

April 18, 2012

Toby Douglas, Director, Department of Health Care Services
Janette Casillas, Executive Director, Managed Risk Medical Insurance Board
Peter Lee, Executive Director, California Health Benefit Exchange
Sandra Perez, Executive Director, Office of the Patient Advocate

RE: CCAN Recommendations Regarding the Scope of the Navigator Role and Navigator Credentialing, Training, and Quality Assurance

Dear Directors and Executive Directors:

The successful implementation of ACA in California will require a wide and diverse base of navigators whose role in the system will be multifaceted and will include but not be limited to: educating Californians about their health coverage options; assisting with pre-enrollment activities in 2013; supporting the smooth enrollment into coverage in 2014; ensuring seamless transitions between coverage options; and aiding in the retention of health coverage. The California Health Benefit Exchange will need to ensure that a comprehensive scope of required navigator skills is identified and adequately deployed in each community across California. Furthermore, this will necessitate instituting a comprehensive training and credentialing system and accompanying quality assurance measures in order to determine that the navigator program is effective in meeting the needs of all Californians.

On behalf of the undersigned organizations, the California Consumer Advocates Navigator Work Group would like to offer recommendations regarding:

- (1) the scope of the navigator role; and**
- (2) the credentialing, training, and quality assurance requirements of navigators and navigator entities.**

Our recommendations are contained in the attached briefs. This group continues to meet to address program structure, navigator compensation, financing and timing, coordination with consumer assistance, and integration of plans and providers. We look forward to an opportunity to share our thinking further with you, hopefully in the context of a stakeholder meeting.

We thank you for the opportunity to present our comments as the state develops its navigator program. You may contact our Work Group through Suzie Shupe, California Coverage & Health Initiatives, sshupe@cchi4families.org, (707) 527-9213 or Judy Darnell, United Ways of California, jdarnell@unitedwaysca.org, (831) 246-3099.

Sincerely,

California Coverage & Health Initiatives
United Ways of California
The Children's Partnership
Children Now
Children's Defense Fund

California Family Resource Association
Maternal and Child Health Access
2-1-1 California
California School Health Centers Association
Catholic Charities of California
Community Health Councils
California Primary Care Association
The Greenlining Institute
Southeast Asia Resource Action Center

CC:

Diana Dooley, California Health Benefit Exchange Board Chair & Health and Human Services Agency
Secretary
Kim Belshé, Exchange Board Member
Susan Kennedy, Exchange Board Member
Paul Fearer, Exchange Board Member
Dr. Robert Ross, Exchange Board Member
Ernesto Sanchez, Deputy Director, MRMIB
David Maxwell-Jolly, Chief Operations Officer, HBEX
Katie Marcellus, Director of Program Policy, HBEX
David Panush, Director of Government Relations, HBEX

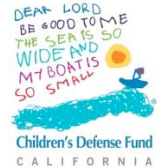
The Scope of the Navigator Role

April 5, 2012

Developed By:



CH1LDREN NOW



In Collaboration With:



Scope of the Navigator Role

April 5, 2012

The purpose of this document is to define the scope of navigators and navigator entities for consideration by the California Health Benefit Exchange. The functions and services discussed below assume that there will be an efficient online/electronic platform available for navigators and consumers to utilize in enrolling in health coverage. To realize the vision of the ACA in California, navigators will need to educate Californians in their health coverage options, assist with pre-enrollment activities in 2013, support the smooth enrollment into coverage in 2014, help ensure seamless transitions between coverage options, and aid in retaining health coverage. While not every individual navigator will have to possess every competency discussed below, the Exchange must ensure that a comprehensive scope of skills is adequately deployed in each community across the state in order to ensure that an effective system is available.

Overarching Themes Regarding the Navigator Role

1. Service across all coverage options. Navigators should serve California consumers eligible for the Exchange's qualified health plans (QHP) and public coverage options equally. This will allow for continuity of coverage and improve seamless transitions between coverage options, including Healthy Families, Medi-Cal and the SHOP and Individual Exchange programs.

