD HBE Act of 2012- SHOP Exchange Navigators Responsibilities	
31-112(C)(1) Subsection	**Responsibilities**
(1)	• Conduct Education and Outreach to Small Employers
(2)	• Distribute information about the SHOP Exchange, including: o Options with respect to employer and employee choice; o Procedures for enrolling in qualified plans; and o The availability of applicable tax credits
(3)	• Facilitate: o Qualified plan selection, based on the need of the employee; o Application processes; o Enrollment; o Renewals; and o Disenrollment
(4)	• Conduct eligibility determinations and redeterminations for tax credits
(5)	• Provide referrals to appropriate agencies, including the attorney general's health education and advocacy unit and the administration, for applicants and enrollees with grievances, complaints or questions
(6)	• Provide all information and services in a manner that is culturally and linguistically appropriate and ensures accessibility for individuals with disabilities
(7)	• Provide ongoing support with respect to issues relating to eligibility, enrollment and disenrollment in QHPs in the SHOP Exchange

SHOP Exchange navigators are limited to consumer assistance with respect to qualified plans sold in the SHOP Exchange, and may not assist individuals with eligibility/enrollment into Medicaid, MCHP or products sold on the Individual Exchange.

Recognizing that Maryland employers currently are served by the producer community, the navigator program is not intended to supplant those relationships. Instead, SHOP Exchange navigators will fill in the gaps in that market. Navigators may not seek to replace any health benefit plan already offered by a small employer unless the employer is eligible for a tax credit. SHOP Exchange navigators must be compensated by MHBE and not by carriers. Oversight for SHOP Exchange navigators will be shared between the Maryland Insurance Administration (MIA) and MHBE.

[13] §§ 31-112(C)(1), Annotated Code of Maryland, MD Health Benefit Exchange Act of 2012

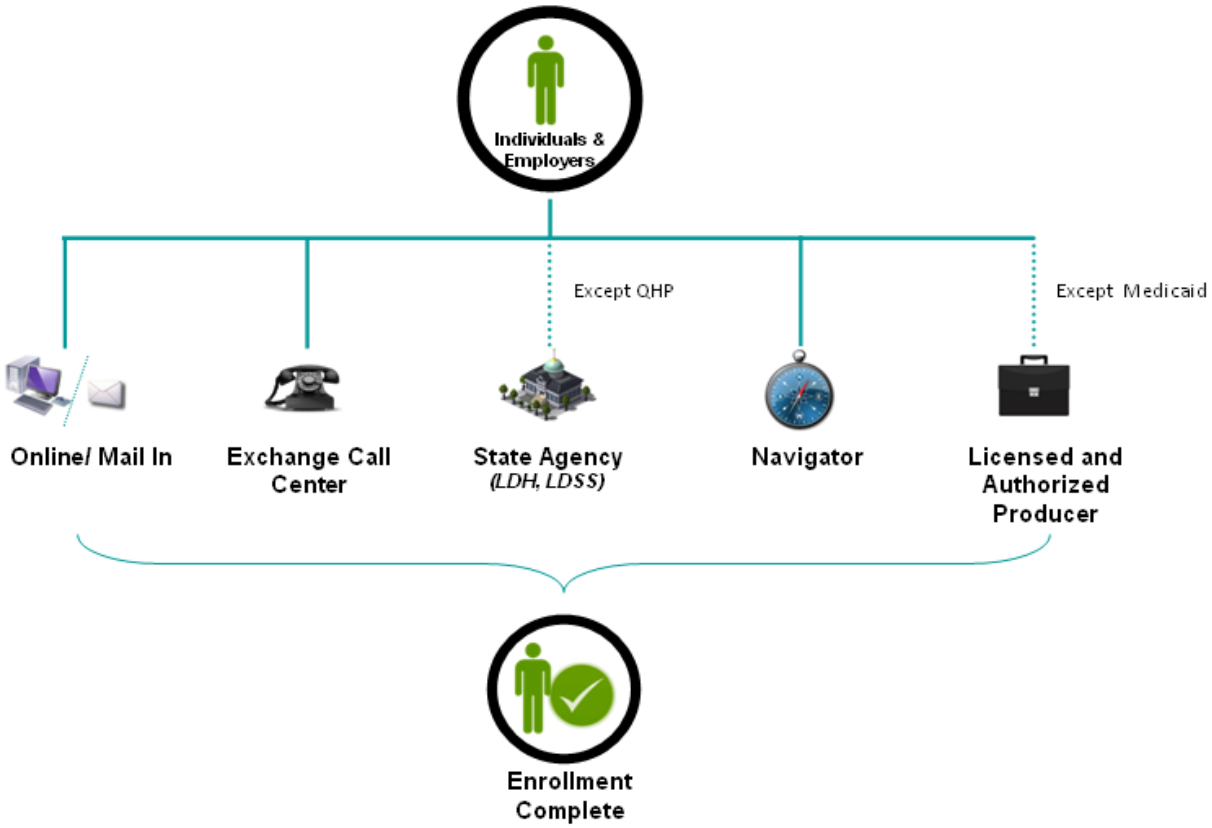
SHOP Exchange navigators must hold a special navigator license issued by the Maryland Insurance Commissioner. On September 14, 2012, the MIA issued proposed regulations establishing the licensing requirements and process. In order to obtain a SHOP Exchange navigator license, an individual must: (1) be at least 18 years of age; (2) have successfully complete the training program; (3) complete and pass both sections of the examination; (4) submit an application; (5) pay an initial license and application fee; (6) be of good character and trustworthy; and (7) not have committed any act the Commissioner finds would warrant suspension or revocation of a license.[14]

Consumer Enrollment in Maryland

Consumers will have multiple avenues to enter the MHBE marketplace and expanded options for assistance with Medicaid and MCHP eligibility and enrollment beginning in 2014. They may seek assistance through a centralized call center, MHBE website, an authorized producer, state agencies that already provide Medicaid eligibility determinations or a navigator. Given the prior discussion on the role of navigators, this section provides additional information on other enrollment resources in Maryland that may be used by individuals and employers seeking coverage through the Individual or SHOP Exchange or Medicaid/MCHP. An important task for MHBE is to determine how the various enrollment resources fit together to ensure a seamless consumer experience, minimizing burdens, delays or disruptions in the enrollment process for consumers.

[14] Subtitle 03 Insurance Producers and Other Insurance Professionals, Chapter 16 SHOP Exchange Navigators – Licensing, Authority: Insurance Article, §§ 2-109 and 31-112, Annotated Code of Maryland

Figure 1.1
Consumer Options for Enrollment in Medicaid and QHPs in 2014



MHBE is developing a **Consolidated Services Center (CSC or "call center")**, which will provide a spectrum of services for consumers, including: responding to basic questions, providing eligibility and enrollment services, triaging appeals and grievances, providing website access support, and providing navigator services. The Call Center will both assist consumers with telephonic applications, and assist individuals enrolling online or through the mail. MHBE anticipates that the CSC will both accept and make referrals from other enrollment resources. For instance, a navigator or producer may refer a consumer to the CSC if he/she is not authorized to assist the consumer with the specific product (e.g., where an individual approaches a SHOP Exchange navigator). Producers/navigators may also refer a consumer to the CSC if he/she requires a highly specialized skill. The CSC is also expected to make referrals. These may occur when an individual over the phone prefers in-person assistance.

The **"HIX"** will be a full service website that provides consumers with a one-stop shop to research health coverage options, apply for assistance programs and enroll in a health plan. The website will be available in multiple languages (English, Spanish and others, to be determined). MHBE anticipates that many individual and small groups will use the website to research options. While some consumers may complete an enrollment online, it is likely that many using the website will seek additional "live" assistance to complete the enrollment.

Authorized producers will be permitted to sell on both the Individual and SHOP Exchanges but will not be permitted to assist with Medicaid eligibility or enrollment. However, authorized producers will be expected to have a working knowledge of the Medicaid/MCHP and other programs. These producers must have a standard producer license and complete additional, MHBE-specific training, to receive separate authorization to sell on the Individual or SHOP Exchange. Authorized producers will be compensated by carriers. Based on the current small group market where small businesses rely heavily on the producer community, it is anticipated that many small employers interested in Exchange products will seek assistance from authorized producers. There is also likely to be hand-offs of consumers between producers and other resources. For instance, producers will need to refer any individual who may be eligible for Medicaid or MCHP to MHBE for assistance.

Several **state and local agencies** already provide eligibility and enrollment services for the Medicaid and MCHP programs, including the LDSSs and the LHDs. The services provided by LDSSs and LHDs will continue in their current form and consumers will continue to be able to go to LDSSs and LHDs to obtain assistance with Medicaid and/or MCHP. These local agencies are also required to enable seamless QHP enrollment,[15] which may be accomplished through an appropriate hand-off to a navigator or the CSC. LHDs are also eligible to apply to become a navigator entity. LDSSs may be eligible to become a navigator entity after consultation with the Secretary of the Department of Human Resources. LHDs and LDSSs that do not serve as navigators will need to comply with protocols to ensure coordination between Medicaid/MCHP and QHP enrollment. Situations that may trigger the need for such coordination include families with split eligibility (e.g., the parents are eligible for an Exchange subsidy but the children are eligible for MCHP) or when an individual moves between Medicaid and tax subsidies available through MHBE.

Further defining the relationships between navigators and the other consumer assistance resources is an important step in developing the navigator program and other components of MHBE. The section, *Coordination Between Navigators and Other Entities*, further discusses the role of navigators vis a vis these other resources and discusses how to coordinate eligibility determinations and enrollment to ensure a successful consumer experience.

Post-Enrollment Support

State law specifically directs navigators to provide referrals to the Attorney General's Health Education and Advocacy Unit (HEAU) and the MIA for applicants and enrollees with grievances, complaints, questions or the need for other social services.[16] MHBE must ensure that the roles of each entity are defined and that procedures for seamless hand-offs are in place.

[15] Exchange Final Rule §155.302, March 2012, Medicaid Final Rule §435.1200, March 2012
[16] §§ 31–113(c)(6) and 31–112(c)(1)(v), Annotated Code of Maryland, MD Health Benefit Exchange Act of 2012

PART II: POLICY AND OPERATIONAL OPTIONS & ADVISORY COMMITTEE DELIBERATIONS

NAVIGATOR OVERSIGHT AND MANAGEMENT

The Committee considered how MHBE will oversee and manage navigators. Committee members reviewed options related to the overall structure of the program, including how many navigator entities will operate across the State, how they will be distributed, and how navigator entity and Individual/SHOP Exchange navigator performance will be measured.

Distribution and Number of Navigator Entities

MHBE contemplated several options for the number and distribution of navigator entities that were discussed during Advisory Committee meetings. Neither Federal nor state law set forth specifically how a navigator program should be distributed across the State or the specific number of entities that could or should be retained for outreach and enrollment services. Federal law stipulates that MHBE must contract with at least two entities, one of which must be a community and consumer-focused non-profit group.[17] State statute says that the navigator program:

> *"shall enable the individual Exchange to meet consumer needs and demands for health insurance coverage while maintaining high standards of quality assurance and consumer protection."*[18]

The Advisory Committee was presented with the following operational framework for managing the distribution of navigator entities for consideration:

- **Establishment of a regional contracting strategy for the navigator program.** The regional approach is similar to the approach used by other state programs, including Medicaid, for the administration of health programs.
- **Contracting with one navigator entity in each region.** One entity per region could encourage organizations to collaboratively work together to streamline Exchange operations and minimize consumer confusion.
- **Requiring that the navigator entity cover the entire region and offer the full range of navigator services.** This requirement would mitigate the risk of "white space" areas (or those areas without a designated navigator entity).

The question was raised if the regional approach permitted navigator entities to have subcontractors. Current state statute defines individual navigator entities as an "entity or a partnership of entities" that "employs or engages individual exchange navigators".[19] Discussions with the Center for Consumer Information and Insurance Oversight (CCIIO) confirmed the ability of a navigator program to use subcontractors under Federal

[17] Section 1311(i) of the Social Security Act
[18] §31-112(c)(VI) and 31-113(B)(3), Annotated Code of Maryland
[19] §31-101(K), Annotated Code of Maryland

requirements. Based on this, MHBE concluded that subcontracting was permitted under state and Federal statue and regulations.

The Advisory Committee generally concurred with the approach established by MHBE, with several considerations.

- Support for a regional approach is based on the ability of entities to subcontract. *If entities are not able to subcontract, the committee suggested that a different approach be considered (e.g. county or city-level).*
- Advisory Committee members requested that MHBE *also consider state-wide contracting for special services or capabilities which target a small percent of the population in any given geographic area, but which could be provided on a statewide basis*. The examples provided were services for the deaf and hard of hearing and services that might target specific ethnic or cultural groups that are dispersed across the State.
- The specific geographic regions for the navigator program will be established by MHBE with approval by MHBE's Board of Trustees. The Committee had an opportunity to weigh in on the configuration of the geographic regions. The Committee recommended that *MHBE should re-evaluate the regions after the program is operational and make adjustments, if needed.*
- There were some concerns that the regional approach would exclude small, qualified entities from bidding. MHBE explained that the concept of having no more than one entity per region was intended to encourage organizations to work together to provide a coordinated network of services. A single organization would be responsible for contracting with MHBE and organizing services across all organizations in the region. MHBE staff noted that staffing limitations would make it difficult for MHBE to manage more than six to eight contracts across the State. The Committee urged *MHBE to ensure that services/capabilities brought to bear by the winning bidders include engagement of smaller organizations to help target specific sub-populations or geographic areas within each region.*

Managing Job Performance

> ***Area of Consensus on Navigator Performance***
>
> ✓ *The Exchange must establish baseline performance measures which address both outcomes and process measures and collect them on a quarterly basis.*

The Advisory Committee discussed several options for overseeing navigator performance, which ranged from establishing numerous and detailed performance measures at both the entity and the Individual Exchange navigator level, to establishing baseline standards which would be reported for the navigator entities only. The Advisory Committee opted for establishing baseline performance measures that should be included in the grant solicitation and collected and evaluated on at least a quarterly basis at the navigator entity level. With attention given to balancing reporting requirements with resources, the Committee recommended establishing a set of consistent standards across all entities that would support both entity performance and broader program measurement. There was acknowledgement that different entities would serve different regions and populations and thus comparison among entities might be difficult. The Committee also recommended that the baseline metrics focus on both outcomes and process measures which could provide insight into the level of effort required for enrollment and, eventually, identify best practices. For example, entities should report data indicating the number of enrollees, completion and success rate among applicants, and the number of "touches" or times a person interacted with a navigator prior to enrollment, but not on the number of flyers distributed to support outreach and enrollment.

Furthermore, the Committee agreed that the baseline metrics should be considered in conjunction with funding to navigator entities to ensure performance against program goals. Outcomes metrics should be given more weight than process metrics. The Committee also agreed that the baseline metrics need to reflect how effective entities are at reaching and enrolling hard-to-reach populations, and that funding should be linked to these outcomes.

Metrics identified by the Committee for potential inclusion in the grant solicitation are noted below:

- Number of successful, declined, pending or incomplete applications (and, after year one, renewals) into QHPs or Medicaid/MCHP
- Insurance status of applicant (e.g. insured or uninsured, and how applicant became uninsured, if applicable)*
- Percent of enrollments into specific QHPs or MCOs
- Number of full time employee equivalents of certified navigators/assistors on staff/contracted
- Number of non-certified personnel on staff/contracted
- Language proficiency of applicant*

- Age/demographic/income data of applicants (with a focus on whether applicant qualifies for a tax subsidy or credit)*
- Race/ethnicity of applicants*
- Disabled status of applicant*
- Consumer satisfaction scores
- Number of touches and type of touch (e.g. community event, one on one, etc.) per applicant
- Timeframe from initial touch to enrollment of applicant (if able to be measured by the HIX system)
- Number of hand-offs to other entities/individuals for enrollment purposes (if able to be measured by the HIX system)

The Committee identified the metrics marked with an asterisk (*) as critical to evaluating the effectiveness of entities in reaching hard-to-reach populations. The Committee suggested several considerations for defining hard-to-reach applicants including those who are from a minority race or ethnic group, speak a language other than English, are disabled, live in rural areas, have incomes low enough to qualify for Medicaid/CHIP or tax subsidies, and/or were previously uninsured.

Managing Performance Across the Year

Another concern raised to the Committee was how Individual Exchange navigator entities would balance roles and responsibilities across the year in light of the open enrollment period. The Individual Exchange will need to anticipate and meet higher demand for services during open enrollment periods.[20]

The RFI posed the question of "balancing" roles and responsibilities throughout the year to potential navigator entities. The responses, as well as the discussion with the Advisory Committee, demonstrated consensus that navigator entities will be able to balance the roles and responsibilities of Individual Exchange navigators across the year for several reasons:

Area of Consensus on Roles and Responsibilities

✓ *Navigator entities will be able to balance roles and responsibilities across the year, and should discuss which strategies they will employ, specifically, in the grant solicitation.*

1. **Navigator entities will be able to anticipate and prepare for demand during open enrollment.** There were a range of strategies discussed to meet this demand including, hiring staff who may perform non-navigator functions in the "off season;" contracting for additional services during open enrollment, which provides the ability to staff up and

[20] The individual open enrollment period in the Exchange is set from October 1, 2013 to March 31, 2014 during the first year of operation. After the first year, open enrollment will occur annually between October 15 to December 7.

down; and shifting additional responsibilities to non-certified personnel, consistent with state and Federal law.

2. **Navigators will shift focus to non-QHP individual enrollment and post-enrollment services after the open enrollment season.** Medicaid, MCHP and SHOP Exchange programs do not have an open enrollment period and require continuous support year round. Additionally, navigators will be able to assist individuals who have a qualifying event that allows them to enroll in MHBE outside of the open enrollment period, as well as respond to questions regarding coverage or directing individuals to the appropriate oversight agency for complains/grievances or other support as needed. Finally, navigators will need to provide education and outreach activities throughout the year to notify people of MHBE and open enrollment timeframes.

The Advisory Committee suggested that potential navigator entities responding to the planned grant solicitation in late 2012 address this concern and demonstrate how their particular entity will manage roles and responsibilities across the year.

Coordination Between Navigators and Other Entities

The goal of the navigator program will be to provide "one-stop shopping" for consumers and seamless enrollment into Medicaid, MCHIP or a QHP. This will sometimes require that multiple entities (e.g., Medicaid offices, the Call Center, producers/brokers, and other navigator entities) work together. Seamless coordination between navigators and these entities is critical to ensuring a positive consumer experience. The Advisory Committee was presented options for ensuring seamless coordination across a range of situations where a hand-off between entities might be needed:

- Option 1: Establish baseline protocols for coordination to be used across all entities
- Option 2: Require partnership arrangements between navigators and the entity/individuals involved in serving the customer.

The Advisory Committee agreed that MHBE should establish standard protocols for bi-directional coordination between navigators and other agencies or entities. These protocols should be included in the grant solicitation and be agreed to by all applicants. In certain instances, the Committee also recognized the need for more formal arrangements, such as those involving coordination with another non-state entity (such as a producer or another navigator). In those situations, the Advisory Committee thought MHBE should consider requiring more formal partnership arrangements.

The specific scenarios addressed in the Committee are below.

Coordination Between Navigators and Local Health Departments/Departments of Social Services

Local Department of Social Services (LDSSs) and the Local Health Departments (LHDs) are already well established as a go-to resource for assistance with Medicaid and MCHP eligibility and enrollment. Therefore, MHBE anticipates that many potential QHP customers will seek assistance from these agencies. As previously discussed, the Federal government also anticipated this flow of consumers between Medicaid agencies and MHBE and required that Medicaid agencies enable a seamless QHP enrollment.[21] The Committee considered options for how to ensure that seamless enrollments occur. The Committee agreed that the grant solicitation must require that navigator entities work in conjunction with the LDSSs and LHDs. They considered options for how to operationalize these relationships and considered the following:

- Option 1: MHBE requires a Memorandum of Understanding between each potential navigator entity and the LHDs and LDSSs in their region that is submitted as part of the grant application.

[21] Exchange Final Rule §155.302, March 2012, Medicaid Final Rule §435.1200, March 2012

- Option 2: The navigator entity collects letters of intent to collaborate from the LHDs and LDSSs in their region and submits these as part of the grant application.
- Option 3: The navigator entity commits in the grant application to working collaboratively with the LHDs and LDSSs in its region and proposes a strategy to accomplish this.
- Option 4: MHBE and DHR and DHMH, which oversee the LDSSs and LHDs, respectively, crafts a set of minimum criteria for navigator entities. DHR and DHMH require all LDSSs and LHDs to work with navigator entities that meet the criteria.

The Committee raised concerns that an MOU (Option 1) would be overly burdensome on both potential entities and the LHDs/LDSSs during the application process. Some members raised concerns that a process that required either an MOU or a letter of intent would give the local agencies a significant amount of power over whether a potential navigator entity could be a successful applicant. However, the Committee did not think that the third option, where the navigator entity proposes how it will work with the local agencies, was sufficiently robust. The Committee settled on Option 4, whereby the State agencies will craft a set of minimum criteria for navigator entities and hold all LDSSs and LHDs accountable for working with navigator entities that meet the criteria. The Committee agreed that establishment of minimum criteria creates a floor for entities and LHDs/LDSSs, but does not preclude entities and LDSSs/LHDs from mutually agreeing to expand or enhance collaboration. For the solicitation, potential navigator entities would not be required to have a letter from the LDSSs/LDHs within their region, but would be required to affirm that they would comply with the collaboration requirements.

Coordination Between Navigators and the Call Center

Navigators will be embedded within the call center to assist callers with enrollment into Medicaid, MCHP or a QHP. However, Advisory Committee members agreed that some calls would need to lead to in-person support to be provided by navigator entities in the field. The Advisory Committee discussed two options for outbound calls.