2. Service across the SHOP and Individual Exchange programs. While it is likely that navigators will play a prominent role in the Individual Exchange program, agents may be more engaged in the SHOP. Nonetheless, some reliance on navigators will be needed in the SHOP to assist Californians and their dependents with insurance needs. There are many scenarios where a navigator could be beneficial in assisting with enrollment in the SHOP or with coverage transitions. For example, employees who lose employer sponsored coverage may need assistance from a navigator in finding individual coverage or may need assistance in learning about eligibility for public programs. Employees with coverage through the SHOP whose children are eligible for public programs may need the assistance of a navigator in finding the most appropriate coverage for their children. Some participating small businesses may not have an existing relationship with a broker and may prefer to use a navigator. Ensuring that navigators operate across the Individual Exchange and SHOP programs can assist in making the promise of seamless coverage transitions a reality.

3. Specialization will be necessary. It is not realistic to expect every navigator or even every navigator entity to have expertise in every coverage option, program or special population. For example navigators who assist consumers in the Individual Exchange program will need different skills and knowledge relating to specific populations than those who serve SHOP consumers. Specialization will also be necessary to address particular ethnic, geographic, and income groups, to reach those communities traditionally lacking insurance, and to reach those with disabilities. Thus, the Exchange will need to develop a model for the program that allows for sufficient specialization and program expertise and provide for necessary training to address particular populations.

4. Access to accurate, real-time information. Navigators, once properly authorized as representatives for consumers, should be given access to up-to-the-minute application and enrollment status information so that they may most effectively assist consumers. In addition, navigators should have access to as much background information and data as is available,

appropriate, and necessary to accomplish effective and timely enrollment support. Such access to confidential consumer information will necessarily require appropriate screening, training, and certification of navigators (discussed in a companion document on navigator credentialing and training.) Currently, one of the greatest barriers to assisting consumers with enrolling in health coverage or addressing application problems is the lack of direct access to accurate information about an application, enrollment status, notifications, and other electronic data. Certified Application Assistants and other community workers are less effective and their work more costly when they must spend a great deal of time manually seeking access to such information. One of the great promises of the new electronic enrollment platform is its ability to make accessing information quick and reliable for consumers and those assisting them.

5. Navigators must be able to meet consumers where they are – in their lives, communities, cultures, and health understanding – and engage them in a manner that encourages their active participation in enrollment and maintenance of their health care coverage.

Consumers across diverse regions, communities, cultural and ethnic groups, age groups, and with varying life circumstances will experience barriers to enrollment. Navigators must be able to address the unique needs of each population and successfully enroll consumers who are difficult to reach through traditional, mainstream approaches. Navigators should provide culturally and linguistically appropriate services to a variety of populations, including youth, low-income communities, communities of color, non- or limited-English speaking families, immigrants, rural families and homeless or transient families. In order to be most effective, navigator entities must have established trust and effective channels of communication within communities of color, low-income communities and other populations that experience barriers to enrollment or historically lack coverage. Navigators must be prepared to provide a welcoming, approachable community-based setting, with family-friendly business practices including services outside of typical business hours to accommodate working parents and unconventional schedules. Navigators should also be equipped to assist those in low-income or rural areas whose proximity to services and lack of transportation are major barriers, and those with needs for other health and human services.

ACA and California Patient Protection and Affordable Care Act (CPPACA) Required Functions:

- Conduct public education activities to raise awareness of the availability of qualified health plans.
- Distribute fair and impartial information concerning enrollment in qualified health plans, the availability of premium tax credits under Section 36B of the Internal Revenue Code of 1986 and cost-sharing reductions under Section 1402 of the federal act.
- Facilitate enrollment in qualified health plans.
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under Section 2793 of the federal Public Health Service Act, or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint, or question regarding his or her health plan, coverage, or a determination under that plan or coverage.
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange. The needs of consumers with a multiplicity of communication challenges should be addressed and accommodated. These may include limited English proficiency, hearing and vision and other disabilities, cultural and other challenges.