- Option 1: The call center refers clients to the navigator entity in the area.
- Option 2: The Call Center provides "warm" hand-off to navigator entities, staying on the phone to provide the initial contact.

Warm hand-offs to navigator entities who are geographically accessible and able to meet the needs of the client were the preferred option. There was agreement that hand-offs for routine calls could be rare since navigators will be embedded in the Call Center.

There was also discussion about the potential for the CSC to receive inbound requests from navigators. Navigators

Areas of Consensus on Call Center

- ✓ *Outbound calls should provide for warm hand-offs to navigator entities who are geographically accessible to the client and meet other needs (e.g. linguistic) that the client may have.*
- ✓ *The Exchange call center should provide priority support for inbound requests from navigators.*
- ✓ *The grant solicitation should clearly delineate the support the call center will provide to navigators and the protocols entities should use to interact with the call center.*

may need to rely on the call center in certain situations, such as when a navigator does not have the expertise or capacity to support the client or is having technical difficulties.

The Committee discussed whether the CSC should provide general support to navigators through the regular toll-free line or whether the CSC should provide more customized support and serve as the exclusive call center for navigator entities. In the latter scenario, entities would be prohibited from establishing or enhancing their own call center with Exchange grant funding.

There was consensus at the Committee meeting that the CSC should support navigators' in bound requests in an expedited and efficient manner. There was also consensus that the specific support that MHBE will provide to navigator entities should be specified in the grant solicitation so that entities responding to the solicitation understand what services the CSC will provide versus what services the entity will be expected to acquire or develop. There was agreement that entities should not duplicate services that are centrally provided by the call center.

Coordination Between Navigators and Producers/State Entities/Other Navigators

Maryland law requires that navigators be capable of referring individuals in specific situations to more appropriate consumer assistance, including state agencies that handle grievances or other social services, such as the HEAU and the MIA.[22] Navigators must also refer to MHBE, carriers and producers in specific instances, such as when an individual is already insured or is requesting information on products sold outside of MHBE market.[23] Finally, navigators may need to coordinate with other navigators in certain situations, such as when a small business owner approaches an Individual Exchange navigator, when certain cultural or linguistic needs can not be met by a navigator, when a navigator does not have enough capacity to support additional clients or when a navigator in another geographic area may be better suited to support the client. The RFI responses and Advisory Committee members stressed the importance of navigators fully using the HIX and having adequate training to support coordination.

Areas of Consensus on Hand-Offs

- ✓ *Protocols should be developed by MHBE to set consistent standards for how hand-offs should occur between navigators and state entities, producers and other navigators*
- ✓ *In addition, navigator entities should have more formal partnership relationships with non-state entities*

One option discussed was to have navigators adhere to protocols established by MHBE for coordination with SHOP Exchange navigators, state entities including MIA and HEAU, producers or other navigators. Development of protocols would ensure that all navigators follow the same pathway for coordination, regardless of the situation. The consensus of the group was that MHBE should establish protocols for coordination and that those protocols should be included in the grant solicitation.

[22] §§ 31-112(c)(1)(v), 31-113(c)(6), Annotated Code of Maryland
[23] §§ 31-112(c)(3), 31-113(f)(8)(3), Annotated Code of Maryland

Another option considered was that in addition to the protocols, MHBE could require navigators to have established partnerships with other navigators or producers. Each navigator entity would be responsible for covering the range of services through formal partnerships or referral arrangements (e.g. Memorandums of Understanding) with other navigators or with producers. The group discussed at length the feasibility of this requirement. Some committee members stated that it would be difficult for a single entity to offer all services and partnership was inevitable. Others stated that partnership requirements might be putting the "cart before the horse" in some scenarios. (e.g. How would a potential navigator entity partner with producers in advance of the knowing which producers were going to be authorized to sell into MHBE?) There was consensus that protocols for coordination are necessary, but insufficient, and that more formal partnerships should be required of navigator entities and non-state entities. This requirement should be included in the grant solicitation for navigator entities. It was further noted that not all partnerships have to be formally in place for the grant solicitation.

Reaching Diverse Populations

Federal law requires navigators to provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by MHBE.[24] Federal regulations expand upon this requirement by explicitly identifying two target populations that will likely require additional accommodations - individuals with limited English proficiency and individuals with disabilities[25]. With respect to the latter, Federal regulations specify that navigators must ensure the accessibility and usability of navigator tools and functions in accordance with the Americans with Disabilities Act (ADA) and section 504 of the Rehabilitation Act. Federal regulations also require that navigator training be designed to ensure navigators' ability to meet the needs of underserved and vulnerable populations.

The MD HBE Act[26] requires that both Individual and SHOP Exchange navigators provide all information and services in a manner that is culturally and linguistically appropriate and ensures accessibility for individuals with disabilities. The law also directs the Individual Exchange navigator program to select navigator entities that have expertise working with vulnerable and hard-to-reach populations[27].

Diversity in Maryland

Maryland is one of the most diverse states in the nation. In terms of race and ethnicity, it's population is 61% White, 30% African American and nearly 6% Asian; Hispanics and Latinos of any race make up 8.4% of the population[28]. These broad categories do not fully indicate the true diversity in the State. For instance, the Asian population includes Korean (.8%), Asian Indian (1.4%), Chinese (1.2%), Filipino, (.8%) and others.[29] Table 2.1., demonstrates ethnic diversity in select counties in Maryland.

[24] The Patient Protection and Affordable Care Act of 2010, Navigators, §1311(i), 42 USC § 18031(i)
[25] 42 CFR 155.210(e)(5)
[26] State of Maryland, House Bill 443 and Senate Bill 238, §§31–112(c)(VI); 31-113(B)(2); 31-113(C)(7), Annotated Code of Maryland
http://mlis.state.md.us/2012rs/billfile/hb0443.htm
http://mlis.state.md.us/2012rs/billfile/sb0238.htm
[27] §§31–113(B)(2)(i), Annotated Code of Maryland.
[28] 2011 Census, http://quickfacts.census.gov/qfd/states/24000.html
[29] 2010 Census, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

Table: 2.1
Ethnic Diversity Across Select Counties in Maryland[30]

County	White	African American	Asian	Hispanic
Allegany	89.1%	8.3%	0.8%	1.5%
Calvert	81.7%	13.8%	1.5%	2.9%
Charles	51%	41.6%	3.1%	4.5%
Howard	63.2%	18.2%	14.9%	6%
Prince George's	26.6%	65.4%	4.3%	15.2%
Maryland	61.1%	30%	5.8%	8.4%

Marylanders are also multi-lingual: as the table below shows, an estimated 900,000 residents speak a language other than English at home. Nearly 40% of those residents report that they speak English with difficulty, indicating a need for translation and/or other language services and supports to assist this population.

Table 2.2
Common Languages Spoken in Maryland[31]

Languages Spoken at Home	# of Maryland Residents	# of MD Residents who Speak English with Difficulty	% Who Speak English with Difficulty
All languages other than English	896,006	342,931	38%
Spanish	355,323	167,141	47%
Indo European languages	246,201	68,089	28%
Asian and Pacific Island languages	199,332	84,816	43%
African languages	70,853	17,290	24%
Chinese	61,452	26,883	44%
French	58,183	15,672	27%
Korean	37,665	20,157	54%
Tagalog	35,011	10,375	30%
Other languages	95,150	22,885	24%

In additional to cultural and linguistic diversity, Maryland also has approximately 580,000 Marylanders with disabilities. Of these, more than half are below age 65. Some disabled individuals are eligible for coverage under Medicare or Medicaid. Those that are uninsured fall into the target population of MHBE and their disabilities may require specialized forms of assistance.

[30] 2011 Census, http://quickfacts.census.gov/qfd/states/24000.html
[31] 2010 American Community Survey and 2011 Census, http://quickfacts.census.gov/qfd/states/24000.html

Table: 2.3
Maryland Disabled Population by Percentage of Federal Poverty Level and Age, 2010[32]

% of FPL	Age Group			Total
	0-20	21-64	65 and older	
Under 50%	5,355	31,633	10,248	47,236
50-99%	857	44,167	29,003	74,027
100-124%	1,090	13,932	16,141	31,163
125-199%	1,957	37,948	52,024	91,929
200-299%	3,024	36,369	52,582	91,975
300-399%	3,188	40,395	41,271	84,854
400%	8,270	82,329	71,304	161,903
Total	23,741	286,773	272,573	583,087

What is Means to be "Culturally/Linguistically Appropriate" or "Accessible" for Individuals with Disabilities

To frame the Committee's discussions, the Committee sought to define "culturally and linguistically appropriate" and "accessible" for the purposes of developing outreach strategies, tools and materials, and assistance. To start, the Committee reviewed and agreed upon a working definition of "cultural competence" that was adapted from the U.S. Department of Health and Human Service, Office of Minority Health's report, "National Standards for Culturally and Linguistically Appropriate Services in Health Care:"[33]

> *"'Cultural and Linguistic Competence' is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."*

Area of Consensus

- ✓ *In order for navigator services to be determined "culturally and linguistically appropriate" or "accessible," the Exchange will need to address language, culturally-appropriate translation/interpretation and communication, reading level, formats accessible to those with disabilities, physical accessibility and relationships with target communities.*

The Committee also reviewed input from the RFI respondents, who suggested that the Committee consider language (e.g., English, Spanish), literacy (both general and health literacy),

[32] Fakhraei, S. H. (2012). Maryland health care reform simulation model: Detailed analysis. The Hilltop Institute, UMBC.

[33] National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001, HHS Guidance for Integrating Culturally Diverse Communities, http://www.hhs.gov/ocr/civilrights/resources/specialtopics/emergencypre/omh_diversitytoolkit.pdf
"Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.
"Competence" implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.
"Culturally and linguistically appropriate" are services that are respectful of and responsive to cultural and linguistic needs.

formats for those with vision or hearing impairments, and the place and method of delivery of navigator services. Several respondents noted that to be culturally competent and accessible, navigators would need to meet the target populations in their community, fluently speak their language, and provide them with written materials in their language. They noted that telephone outreach alone is not a reliable means for reaching low-income populations. They also stressed the importance of relying on partnerships with trusted community members and culturally-appropriate translations.

The Committee recognized that MHBE will need to prioritize strategies to meet the needs of the culturally diverse, disabled and hard-to-reach populations. The Committee agreed that in order for navigator services to be determined "culturally and linguistically appropriate" or "accessible," MHBE will need to design the navigator entity requirements to address the following:

- Language
- Culturally-appropriate translation/interpretation of written materials
- Culturally-appropriate communication
- Reading level
- Formats accessible to those with disabilities
- Physical accessibility (e.g., via public transportation)
- Relationships with target communities

Ensuring Accessibility of Navigator Services

Setting Standards

The Committee considered how best to ensure that navigators meet the needs of diverse populations and specifically whether and to what extent MHBE should set standards for navigator entities related to reaching these populations. The Committee considered three options:

- Option 1: MHBE sets specific standards related to staffing, services and materials required to meet population needs. This would be similar to the requirements for the Medicaid Enrollment Broker today.
- Option 2: MHBE sets minimal standards and processes for navigator entities and the entities are responsible for rounding out the approach. Their applications would be evaluated in part by their proposals for meeting these minimum requirements as well as tailoring specific strategies for the target populations in their region.
- Option 3: MHBE does not set standards but selects navigator entities based on their proposed approach. MHBE would evaluate grant applications based on the approaches and strategies for meeting the needs of the target populations.

The Committee members recognized the importance of cultural appropriateness and agreed that standards need to be set for navigator entities. However, given the many unknowns in a post-2014 environment, they were in favor of giving entities flexibility to determine their own strategies, coupled with performance monitoring. They suggested setting a minimum "floor" and allowing navigator entities to propose additional services or standards to demonstrate the ability to meet the needs of target populations. MHBE would establish performance criteria and modify standards if the needs of the target populations were not being met. The Committee suggested that MHBE could assist potential entities in developing appropriate strategies by providing additional demographic data broken down by county.

Language Services

The Committee considered how best to serve Maryland's linguistic minorities. The discussion largely focused on whether certain services are best centralized at MHBE and available for use by all navigators and which services should be housed at the entity level.

The Committee considered four options for providing language services and supports:

- Option 1: MHBE offers centralized language services/interpreters and navigators rely on MHBE to meet the needs of linguistic minorities.
- Option 2: MHBE requires that navigator entities have interpreter services available. This requirement could be met either through staffing or through contracting with a language line.
- Option 3: MHBE requires navigator entities to have in-house capacity for certain languages (e.g., those that are spoken by more than a certain percentage of the population).
- Option 4: MHBE does not set standards but selects navigator entities based on the proposed approach included in their grant application.

The Committee agreed with a blended approach of Options 1, 2 and 3. They suggested that MHBE set minimum standards for navigator entities to meet the needs of linguistic minorities. Entities would need to offer in-house services, such as staff or contractors who are proficient in selected languages. For languages less commonly spoken by the target population, MHBE should provide navigators with centralized resources (e.g., a language line) to minimize cost on the program.

Area of Consensus

- ✓ *The Exchange should set minimum standards for meeting the needs of linguistic minorities.*
- ✓ *The Exchange should provide centralized resources for rare languages/needs.*

The standards for determining when services must be available in-house would be similar to – but not the same as – the current language requirements for the Medicaid Enrollment Broker. The Enrollment Broker is required to provide staff and materials for all languages that are

spoken by more than 5% of the population.[34] However, the Committee concluded that those standards are not sufficient to meet the needs of MHBE's target population. When looking at Maryland's populations in aggregate, only English and Spanish meet the minimum 5% threshold. However, in specific communities, the need for language services is greater. Several Committee members suggested that an alternative threshold be established, e.g., 2%, 3% or 4%, and that the percentages be applied to the targeted region rather than statewide. Since data on the languages spoken for a certain percentage of the population can be difficult to get on a localized basis, the Committee suggested that the Exchange develop a proxy for language requirements.

The Committee also discussed the minimum services and supports that should be required to meet the needs of individuals with disabilities. Committee members identified the need for translators and interpreters and other services for the hearing and/or vision impaired. In order to realize cost efficiencies across the program, the Committee suggested that MHBE procure these services centrally and make them available to navigator entities.

Training

Federal regulations require that navigators be trained to ensure they can meet the needs of underserved and vulnerable populations[35]. This section focuses on how MHBE may design navigator training to meet the needs of the culturally diverse, disabled and hard-to-reach populations. Training content and delivery is addressed more broadly in the following section.

The Committee agreed that all navigators must receive training on meeting the diverse needs of Marylanders. The discussion largely revolved around the content and source of the training and whether training alone could sufficiently prepare navigators The Committee members identified several training resources that already exist and should be leveraged, such as the National Institutes of Health's National Center on Minority Health and Health Disparities and the University of Maryland School of Public Health's Center for Health Literacy. The Committee also suggested developing a glossary of terms to ensure effective communication across stakeholders with respect to diversity.

The Committee questioned whether training alone is sufficient to prepare navigators for working with diverse populations. In general, the Committee agreed that MHBE may best meet the needs of target populations by contracting with entities that are either from a target population or already provide services to these populations. Therefore, the Committee suggested that the grant solicitation request evidence of experience with diverse populations.

With respect to content, the Committee members agreed that training should include the following elements:

[34]The full list of requirements can be found at: Request for Proposals: Maryland Medical Assistance: Managed Care Enrollment Broker Service; SOLICITATION NO. DHMH OPASS- 11-10606; Issue Date: September 16, 2011
[35] 42 CFR 155.210(b)(2)

- Orientation on individuals with physical, sensory or cognitive disabilities or chronic conditions
- Orientation on cultural sensitivities and norms/expectations for specific cultural groups in Maryland
- Effectively speaking and communicating with individuals who have limited English proficiency
- Orientation on the needs and concerns of unique populations, including homeless and homebound individuals and individuals with mental health or substance abuse disorders
- Health Disparities
- Cross-Cultural Communication
- Community Strategies
- Use of Interpreters
- Working with Immigrant Families
- Consumer's Rights
- Consumer Access to Services
- Overview of Diversity in Maryland

Navigator Training

Federal regulations[36] require states to establish standards for navigator training that assures navigator expertise in:

- The needs of underserved and vulnerable populations;
- Eligibility and enrollment rules and procedures;
- The range of QHP options and insurance affordability programs; and
- Privacy and security standards.

State law requires both SHOP and Individual Exchange navigators to complete training that imparts the skills and expertise necessary to perform the required functions[37]. For SHOP Exchange navigators, the law particularly stresses the importance of training on tax credit eligibility determinations. Individual Exchange navigator training must provide navigators with the full range of skills and knowledge to meet the consumer assistance, eligibility, enrollment, renewal and disenrollment needs of individuals for Medicaid, MCHP, or QHPs in the Individual Exchange. With respect to training for Individual Exchange navigators, MHBE must consult with DHMH to define the scope, type, conduct, frequency and assessment of the training. The MIA is also engaged in training for SHOP Exchange navigators as it relates to licensure.

On August 31, 2012, the State issued draft training standards for the Individual Exchange navigator program[38,39]. The standards provide for both in-person and online training, and require a final examination. Initial training must address the following content:

- Commercial health insurance
- The Medicaid and CHIP programs, including overview of benefits
- Eligibility, enrollment, renewal and disenrollment
- Advanced premium tax credits
- Consumer assistance and protection
- Quality assurance standards
- Ethics

[36] 42 CFR 155.210(b)(2)
[37] §§ 31-112(G)(2)(II), §§ 31-112(H), 31-113(J)(2)(III) and 31-113(K), Annotated Code of Maryland
[38] Subtitle 35 Maryland Health Benefit Exchange, Chapter 02 Individual Exchange Navigator Certification and Training Standards, Authority: Insurance Article §§ 31-106 and 31-113, Annotated Code of Maryland
[39] Subtitle 35 Maryland Health Benefit Exchange, Chapter 03 Individual Exchange Navigator Certification – Renewal, Reinstatement, Reactivation, and Suspension or Revocation of Certification, Authority: Insurance Article §§31-106 and 31-113, Annotated Code of Maryland

The training standards require annual training and continuing education. Individual Exchange navigators must complete at least 16 hours of Exchange-approved continuing education per renewal term (2 years) and an annual re-training no less than 60 days before open enrollment.

On September 14, 2012, the MIA issued draft regulations related to the SHOP Exchange navigator licensing program, which included training requirements[40]. In order to be eligible for a SHOP Exchange navigator license, an individual must have successfully completed the training program and completed and passed both sections of a two-part examination. The content of the training must be approved by the Commissioner of the MIA.

Training Content and Delivery

The Committee considered the appropriate content, length (hours), format (in-person vs. online) and frequency (e.g., annually, as needed) of navigator training to enable navigators to successfully perform the functions required of them. The Committee strived to balance the need to ensure sufficient preparation while not making the training so burdensome that it limits participation. Generally, the Committee agreed that MHBE should set minimum training standards and encourage entities accountable for navigator performance to deliver additional on-the-job training, as necessary, to ensure that navigators are qualified.

With respect to content, the Committee agreed with the modules identified by MHBE in the draft regulations. However, they also saw value in including the following modules:

- Overview of ACA/navigator program
- Overview of essential health benefits
- Health Insurance 101 (including an overview of Maryland insurance law)
- Cost sharing reductions
- Hand-offs, and
- Using MHBE tools, such as the HIX.

The Committee suggested that MHBE make available resources to navigators to assist them on-the-job to supplement the training. Several members suggested that the website and call center be available to navigators with questions (more discussion on navigator interaction with the CSC/call center can be found in the section *Coordination with Other Consumer Assistance Resources*).

The Committee had considerable discussion on whether training should be available fully online or whether some in person training should be offered or required. Proponents of online learning noted that it would make it easier for potential navigators to take the training.

[40] Title 31 MARYLAND INSURANCE ADMINISTRATION, Subtitle 03 Insurance Producers and Other Insurance Professionals, Chapter 16 SHOP Exchange Navigators – Licensing, Authority: Insurance Article, §§ 2-109 and 31-112, Annotated Code of Maryland

Respondents to the RFI noted that online coursework would better ensure a standardized training experience and that online modules could be made available to broader audiences than just navigators, e.g., interested lay people and assisters. Proponents of in-person training encouraged using role-playing to model behaviors and evaluate potential navigator performance. Ultimately, the Committee agreed that multiple formats of training are necessary to meet both the program and the individual's needs, and that in-person training should be a component of overall training required for certification.

Several Committee members raised questioned whether additional on-site training, similar to an apprenticeship, should be required. Several CBOs noted that they currently include apprenticeship-style, on-the-job training for their outreach workers. Although the Committee generally responded favorably to additional, more personalized training, they did not think this was necessary to require of all navigators. During the first year, there will be no existing navigators to model successful behaviors. In addition, this may be overly burdensome for some navigator entities and navigators. However, the Committee agreed that the MHBE should encourage entities to develop on-the-job training programs and that entities should be able to identify any quality assurance issues that could be addressed through additional training. In the future, training could be reconfigured to take advantage of the skills/experience of select navigators who have become highly proficient and may be able to be included in a 'train the trainer' approach.

With respect to the duration of training, the Committee considered the time required for training for similar professions, such as producers. They concluded that initial navigator training required for certification will take between approximately 40 and 80 hours.

Funding and Conflicts of Interest

MHBE has several options for structuring navigator grants. This section discusses the options for distributing navigator grants between MHBE and the navigator entity and does not speak to the amount of funding that will be available for the program overall, which is still under consideration. The goal of MHBE is to adequately compensate navigator entities for their services while incentivizing performance. In addition, the law specifically speaks to the need to avoid conflicts of interest, which, in the law are linked to compensation and other "consideration" from carriers.