Essential Functions for a High Quality Navigator Program:

To ensure that navigators are able to provide consumer services that will help California be successful in accomplishing the goals of the ACA, the navigator role must include the following functions:

- 1. Outreach and education for all health coverage options.** Conduct outreach and public education activities for the Exchange's qualified health plans, affordable employer based coverage, the public coverage programs, including the Basic Health Plan (if applicable), Medi-Cal, Healthy Families, AIM, PACT, CHDP, CCS, county health coverage programs, cost-sharing reductions, premium tax credits and others. Navigator outreach and education must be closely coordinated with the Exchange, DHCS and MRMIB education and marketing plan.
- 2. Providing pre-enrollment assistance, application assistance, and help with plan selection prior to January 1, 2014 and thereafter.** Navigators and navigator entities will need to be established and providing services well before January 2014, so as to ensure consumers are informed, prepared and supported to purchase coverage in a timely manner. In addition, navigators will need to assist consenting consumers for whom an application for enrollment has been automatically initiated by the State of California in applying for coverage through the Exchange and in making a plan selection.
- 3. Providing fair and unbiased information.** Provide fair and unbiased information about, eligibility and screening for and enrollment in public coverage programs, the Exchange's qualified health plans, premium tax credits, the potential consequences of reconciliation, and cost-sharing reductions.
- 4. Providing information in a culturally, linguistically, and developmentally appropriate manner.** Provide information in a manner that is appropriate to the needs of the population being served by established, trusted and culturally competent groups including community-based organizations. Materials, information and assistance should be available in all Medi-Cal threshold languages and referrals to oral interpretation in other languages should be provided. Written information should be designed to be accessible to consumers with disabilities and varying levels of education.
- 5. Helping consumers retain coverage and other necessary post-enrollment services.** Provide post-enrollment support to retain coverage in public programs and qualified health plans within the Exchange. Educate and assist consumers with understanding open enrollment options, maintaining updated eligibility information, accessing premium tax credits, and cost-sharing reductions. Help to alleviate circumstances that lead to enrollment glitches and loss of coverage.
- 6. Smoothing coverage transitions.** Assisting consumers who are making coverage transitions due to changing life circumstances including those moving between coverage options within an exchange program, between the SHOP and Individual Exchange programs, or between coverage inside and outside of the Exchange, including employer based coverage.

7. **Addressing complex coverage circumstances.** Assisting families and individuals who are utilizing multiple coverage options including both qualified health plans and public programs and other complex coverage situations such as divorce, sudden job loss, or a family member with disabilities.
8. **Making referrals for additional help with grievances.** Provide referrals to the Office of the Patient Advocate or any applicable office or agency that supports consumers in making a grievance, complaint, or resolving a question regarding public coverage programs, ERISA, COBRA, qualified health plans or commercial health plans outside the Exchange, coverage benefits, or a determination under a program or plan.
9. **Referring to health coverage services outside of the Exchange.** Provide information about and referrals to commercial health coverage and other health services outside the Exchange when consumers do not qualify for either coverage through the Exchange or public health coverage.
10. **Providing information about other public programs.** Educate consumers about other non-health public programs such as CalFresh, EITC, WIC, child care and others.

Optional service areas and functions that could fall within the scope of the navigator role include the following:

1. **Application assistance for other public programs and services.** Conduct outreach and public education activities, screening for, enrollment facilitation and referrals for other public assistance programs such as CalFresh, EITC, WIC, and others.
2. **Other post-enrollment services.** Provide assistance in accessing care, care coordination, including assisting with medical home and dental home selections, scheduling first appointments, coordination of transportation, etc.

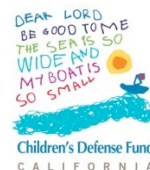
Health Benefit Navigator Credentialing, Training, and Quality Assurance in California

April 5, 2012

Developed By:



CH1LDREN NOW



In Collaboration With:



Health Benefit Navigator Credentialing, Training, and Quality Assurance in California

While the ACA enumerates what is required of health benefit navigators, the law leaves much room for states to determine exactly how navigation may be accomplished on the ground. Our view is that a wide base with numerous navigators and navigator entities will be required to educate and engage the target populations in order to facilitate enrollment. Because it is estimated that more than 6 million Californians will need to be enrolled in health coverage by 2014, many of them needing in-person or phone assistance, the state will need an incredible effort by all types of assistance organizations to be successful. Many types of organizations will be needed to perform the wide range of activities that are necessary to educate consumers about their options and facilitate their enrollment. Some of these organizations will work exclusively with a particular cultural or linguistic group, persons with a specific disability, or other target populations that have historically lacked coverage.

To ensure an effective navigator program that serves potentially millions of consumers, the state must institute a comprehensive credentialing and training system and accompanying quality assurance measures that are thorough without being unduly burdensome or limiting to California's ability to get its residents enrolled. The ACA mandates an enrollment process that is user-friendly and can be successfully navigated by consumers without the need for assistance.

TYPES OF CREDENTIALING:

The aim of the navigator program is not to create a new class of professionals, but to equip those individuals and organizations who already have, or can easily develop contact with populations likely to be eligible for exchange coverage with the knowledge and skills to educate and enroll those individuals and families. This program is neither an extension of the existing outreach and enrollment programs like the CAA program (Certified Application Assistant program run by the Managed Risk Medical Insurance Board), Network of Promotoras, or other consumer assistance organizations, nor a duplication of the role of agents and brokers in the private market. Rather it should be viewed as a role that takes into account the best parts of each of these models, is uniquely suited to serve the functions of the exchange and its likely enrollees, and requires credentialing that is suited to that purpose.

Possible ways to regulate navigators:

- ❖ Licensure: (such as is required for insurance brokers/agents)
- ❖ Certification: (such as is required for CAAs)

The ideal classification for navigators is one that is simple enough for community-based organizations, agents/brokers, and other organizations to complete without significant hardship, yet that guarantees the consumer will be served competently. We suggest a new credentialing program that includes the essentials of public programs similar to the CAA curriculum, as well as some of the private market elements of broker/agent training, and that adds some crucial new elements. This new credentialing program will be unique to the new marketplace that will constitute the exchange.

INITIAL TRAINING AND CURRICULUM FOR NAVIGATORS:

Given the complexities of the new marketplace and the yet-to-be-determined manner in which Medi-Cal, Healthy Families, and the QHPs within the CA Health Benefit Exchange will interface, a basic level of training should be required for all navigators regardless of which navigation duties they perform. At a minimum, training must address:

- 1) **Products** offered through the Exchange,
- 2) Eligibility for **cost-sharing reductions and advanced premium tax credits**, including information about the **reconciliation** process at the end of the tax year,
- 3) Eligibility for **public programs** (Medi-Cal, HFP, and others),
- 4) Serving various populations that traditionally lack coverage in a manner that is **culturally and linguistically appropriate** to that population,
- 5) Assisting individuals with **disabilities**,
- 6) How to use the **Exchange portal**, process enrollment documents, and applications for advance premium tax credits,
- 7) How to **assess** applicants to determine the level of assistance required and make the appropriate **referral** to applicable consumer assistance programs if assistance cannot be accomplished by the assessing navigator's organization,
- 8) Strategies for **ensuring retention** of coverage including how to manage fluctuations in family income or changes in life circumstances,
- 9) Ensuring **seamless coverage** from the consumer perspective in the event that family members do not all receive coverage under the same program,
- 10) Facilitating enrollment in other **health and human services programs** and public benefit programs, and
- 11) Ensuring proper handling of applicants' personal data to meet **privacy and security protections** required under the ACA, federal rules and by the Exchange.

The system must be designed so that navigators can assist or seamlessly facilitate the consumer's enrollment into other public health and human services benefits and income support programs, such as WIC, CalFresh, child care subsidies, EITC, CalWORKS, etc.