State law requires that navigators be compensated by MHBE (or by a navigator entity for Individual Exchange navigators)[41]. Federal law requires that grants to navigator entities must be made from the operational funds of MHBE.[42]

Federal law requires that navigators avoid conflicts of interest. The ACA prohibits navigators from being a health insurer or receiving consideration directly or indirectly from health insurers in conjunction with enrollment in a QHP or non-QHP[43]. The U.S. Department of Health and Human Services (DHHS) will establish more specific conflict of interest standards for navigators and has directed states to develop and publicly disseminate a set of standards to prevent, minimize and mitigate any conflicts of interest, financial or otherwise, that may exist for navigators. State standards must also ensure that all navigator entities and Individual/SHOP Exchange navigators have integrity.

The MD HBE Act includes conflict of interest provisions as well, which largely mirror the Federal requirements. Navigator entities and Individual Exchange navigators are prohibited from receiving any compensation, directly or indirectly from a carrier, insurance producer or a third-party administrator or from any MCO that participates in Medicaid in connection with enrollment of individuals into a QHP or into Medicaid/MCHP[44]. The law also provides that an Individual Exchange navigator shall receive compensation only through the Individual Exchange or an Individual Exchange navigator entity and not from a carrier or an insurance producer.

Similarly, SHOP Exchange navigators may not receive compensation from or otherwise be affiliated with a carrier, an insurance producer, a TPA or any other person connected to the insurance industry and shall be engaged by and receive compensation only through the SHOP Exchange[45].

[41] § § 31-112(c)(2)(III) and 31-113(F)(7), Annotated Code of Maryland
[42] ACA Section §1311(i)(6)
[43] ACA Section §1311(i)(4)
[44] 31-113(H)(5) and 31-113(H)(6), Annotated Code of Maryland
[45] § § 31-112(c)(2)(IV), Annotated Code of Maryland

State law also requires that both Individual and SHOP Exchange navigators "be of good character and trustworthy.[46]" Violations of this provision include:

- Willfully violating any laws or regulations;
- Intentionally misrepresenting or concealing a material fact in the application for the license/certification;
- Obtaining the license/certification by misrepresentation, concealment, or other fraud;
- Engaging in fraudulent or dishonest practices in conducting activities under the license/certification;
- Misappropriating, converting, or unlawfully withholding money in conducting activities under the license/certification;
- Failing or refusing to pay over on demand money that belongs to a person entitled to the money;
- Willfully and materially misrepresenting the provisions of a qualified plan;
- Having been convicted of a felony, a crime of moral turpitude, or any criminal offense involving dishonesty or breach of trust;
- Having failed an examination required by this article or regulations adopted under this article;
- Having forged another's name on an application for a qualified plan or on any other document in conducting activities under the license/certification;
- Having otherwise shown a lack of trustworthiness or competence to act as a navigator; or
- Willfully failing to comply with or violated a proper order or subpoena of the Commissioner.

Navigator entities may also face penalties for certain actions/behaviors, including:

- Willfully violating the law or regulations guiding the navigator program;
- Engaging in fraudulent or dishonest practices in conducting activities under the navigator entity authorization;
- Having a professional license or certification suspended or revoked for a fraudulent or dishonest practice;
- Having been convicted of a felony, a crime of moral turpitude or any criminal offense involving dishonest of breach of trust; or
- Willfully failing to comply with or violated a proper order or subpoena of the Commissioner.

[46] § § 31-112(D)(2) and § § 31-113(J)(2), Annotated Code of Maryland

SHOP Exchange navigators, Individual Exchange navigator entities who violate these rules face monetary penalties and/or suspension, revocation and/or refusal to review or reinstate a license or certification. Financial penalties will be no less than $100 and no more than $500. Restitution to harmed individuals may also be required. Navigators will be given notice and an opportunity for a hearing. These penalties may also be in addition to any criminal or civil penalties imposed for fraud or other misconduct under other State or Federal law.[47]

Funding

The Committee considered three options for dispersing navigator grants:

- Option 1: Block Grants: navigator entities receive a set fee based on factors such as the target number of enrollments or number of FTEs.
- Option 2: Incentive-Based Payments: There are numerous ways to design these payment types, for example, paying navigator entities a base payment amount and bonuses for reaching/exceeding performance targets.
- Option 3: Per Application: entities are reimbursed a set fee for each application. Applications may be counted upon submission or after a successful enrollment is made.

The Committee concluded that base grants coupled with incentive-based payments would be most effective funding strategy. Members were generally skeptical that a per application methodology would work for the program. Some suggested that a per application payment risked driving entities and navigators to high population areas, potentially leaving less populated areas of the State uncovered. The Committee further recommended that some base funding should be provided up front to support the development of initial navigator operations. The Committee suggested developing a formula to determine how much funding should be provided up front. Respondents to the RFI suggested several amounts, including 25-30% of the total grant award.

For performance incentives, the Committee and RFI respondents suggested that MHBE set forth a model where achievement of incentives is potentially possible across all entities. The Committee did not set thresholds around the proportion of the block grant that should be tied to incentives, but discussed that funding should be tied to specific performance measures, including those measures used to address enrollment of hard-to-reach populations (discussed in the performance management section).

The Committee requested that first year incentives be modest since specific measures will be initially difficult to set and evaluate. First year incentives do not need to be the same as incentives in future years, as more information becomes available about enrollment and outreach practices across regions.

[47] § § 31-112(E), 31-113(G), and 31-113(L) Annotated Code of Maryland.

Several operational questions were raised. For example, the Committee was interested in the duration of the grants, which has not yet been determined. Members also asked how modifications will happen throughout the grant period. For instance, could an entity bring in a new partner after they have an award? MHBE responded that this would be permissible; however, the entity would need to fund this new partner out of their existing award. Similarly, the members were interested in potential opportunities for supplemental funding during the grant period if there was a change in the environment/funding available. The Committee suggested outlining the responses to these questions in the grant solicitation.

Finally, the Committee discussed whether or not MHBE should establish some parameters around Individual Exchange navigator compensation such that there is consistency in the market. Consensus was not reached on this point. Several Committee members preferred to keep compensation to Individual Exchange navigators as a business decision. Entities would likely use compensation to help maintain their competitiveness (e.g., enable an entity to shape/increase compensation to attract highly-sought after individuals, such as those who speak a second language).

Conflicts of Interest

MHBE must have standards and enforcement procedures to avoid navigator conflicts of interest. After a review of Federal and state conflict standards, the Committee agreed that the primary concern was avoiding steering in plan selection for reasons other than the consumer or employer's interest. Committee members suggested that MHBE define steering in the grant solicitation and explicitly state in the conflicts policy that entities and navigators are prohibited from receiving compensation from a carrier related to enrollment in a QHP, Medicaid or MCHP or non-QHP. They also discussed how all standards should be operationalized.

The Committee suggested establishing the standards and enforcement processes in Tables 2.4 and 2.5. They advocated for monitoring Individual and SHOP Exchange navigator data for red-flags in enrollment patterns and emphasized that conflicts needs to be addressed in initial and annual training.

There was consensus that entities should disclose all business relationships with carriers, even if those relationships are unrelated to plan enrollment. The Committee clarified that not all relationships with carriers will disqualify an organization from becoming a navigator entity or retaining their entity status. Examples of potentially permissible activities include:

- provider group that is "in network" with only select qualified health plans wants to partner with a navigator entity to support enrollment efforts
- a community based organization that is a certified navigator entity enters into a partnership with a Medicaid managed care organization to do awareness of disease management programs

The Committee suggested that the Exchange develop a policy statement on prohibited activities as well as a process for disclosure and that this should be included in the grant solicitation.

Table 2.4
Draft Navigator Program Conflict of Interest Standards

Standards
Funding and Compensation*
Navigator entities and Individual Exchange navigators can not receive compensation from a carrier, insurance producer, TPA or Medicaid MCO for enrollment into QHPs/Medicaid/MCHP or for enrollment in a non-QHP
Individual Exchange navigators can only be compensated through the Individual Exchange or an Individual Exchange navigator entity
SHOP Exchange navigators can only be compensated through the SHOP Exchange and may not receive compensation from or otherwise be affiliated with a carriers, insurance producers, a TPA or any other person connected to the insurance industry
Character*
Individual and SHOP Exchange navigators should be of good character and trustworthy
Outreach and Messaging**
A clear prohibition on steering or otherwise encouraging individuals or small businesses to enroll in a plan or product on a basis other than the consumer or employer's best interests

*Required by Federal and/or state law
**Added during Committee discussions

Table 2.5
Draft Navigator Program Conflict of Interest Enforcement Procedures

Enforcement
Contractual
Place standards in grant application
Place standards in contracts with navigator entities and Individual and SHOP Exchange navigators
Public-Awareness & Dissemination
Place standards on website
Place standards in marketing/promotional materials
Exchange Protocols
Develop a conflicts intake process to respond to questions re: potential conflicts
Have a complaint line
Monitor data for conflicts – at both Individual/SHOP Exchange navigator and navigator entity levels
Develop conflict policies and procedures for resolution of issues

SHOP EXCHANGE NAVIGATORS – SPECIAL CONSIDERATIONS

Maryland has a strong existing distribution system for small employers and MHBE anticipates that the majority of small businesses will utilize the producers authorized by MHBE to sell on the SHOP Exchange. Furthermore, MHBE is developing an application program interface (API) whereby existing third party administrators will be able to seamlessly connect to MHBE's IT system. Federal law requires that the navigator program have the capability to directly enroll small business into MHBE products and the Advisory Committee recognized the need for a limited SHOP Exchange navigator program which could be used to conduct outreach and enrollment to potentially underserved small businesses, such as microenterprises (e.g., less than 10 employees) or businesses with target demographic profiles (e.g., small, minority-owned) who do not offer health insurance.

The Committee considered the feasibility of requiring that navigator entities retain SHOP Exchange navigators. The Committee agreed that retaining SHOP Exchange navigators should be optional and voiced strong opposition to requiring navigator entities to engage SHOP Exchange navigators. Many Advisory Committee members stated that entities likely to bid would not have this capability or skill set. Some hypothesized that navigator entities could likely acquire these skills sets. The Advisory Committee unanimously agreed that the SHOP Exchange navigator role will not be compelling enough for existing agents/brokers to sever ties to the insurer and producer community to become a SHOP Exchange navigator. Therefore, it is more likely that SHOP Exchange navigators would need to be newly trained individuals.[48]

Advisory Committee members also expressed concern about the cost of having a SHOP Exchange navigator in the navigator entity.[49] Most Committee members agreed that some Individual Exchange navigators could probably serve a dual role and also agreed that there could be value in having a SHOP Exchange navigator available to respond to requests from businesses, as well as be able to do outreach and education to small business, to get those business to join either the SHOP Exchange or to have their individual employees join the Individual Exchange.