Because it is unlikely that all navigators will perform all functions fully for all populations, those who wish to specialize or to provide additional help in one or more areas, or additional areas that the HBEX identifies as necessities, should receive additional specialized training. The HBEX should maintain, and make available through different vehicles, a public list of which navigators are trained in which areas so that the public can access that list and so that CBOs and other navigators may make referrals to appropriate services. It will be necessary for both navigators and organizations who are not navigators to be able to refer individuals to a navigator appropriate to the consumer's particular needs: one who can assist in that person's language, is able to offer live assistance in-person or by phone in a given geographic area, or has the correct tools to accommodate a disability.

An organization should be listed for referral purposes if it employs individuals who are credentialed navigators, but it is not necessary that every employee of that organization be a credentialed

navigator, nor is it essential that only those who have completed training assist with the more basic outreach and enrollment functions. Our organizations are working on a separate memo that elaborates on recommended structures for the navigator program, but we anticipate a tiered approach that has different levels of training that are appropriate for different types and levels of duties.

Organizations that employ Promotoras and other community health outreach workers and that have established relationships within particular communities that have traditionally lacked coverage should be encouraged to continue using those connections to inform the populations they work with about options for coverage, without having to become certified to perform those duties. Outreach to target populations is crucial, but it does not necessarily require credentialing and, in some cases, imposing a training and certification requirement would be a barrier to these organizations accomplishing the work.

New training materials will need to be developed in order to address all the unique attributes of the exchange, but it would be wise to borrow heavily from the existing CAA training as well as portions of broker/agent training materials.

California Certified Application Assistant Training:

CAAs are currently trained and certified by the Managed Risk Medical Insurance Board (MRMIB) to help Californians understand their options and enroll in coverage. The majority of CAAs are bilingual and they target hard-to-reach and under-served populations, including those who may never have had health insurance before. CAAs are well-trained professionals who are accountable to MRMIB and to the "Enrollment Entity" through which they are registered.

To achieve certification, all CAAs must complete a five-hour, web-based training course offered by MRMIB and are required to pass an exam. In addition to their training, CAAs must sign a state-required code of conduct and are prohibited from accepting money from a consumer, recommending one plan over another (known as "steering"), and coaching an applicant to omit income information. Violations of these requirements can lead to termination of certification.

Most organizations that employ CAAs have adopted a set of guidelines, quality standards and best practices similar to those developed by some members of the Los Angeles Access to Health Coverage Coalition. In addition to the 5 hour web-based training and exam, the CAAs employed by Children's Health Initiatives, on average, have 12-40 additional hours of initial training at time of employment and another 12-24 hours of annual ongoing training and program updates provided at monthly CAA trainings. ("Community-Based Health Outreach, Enrollment and Consumer Assistance in California" California Coverage and Health Initiatives available at: www.cchi4families.org)

Broker and Agent Training:

In California, brokers and agents who sell health insurance are required to complete pre-licensure education consisting of 20 hours of general instruction for each category of license they seek to obtain, as well as 12 hours of ethics and California Insurance Code training (which need only be completed once). This curriculum includes instruction on how to sell and service the various types of plans falling under the type of license sought (in this case the Accident and Health Agent license) and the various coverage components generally found in these plans. After passing the licensure examination, accident and health agents must complete 24 hours of continuing education in addition to 4 ethics hours within each 2-year licensing period. (California Department of Insurance Accident and Health Agent Licensing Requirements: <http://www.insurance.ca.gov/0200-industry/0050-renew-license/0200-requirements/accident-health/index.cfm>)

Creating a California Health Benefit Exchange-Specific Curriculum:

Given that the exchange navigators will need to have expertise in both public programs and the private QHP products sold within the exchange, elements of both training curricula will be useful to include in the navigator training curriculum.