Ultimately, the Advisory Committee reached consensus that the grant solicitation should: 1) include an option for entities to bid on the SHOP Exchange navigator function, and 2) require navigator entities to ensure seamless coordination with local producers and SHOP Exchange navigators to ensure small business can be serviced though the navigator program. For those navigator entities that intend to engage SHOP Exchange navigators, MHBE should clearly state in the grant solicitation how SHOP Exchange navigator funding would be provided separate from Individual Exchange navigator funding. MHBE should also supplement, as needed, with

[48] Per MD HBE Act of 2012, 31-112(B); SHOP navigators can not "receive compensation from or otherwise be affiliated with a carrier, an insurance producers, a TPA or any other person connected to the insurance industry."
[49] MD HBE Act of 2012, 31-112(B) states that SHOP navigators "be engaged by and receive compensation only through the SHOP Exchange."

employed SHOP Exchange navigators who could be placed in the call center and perform limited outreach functions.

CONCLUSION

The recommendations of the Advisory Committee reflect input from a broad range of stakeholders with expertise in health insurance, public coverage programs, health care delivery and the uninsured. The findings from their deliberations have been documented in this report for review by the MHBE Board and staff, and will inform the grant solicitation for the Navigator program.

The next step for the State is to release the grant solicitation and begin the process for selecting navigator entities. MHBE anticipates releasing the solicitation in late 2012 or early 2013. Navigator entities will be selected in spring 2013, with training, licensure and certification processes, and other operational components launching in advance of open enrollment in October 2013.

Attachment A: Navigator Advisory Committee Members and Co-Chairs

Co-Chairs	
Leigh Cobb Advocates for Children & Youth	**Jon Frank** Jon S. Frank & Associates

Committee Members				
Elisabeth Carrino-Tamasi Johns Hopkins Hospital	**William Christoffel** Private Citizen	**Elizabeth Chung** Asian American Center of Frederick	**Clinton (Jay) Duke** Waring- Ahearn Insurance Agency	**Jacob Frego** Eastern Shore AHEC
Liddy Garcia-Bunuel Healthy Howard, Inc	**Mark Hammett** Kelly & Associates	**Doris Moxley** Worcester County Health Dept	**Emily Heinlein** Baltimore Medical System	**Jean Henningsen** Seedco
Sharon Duncan Jones-Eversley Towson University	**Scott Mayer** Workforce Tactix	**Sara Rich** Choptank Community Health System, MD Assembly on School Based Health Care	**Alma Roberts** Baltimore Healthy Start Inc	**Dianna Rosborough** Amerigroup
Bill Scarafia St. Mary's Co. Chamber	**Sherry Strother** Prince George's County HIV/AIDS Stakeholders	**Stephen Thomas** University of MD		

State Agency Liaisons			
Debbie Ruppert Department of Health and Mental Hygiene	**Megan Mason** Maryland Insurance Administration	**Valeria Williams** Maryland Insurance Administration	**ML Wernecke** Department of Human Resources
Vesta Kimble Department of Human Resources	**Meredith Borden** Office of the Attorney General	**Danielle Davis** MHBE	**Jennifer Goldberg** Board Liason
Leslie Lyles Smith MHBE	**Frank Kolb** MHBE	**Maansi Raswant** MHBE	

ATTACHMENT B: 50-STATE SCAN ON OTHER STATES NAVIGATOR PROGRAMS[50], [51]

The following 50-State scan includes information for only those states where either enacted legislation directly addresses the navigator program or other activity related to the navigator program has occurred.

State	Enacted Exchange Legislation that Mentions Navigator Program	November 2011- Current Specific Reports and Program Activity
California	California's legislation states that one of the duties of the Exchange is to establish a Navigator Program, and reiterates the duties outlined in the ACA. *California Assembly Bill 1602, §6(l)*	The California Health Benefit Exchange, Department of Health Care Services and the Managed Risk Medical Insurance Board commissioned a report on **"California Health Benefits Marketplace Assisters Program."** The report: • Describes the Assisters Program to include Certified Enrollment Assisters that would be trained, certified and registered with the Exchange in order to enroll consumers in Exchange products and programs. Only those Certified Enrollment Assisters that are designated as Navigators will be compensated by the Exchange. • Indicates that Navigators will only be compensated for enrollment of consumers in Qualified Health (QHPs) on a fixed per application fee of $58 for a successful enrollment. There will be no compensation for renewals. http://www.healthexchange.ca.gov/StakeHolders/Documents/CHBE,DHCS,MRMIB_StatewideAssistersProgramDesignOptionsRecommendationsandWorkPlan_6-26-12.pdf California Health Benefit Exchange, Department of Health Care Services and the Managed Risk Medical Insurance Board issued a report on **"Statewide Marketing,**

[50] Information for the survey was collected from the following sources:
Atlantic Philanthropies' Kids Well Campaign website at www.kidswellcampaign.org
"An Overview of State Efforts", Kaiser Family Foundation, http://www.kff.org/healthreform/upload/8213-2.pdf
"State Implement Health Briefs Database," National Conference of State Legislatures, http://www.ncsl.org/issues-research/health/state-actions-to-implement-the-health-benefit-exch.aspx
[51] All activity prior to November 2011, please look in Attachment D in prior report, http://dhmh.maryland.gov/exchange/pdf/FinalNavigatorReportManatt.pdf

State	Enacted Exchange Legislation that Mentions Navigator Program	November 2011- Current Specific Reports and Program Activity
		Outreach & Education Program Final Design Options, Recommendations and Work Plan for the California Health Benefits Marketplace." • The report recommends that the Outreach and Education Grant program should be designed to complement the Navigator Program. • A report will be provided to the Exchange Board in Fall 2012 detailing criteria for selecting grantees, including a recommended mix of grantees representing organizations with and without Navigators, rural and urban communities, small and large organizations, considerations for reserved / targeted grants for hard to reach populations, and considerations for whether the program utilizes one or two year grants. http://www.healthexchange.ca.gov/StakeHolders/Documents/CHBE,DHCS,MRMIB_ComprehensiveMarketingandOutreachWorkPlan_6-26-12.pdf
Colorado	Colorado's legislation does not list any specific duties or requirements of the Navigator Program. It only mentions Navigators in reference to the composition of the Exchange Board. *Colorado Senate Bill 11-200, 10-22-105(1)(b)(VIII)*	The Individual Experience Advisory Group, one of the Colorado Health Benefit Exchange Board Committees developed a presentation on **"Navigator Program Discussion: Scope and Selection Criteria"** in July 2012. The Individual Experience Advisory Group recommended that: • The Navigator Program should be tailored for the needs of the individual and SHOP Exchanges. • The Exchange should create a competitive grant process to select Navigator entities. • The Exchange should conduct a needs assessment to inform the development of the program and incorporate feedback from stakeholders and the Board. http://www.getcoveredco.org/COHBE/media/COHBE/PDFs/Indiv.%20Ex.%20Advisory%20Group/July%2010/Navigator-Ind-Exp-AG-presentation-071012.pdf
Connecticut	Connecticut's legislation states that one of the duties of the Exchange is to establish a Navigator Program, and the legislation restates the duties of the Navigator outlined in the Affordable Care Act	The Brokers, Agents and Navigators Advisory Committee released proposed recommendations on July 10, 2012 on the role of Navigators, Brokers and Agents. The recommendations include two tiers of Navigators for the individual market: • Tier 1 Educators will focus on raising awareness of the Exchange and

State	Enacted Exchange Legislation that Mentions Navigator Program	November 2011- Current Specific Reports and Program Activity
	(ACA). The following entities are listed as potential Navigators: "(1) A trade, industry or professional association; (2) a community and consumer-focused nonprofit group; (3) a chamber of commerce; (4) a labor union; (5) a small business development center; or (6) an insurance producer or broker licensed in this state." It also requires the Exchange Board to: • Prescribe a form for the Navigator grant applications • Develop Navigator performance standards • Establish Navigator accountability requirements • Determine maximum Navigator grant amounts *Connecticut Senate Bill 921, §§5(c)(15), 6(19), 9*	Medicaid options, and distribute impartial information about options and enrollment. They would be paid on a grant/lump sum basis. • Tier 2 Enrollers will focus on collecting the information needed to determine eligibility for appropriate programs, assisting in enrollment, and following up with consumers as needed. The committee is still discussing how to compensate Tier 2 Navigators. • Organizations, not individuals, will be designated as Navigators and can apply for Tier 1, Tier 2 or both functions; individuals carrying out Navigator duties will have to receive the appropriate training and certifications. • The committee is still discussing how to certify SHOP Navigators. • The committee also discussed providing training/information opportunities for stakeholder organizations and individuals who are not interested in certifying or being paid as Navigators but who want to help in outreach and public education. http://www.ct.gov/hix/lib/hix/AC_Proposed_Recommendation_for_Roles_and_Responsibilities_of_Navigators.pdf
District of Columbia	DC's legislation states that one of the duties of the Exchange is to establish a Navigator Program, and the legislation restates the duties of the Navigator outlined in the ACA. DC's legislation also requires the Exchange Board to: • Study the design and operation of the Navigator program • Develop Navigator coordination tactics • Establish guidelines on Navigator training and compensation *DC ACT 19-269*	DC's Health Benefit Exchange Operations Subcommittee released its Navigator Program Recommendations and stakeholder comments) this week. The recommendations include: • Navigator Role: Navigators should provide only the five core assistance functions required by the ACA. • Producer Role: Producers should serve both small businesses and individuals in the District's Exchange, consistent with current practices. • Navigator Compensation Structure: Navigators should be compensated by a block grant that covers the provision of all required functions. Recommendations: http://content.govdelivery.com/attachments/DCWASH/2012/10/17/file_attachments/168368/Draft%2BDistrict%2Bof%2BColumbia%2BNavigator%2BProgram%2BRe

State	Enacted Exchange Legislation that Mentions Navigator Program	November 2011- Current Specific Reports and Program Activity
		commendations.pdf Stakeholder Comments: http://content.govdelivery.com/attachments/DCWASH/2012/10/17/file_attachments/168369/Attachment%2B1%2B-%2BStakeholder%2BComments%2B.pdf The DC HBE's Operations Subcommittee also released for public comment the **"Navigator Program Analysis,"** a document with proposed recommendations for the design and operation of the District's Navigator Program. http://healthreform.dc.gov/DC/Health+Reform/About+Health+Reform/Implementation/HRIC+Subcommittees/Exchange+Operation+Subcommittee/District+of+Columbia+Health+Benefit+Exchange+Navigator+Program+Analysis DC's Health Benefit Exchange Operations Subcommittee released a Request for Public Comments on the Navigator Program through an online survey. Comments were due on May 4, 2012. http://dhcf.dc.gov/release/request-public-comments-dc-Navigator-program-may-4
Illinois	Illinois' legislation does not contain language on Navigators. *Illinois Senate Bill 1555*	**The "Illinois Navigator Program Design Final Report"** presents recommendations in five areas: • Program Oversight and Administration • Navigator Compensation Model and Payment Levels • Financing the Navigator Program • Navigator Program Model • Navigator Grant Structure The report includes the following recommendations: • Navigators should be selected competitively. • Navigators should be required to complete training and certification requirements. • Navigators should receive block grant payments.