The content covered in the CAA training would be essential for the public coverage portion of the curriculum. Navigators will likely not need all of the information imparted to brokers and agents during their extensive pre-licensure education, but the basics pertaining generally to the components of health insurance and also to ethics are a start for materials on how to deal with discussing exchange products with potential enrollees. On top of this curriculum base, it will be essential to include practices that work among the network of Promotoras, Certified Application Assistors, Community Health Outreach Workers and other consumer assistance organizations, as well as new elements specific to the exchange that aren't covered in either training such as: pertinent sections of the tax code relevant to tax credits, referral process to the new consumer assistance program, health coverage retention strategies, and linkages to other public benefit programs.

Both training models discussed above contain an initial, more generic training coupled with additional specialized training provided after initial certification or licensing. This model will likely work well for the navigator program also. In order to be both comprehensive, and not overly burdensome, the initial training will necessarily be longer than the 5 hours required for CAA certification, but shorter than the total 32 or 52 hours required of agents and brokers.

QUALITY ASSURANCE MEASURES:

The specific contract between the navigator entity and the state agency should spell out, based on the completed training, what functions specific navigators have received training for and may perform. This will draw from the broad spectrum of possible navigator duties. Rather than requiring every navigator to be an expert in every type of traditionally uninsured population or function that they could possibly perform, it makes more sense to have the contract between the exchange and the navigator entity spell out what functions individual navigators are expected to perform and what the measures of success will be.

After initial trainings, navigators should regularly receive additional required trainings to address updates and issues that arise and to share best practices. These could happen during:

- A. Monthly case review conference call
- B. Monthly education and outreach webinar – includes updates or specialty topics
- C. Meetings or conference calls as needed

Once navigators are credentialed, the navigator entity should also be required to regularly report on data categories identified by the HBEX to maintain certification. These categories should be listed within the contract and should include the number of individuals assisted, how many were eligible for which programs, into which programs were they ultimately enrolled, demographic information, insurance history, and what level or type of assistance was required including whether and where they were transferred for appropriate assistance.

A simple and secure process for consumers to give the exchange feedback on their navigator experience and the ability to register any complaints should also be provided. The HBEX will need to hold the authority and establish a mechanism for overseeing the conduct of certified or licensed navigators. In addition the HBEX will need to prohibit uncertified or unlicensed individuals and organizations from performing functions that are required to be performed exclusively by navigators. Such oversight functions will be critical to protecting the public from the possibility of unscrupulous

activity. The HBEX should also consider a requirement that all entities that are facilitating enrollment, plan selection, or enrolling individuals into exchange products, be required to sign a code of conduct/ethics with regard to dealing appropriately and fairly with consumers.

CONCLUSION:

The enrollment of millions of Californians will be a massive undertaking and will require the participation of many individuals and organizations to assist. With stakeholder input, many details must be decided by the state and the HBEX. We urge an approach that is not overly burdensome but that makes use of the relevant pieces of existing training and credentialing programs and adds appropriate curriculum specific to the HBEX. The state agency should ensure that the certified navigators are effective by having additional training available and requiring regular reporting. It is important to remember the end goal of getting Californians enrolled and designing a navigator training and credentialing system that will equip the many willing groups and organizations with the tools they need to reach the diverse traditionally uninsured populations and be successful in this endeavor.

ADDENDUM

Outline of Curriculum Topics for Navigators

Health insurance affordability programs

- Basic benefits of ACA and CHBE

- Basic programs – MediCal, HFP, PPIC

- Supplemental – WIC, etc

QHPs – private plans

- Essential health benefits

SHOP – knowledge of, how it links, how to connect

Portions of agents training:

- Elements of health insurance

- Pertinent sections of CA Insurance Code

- Ethics

Tax credit application process and reconciliation

Other public benefits linkages

- Referral process

- Screening and eligibility interface

- Refer or enroll

Cultural competency & language ability

Customer service basics

Utilization of coverage

Consumer assistance process and referrals

Post enrollment requirements

Retention strategies

Providing seamless coverage to families and individuals

ACA requirements for privacy and security of consumers' personal information