State	Enacted Exchange Legislation that Mentions Navigator Program	November 2011- Current Specific Reports and Program Activity
		• Navigators should have the opportunity to earn incentive payments, for which standards would be established in advance. • Navigators should initially serve consumers in the individual Exchange (and the Medicaid market) but not the SHOP Exchange. • The current Medicaid outreach and eligibility support program should be fully integrated into the Navigator Program, rather than continuing to operate a separate outreach and consumer assistance program for Medicaid and All Kids, http://www2.illinois.gov/gov/healthcarereform/Documents/Health%20Reform%20Implementation/IL%20Navigator%20Final%20Report.pdf
Maine	Maine's legislation: • Creates a Navigator Program that will be restricted to non-producer activities and requires them to be subject to a registration or limited license as determined by the superintendent of insurance. • Exchange will select entities qualified to serve as Navigators, in accordance with Federal standards. However, an individual licensed as an insurance producer may serve as a Navigator in the SHOP Exchange, but not in the individual Exchange *Maine LD 1497 and 1498* • Creates the Advisory Committee on Maine's Health Insurance Exchange with oversees the Navigator Program *Maine Resolve Chapter 205*	The Advisory Committee on Maine's Health Insurance Exchange issued a report to the Governor and the Joint Standing Committee on Insurance and Financial Services recommending that: • Navigators should meet any registration or licensing requirements established by the Bureau of Insurance in consultation with the Exchange and the Department of Health and Human Services. • Navigators should meet any training and registration or licensing requirements established by the Bureau of Insurance in consultation with the Exchange and DHHS. • Navigators should be considered for the role of insurance producers, especially small businesses, but need to avoid conflict of interest and determine compensation http://www.dirigohealth.maine.gov/Documents/Advisory%20Committee%20Report%20on%20Health%20Insurance%20Exchange%20%28Final%209-20-11%29.pdf

State	Enacted Exchange Legislation that Mentions Navigator Program	November 2011- Current Specific Reports and Program Activity
Kansas	No legislation	The Kansas Exchange Steering Committee adopted the Consumer Outreach and Education Plan which: • Establishes a Navigator Program to help consumers shop and enroll in plans offered on the Exchange. Navigators can help consumers use the Exchange website, a paper form, or the telephone to select a health plan. • Recommends that the Navigator training program be designed to ensure that Navigators are able to provide consumer education and information that is culturally and linguistically appropriate, be operational no later than October 1, 2013, and accessible to those with a limited education. • Recommends that Navigator organizations host educational trainings, offer computer bays with instructions and meet people on-site to assist with the enrollment process. • Recommends that each community identify its own local Navigator organization. This could be done in partnership with the Kansas Department of Health and Environment (KDHE) to access the network of local city and county health departments. http://www.ksinsurance.org/hbexplan/files/adopted/20120130_ADOPTED_Adopted_Consumer_Outreach_proposal.pdf The Insurance Department Exchange Planning Workgroup on Agents/Brokers/Navigators held a Navigator Training Subcommittee meeting to discuss Navigator training requirements and develop a timeline. Navigator Training Timeline:http://www.ksinsurance.org/hbexplan/files/20120430_gpid16_Navigator_Training_Timeline.pdf National Association of Insurance Commissioners (NAIC) released a draft Marketing and Consumer Information White Paper**, "Navigators, Agents and Brokers, Marketing and Summary of Benefits and Coverage,"** which includes information on the Kansas Navigator program.

State	Enacted Exchange Legislation that Mentions Navigator Program	November 2011- Current Specific Reports and Program Activity
		• Kansas is planning to centralize the training process, ensuring that all Navigator entities and individuals receive the same training. The Navigator entity will be responsible for ensuring that all individuals are trained properly. • Compensation of individual Navigators will be left up to the discretion of the Navigator entity. • Training for agents in Kansas will be similar to the training required of Navigators, but with the option to test out of training of basic insurance concepts. • Kansas is also planning to add Exchange-specific training to agent and broker required CE hours in order to stay eligible to sell on the Exchange. http://www.statereforum.org/sites/default/files/committees_b_exchanges_120626_marketing_consumer_information_white_paper.pdf
Maryland	Maryland's legislation establishes Individual Exchange and SHOP Exchange Navigator Programs and further defines the roles, responsibilities, training and certification (Individual) and licensure (SHOP) requirements. *Maryland House Bill 443, §1 31-112, 31-113*	In November 2011, the MD HBE released the report **"Study of Navigator Program and Consumer Assistance."** The report summarized the policy questions reviewed by the Navigator and Consumer Assistance Advisory Committee and addressed Navigator functions, training, compensation and licensure/oversight. The report laid out several options for how to structure the Navigator Program, considering the unique needs of the individual and small group markets independently. http://dhmh.maryland.gov/exchange/pdf/FinalNavigatorReportManatt.pdf The report **"Financing the Exchange Vendor"** discusses the potential expenses of Navigator program set up and maintenance, including operations of the Navigator Program. The report reviewed options for Navigator Program funding models. A subsequent 2012 report, **"Detailed Analysis for Financing the Maryland Health Benefit Exchange,"** identified, evaluated and assessed different financing options. http://dhmh.maryland.gov/exchange/pdf/FinalFinancingReportWakely.pdf http://dhmh.maryland.gov/exchange/pdf/Maryland%20Exchange%20Financing_Report_Sept%202012.pdf

State	Enacted Exchange Legislation that Mentions Navigator Program	November 2011- Current Specific Reports and Program Activity
Massachusetts	Massachusetts' legislation does not contain language on Navigators. *Chapter 58 of the Acts of 2006*	Massachusetts released the following outreach and education toolkit detailing roles and responsibilities for grantees, which includes: • Build an effective education, outreach, and enrollment infrastructure. • Use multiple channels and vehicles to reach the uninsured; and • Provide comprehensive technical assistance to outreach and enrollment "partners." https://www.mahealthconnector.org/portal/binary/com.epicentric.contentmanagement.servlet.ContentDeliveryServlet/Health%2520Care%2520Reform/Overview/LessonsForNROutreachAndEnrollmentToolkit.pdf
Mississippi	Mississippi's legislation does not contain language on Navigators. *Mississippi Senate Bill 377*	The Mississippi Center for Justice issued the report **"Providing Opportunities for Mississippi's Children and Families"** that recommends: • Establishment of a robust Navigator Program, to assist individuals in shopping for and enrolling in coverage, targeting communities and populations that have historically been disconnected from coverage. • The program have a robust network that leverages the expertise and best practices of existing community-based organizations that currently assist individuals in connecting to coverage. Both planning and implementation activities should be guided by a broad range of stakeholders. http://www.mscenterforjustice.org/PDFS/ACABrief.pdf
Nevada	Nevada's legislation does not contain language on Navigators. *Nevada Senate Bill 440*	The Consumer Assistance Advisory Committee presented its recommendations for the Navigators Program to the NV Health Exchange Board. The plan includes separate "education" and "enrollment" Navigators and also outlines the role of brokers in the Exchange. The recommendations include a performance measurement component to track the work of different Navigators/brokers. PRODUCERS • **Responsibilities–** Producers will assist individuals to enroll in QHPs. • **Participation–** Producers are allowed to sell on the Exchange. • **Licensure–** Producers will be licensed in the same manner they

State	Enacted Exchange Legislation that Mentions Navigator Program	November 2011- Current Specific Reports and Program Activity
		currently are with the Division of Insurance (DOI). • **Training**– the DOI will incorporate training and testing regarding QHPs, the Exchange and Medicaid eligibility into the initial licensing requirements for all new Health Insurance Producers. Current Producers will be certified to sell on the Exchange through continuing education classes. • **Compensation**– Producers will be compensated directly by carriers. NAVIGATORS • **Responsibilities**– Navigators will assist individuals with education, outreach and enrollment into QHPs. • **Licensure**– Navigators will be licensed as Producers by the DOI. • **Training**– Training and testing will be the same as for Producers. • **Compensation**– Navigators will be compensated through competitive grants awarded by the Exchange. • **Conflicts**– Producers interested in becoming navigators must sever all relationships with carriers. OUTREACH SPECIALISTS(Formerly Assisters) • **Responsibilities**– Outreach specialists will conduct education and outreach. • **Certification and Training**– Outreach Specialists will be trained, tested and certified by the Exchange. • **Compensation**– Outreach Specialists will be employees or contract employees of the Exchange. They will be paid directly by the Exchange. http://exchange.nv.gov/uploadedFiles/exchangenvgov/Content/Meetings/08C-Navigators%20Producers%20and%20Outreach%20Specialists.pdf
New York	No enacted legislation	The report **"The Role of Producers and Other Third Party Assistors in New York's Individual and SHOP Exchanges**" predominantly addresses the role of producers in Exchange enrollment. The report includes discussion of the options for appointing producers as Navigators and supporting them with grants. The report, which

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		reflects input received during interviews with producers, suggested that some producers would be interested in serving as Navigators, as long as compensation was comparable to the market outside the Exchange. However, the interviews were conducted before the final regulations prohibiting navigators from receiving compensation from carriers. http://www.healthcarereform.ny.gov/health_insurance_exchange/docs/wakely_role_of_third_party_assistors.pdf
New Hampshire	New Hampshire's legislation establishes the duties of the Exchange including a Navigator Program. The law authorizes the Commission to establish standards and training requirements for Navigators. *New Hampshire House Bill 1297* Legislation also requires the Exchange to choose at least two types of entities from a list that includes consumer advocacy organizations to contract as Navigators. *New Hampshire Senate Bill 163*	
North Carolina	North Carolina's legislation does not contain language on Navigators. *North Carolina House Bill 22*	North Carolina's HBE Navigator Subcommittee meetings included discussion about the role, compensation, and accountability of enrollment assisters and Navigators in the non-group market. The subcommittee recommends that: • Navigators be certified, but recognizes that other "assisters" may not be certified. • The HBE contract with at least two different types of entities in each county. Agenda and presentation: http://www.nciom.org/wp-content/uploads/2012/01/HBE_Agenda_2012-1-30.pdf http://www.nciom.org/wp-content/uploads/2012/01/Navigator-outreach-Jan30-12.pdf

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		http://www.nciom.org/wp-content/uploads/2012/01/Summary-01302012-FINAL.pdf
Oregon	Oregon's legislation states that one of the duties of the Exchange is to establish a Navigator Program. Oregon's legislation also authorizes the Exchange to enter into contracts with Navigators and establishes the funding stream for the Navigator grants. To fund the Navigator grants and the ongoing administrative and operational expenses of the Exchange, the Exchange Board will collect an administrative charge from all insurers and state programs participating in the Exchange. This assessment will be based on the number of individuals enrolled in each plan/state program offered through the Exchange. The charges must be sufficient to cover the cost of the Navigator grants and the administrative and operational expenses of the Exchange. • The charge may not exceed 5 % of the monthly premium per enrollee if the plan covers 175,000 or fewer enrollees through the Exchange • 4 % of the premium if the plan covers between 175,000 and 300,000 enrollees • 3 % of the premium if the plan covers more than 300,000 enrollees • If the charges exceed the amounts needed for the Navigator grants and expenses, the	None

State	Enacted Exchange Legislation that Mentions Navigator Program	November 2011- Current Specific Reports and Program Activity
	excess may be used to offset future losses or reduce administrative costs. • The maximum amount of excess funds that may be held for this purpose is the total expenses anticipated for a six-month period. Any excess above that amount must be applied to reduce future charges. *Oregon Senate Bill 99, §3(1)(j) and §17*	
South Dakota	No legislation	The Outreach and Communication Subcommittee of the Health Insurance Exchange Task Force discussed Navigators is tasked with: • Developing an outreach and education plan for a potential South Dakota Health Benefit Exchange. • Developing recommendations for implementing a Navigator program as required by PPACA. • Recommending strategies for parts of the Exchange, such as the call center and website, to ensure effective assistance for targeted populations such as the uninsured, small businesses, tribal members, tribal leaders, and the Indian Health Service. http://healthreform.sd.gov/documents/SDHealthInsuranceExchangePlanningEffort.pdf
Vermont	Vermont's legislation states that one of the duties of the Exchange is to establish a Navigator Program, and the legislation restates the duties and eligibility criteria of the Navigator outlined in the ACA. In addition to these duties, Vermont's legislation requires Navigators to: • Distribute information to health care professionals, community organizations,	The Department of Vermont Health Access contracted the report on "**Summary Of Promising Functional Overlaps Between Exchange And Non-Exchange Coverage Plans.**" This report identified potential areas of functional overlap between Vermont's Exchange and coverage plans that would not be offered on the Exchange as of 2014. The report also included recommended an education and outreach program to inform consumers about the Exchange and new coverage options available. Possible areas of integration listed are: • Assist the State with the development of an outreach campaign and define the role of Navigators.

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	and others to facilitate enrollment of eligible individuals • Also requires the Exchange to ensure that Navigators are able to provide assistance in-person or through interactive technology to individuals in all regions of the state in a manner that complies with the Americans with Disabilities Act (ADA) *Vermont House Bill 202, §1807*	• Align the outreach plan as part of the Navigators with other public insurance programs. http://dvha.vermont.gov/administration/hbe-integration-summary-of-promising-functional-overlaps-june-2012.pdf The Department of Vermont Health Access released a progress report, **"Proposed Exchange Design for the State of Vermont,"** which made the following recommendations related to the Navigator Program: • Call center staff and Navigators need detailed training on the plan selection options. • Vermont should use Navigators in both its early efforts to educate and conduct outreach to the public about Exchanges, as well as to provide specific assistance to individuals and employers, such as providing assistance with understanding QHP options, availability of premium tax credits and cost-sharing subsidies, and enrollment in health plans. • In selecting Navigators, Vermont should utilize a competitive procurement process that is open to organizations that meet the requirements of the ACA. http://dvha.vermont.gov/administration/exchange-design-final-12-02-12.pdf
Virginia	Virginia's legislation does not contain language on Navigators. *Virginia House Bill 2434*	The Virginia Health Reform Initiative Advisory Council met and discussed a presentation on Navigator/broker issues by representatives from George Mason University and BB&T. No recommendations were made. This was an early discussion and program design is still under development. Meeting Presentation: http://www.hhr.virginia.gov/initiatives/healthreform/meetingresources/essentialhealthbenefitsubcommitteerecommendations.pdf
Washington	Washington's legislation does not list any specific	The Consumer Workgroup of the Washington Health Benefit Exchange produced

State	Enacted Exchange Legislation that Mentions Navigator Program	November 2011- Current Specific Reports and Program Activity
	duties or requirements on the Navigator Program. The legislation requires a report by January 1, 2012 that includes, among other things (see report to the right): • An analysis and recommendations on "the role and services provided by producers and Navigators, including the option to use private insurance market brokers as Navigators *Washington Senate Bill 5445, §5(2)(f)*	the report , **"Washington State Health Benefit Exchange: Potential Role and Responsibilities of Navigators"** that recommends: Navigators • Navigators assist individuals with education, outreach and enrollment. • Navigators attend ongoing training to ensure they are able to provide the most relevant and current information to individuals. • Navigators be required to be licensed or certified to ensure Navigators begin with a minimum level of knowledge and maintain it over time. • Funding for the Navigator Program should be uniform and cost-efficient. SHOP Navigators • Eligible entities **m**ust have an existing relationship or the ability to easily create a relationship with potential users of the exchange. Entity Selection: • Consumer advocates noted that people from low-income and cross cultural backgrounds will likely want support from entities they currently come in contact with on health matters, like community health centers and community-based organizations. http://www.hca.wa.gov/hbe/documents/HBE_Policy_Navigator_Paper_Draft.pdf http://www.hca.wa.gov/hbe/documents/HBE_Policy_Navigator_Paper_Addendum.pdf
West Virginia	West Virginia's legislation does not contain language on Navigators. *West Virginia Senate Bill 408*	On June 14, 2012, West Virginia released a Request for Quotation (RFQ) to study options for the Navigator Program as well as other consumer assistance mechanisms. The scope includes a qualitative analysis and the development of options for staff to consider. http://www.state.wv.us/admin/purchase/rfq/fy2012/INS12016.pdf

ATTACHMENT C: NATIONAL DIALOGUE ON NAVIGATORS

Manatt reviewed commentary and recommendations from national stakeholders on the development of navigator programs that were released after October 2011. A summary of reports and commentary issued prior to this time can be found in the report "Study of Navigator Program and Consumer Assistance."[52] Summaries of comments from the following organizations may be found below:

- Families USA
- Georgetown University Center for Children and Families
- National Association of Insurance Commissioners

Families USA, a national non-profit consumer advocacy organization, posted comments to CMS-9989-F on May 11, 2012 in which it emphasized the importance of advertising Navigators in any context where brokers are listed. The purpose of these listings would be to make sure consumers are always aware of free assistance resources to access Qualified Health Plans (QHPs) through the Exchange.

Link to Comments: http://www.regulations.gov/#!documentDetail;D=HHS-OS-2011-0020-2520

The Georgetown University Center for Children and Families (CCF) made several recommendations for Navigator programs in the July 2012 report, "Countdown to 2014: Designing Navigator Programs to Meet the Needs of Consumers." These recommendations included:

- Designing Navigator programs to meet the needs of consumers and small businesses:
    - In developing an operational model, States can benefit from including all stakeholders in the Navigator program development process and drawing on the experience of existing safety net organizations and community outreach programs.
    - States should use demographic data and surveys of likely enrollees to identify target consumers.
- Targeting Navigator resources to the most vulnerable:
- Building on existing infrastructure and assistance networks:
    - States should use the community relationships and experience of existing consumer assistance organizations to strengthen the Navigator program platform.
- Integrating assistance for all insurance affordability programs:
    - Many consumers will cycle between Medicaid and the Exchange as their incomes fluctuate. A single point of assistance will ease these transitions. "No wrong door" will best be met if Navigators are trained in all affordability programs.
- Providing tools for Navigators to assist consumers:

[52] Dutton, M., Woda, S., & Smith, M. (2011, November). Study of Navigator Program and Consumer Assistance. Prepared for the Maryland Health Benefit Exchange.

  - Designing websites with a Navigator log-in where they can complete applications on behalf of consumers. This will enable Navigators to provide real-time eligibility determinations, and allow the Exchange to track Navigator activity.
- Providing tools for consumers to find Navigators:
  - Provide an online Navigator registry that can be searched by location and relevant skills, such as language proficiency or resources for people with disabilities.
- Using Navigators as a feedback mechanism to assess how well policy and procedures are working:
  - Navigators can provide states with insight from the field in order to identify problems, update policies and improve implementation.
- Coordinating Navigator and consumer assistance programs that assist with coverage concerns.
- Monitoring performance to ensure that the Navigator Program is meeting its goals and reaching consumers in need of assistance.

Link to Report: http://ccf.georgetown.edu/ccf-resources/countdown-2014-designing-navigator-programs-meet-the-consumers/

In another article published August 7, 2012, the CCF commented on resources that could make Navigator programs run more smoothly, drawing on existing outreach programs in Oregon, Massachusetts and New Hampshire. The article stresses the importance of supporting Navigators and Assistors with policy updates and ongoing training as well as technical assistance. This support allows Navigators to quickly find answers to any questions they may have during the enrollment process and better provide consumers with timely and accurate information.

Link to Article: http://ccf.georgetown.edu/ccf-resources/consumer-assistance-the-digital-age/

The National Association of Insurance Commissioners (NAIC). The Exchanges Committee of the NAIC released the white paper "Considerations and Options for State Officials" on August 10, 2012 which discusses the following points:

- Navigator candidates
  - The paper discusses how some states are choosing to use "safety net providers" as part of the Navigator program. The paper suggests that states define what constitutes a "safety net clinic" and ensure that Navigators provide unbiased information and act in accordance with HHS rules regarding conflict of interest.
- Navigator Training
  - The paper discusses options for Navigator training, with an emphasis on consistency. Some states, like Kansas, are planning to centralize their Navigator training to maximize consistency. Other states, including those with large numbers of Navigators or with a greater geographical area, will need multiple training sites. The paper suggests using videos, online training programs and/or a standardized course that can be used in all training programs for consistency.

- Possible training topics include: content knowledge, eligibility issues, enrolling consumers and counseling skills.
    - States may need to evaluate the existing knowledge base among Navigators, and should provide comprehensive training in all phases of the enrollment process, including resolution of technical issues.
    - States may set up a resource center with a "1-800" number for Navigators to call for assistance.
    - States should also consider the types of continuing education they will provide to Navigators including specialized training and policy updates.
- Licensing and Certification
    - States may choose for Navigators to be certified based on competence alone without training.
    - States differentiating between individual SHOP Navigators might consider different training programs or certification requirements for the different types of Navigators.
- Monitoring Navigator Behavior and Performance
    - States will use several entities to monitor Navigator conduct including the Exchange itself, the department of insurance, or a separate entity. In order to better assess Navigator conduct, states may have Navigators report certain relevant demographic and enrollment data to the Exchange for tracking purposes.
- Navigator Compensation
    - Compensation should support performance and results. Possible criteria include: the number of consumers assisted, the services provided to consumers, the time intensity of the service provided, the geographical location, and the specific population, i.e. high need.
- Individual Exchange versus SHOP Exchange
    - The Exchange may engage some Navigators familiar with both markets to serve populations that may be interconnected, i.e. families with mixed coverage. States are considering whether to use Navigators for both markets or only for the individual market.

Link to the White Paper:
http://www.naic.org/documents/committees_b_exchanges_120626_marketing_consumer_information_white_paper.pdf