

# **Assisters Program for the California Health Benefits Marketplace: *Summary of Comments and Recommendations***

*sponsored by*

California Health Benefit Exchange  
Department of Health Care Services  
Managed Risk Medical Insurance Board

***California Health Benefit Exchange  
Board Meeting  
June 12, 2012***

# Where we are and where we're going...

- Developed options and recommendations informed by stakeholder input, review of national lessons and expert advice
- Provided an overview of options and recommendations for board and community input, with written comments due by May 31, 2012.
- Staff made revisions to the recommendations and is preparing final recommendations for the Exchange Board
- Exchange Board decisions (likely for June 19<sup>th</sup> board meeting)
- Further research of outstanding issues and continued work to develop details

# Stakeholder Organizations Submitting Comments

The 100% Campaign  
2-1-1 California  
Alameda County Medical Center  
AltaMed Health Services Corporation  
Anthem Blue Cross  
Asian Pacific American Legal Center of Southern California  
Behavioral Health & Recovery Services  
Blue Shield of California  
California Consumer Advocates Navigator Work Group  
California Coverage and Health Initiatives  
California Family Health Council  
California Hospital Association  
California Primary Care Association  
California School Health Centers Association  
California Rural State Health Association  
Central Valley Health Network  
Centro Binacional Para El Desarrollo Indigena Oaxaqueño  
Centro La Familia Advocacy Services, Inc.  
Clinica Sierra Vista Community Health Centers  
Clinica Sierra Vista Community Health Centers  
Community Clinic Association of LA County  
Community Health Councils  
Consumers Union  
County of San Mateo  
County Welfare Directors Association of California  
Delta Dental of California  
Fresno Healthy Communities Access Partners  
Golden Valley Health Centers  
Having Our Say Coalition, a project of CPEHN  
Health Access California  
Health Consumer Alliance  
Healthy Kids Sonoma County  
Insure the Uninsured Project  
Insure the Uninsured Project  
Kaiser Permanente  
La Maestra Community Health Centers  
LGBT Consortia  
LifeLong Medical Care  
Los Angeles County Department of Public Health, Children Health Outreach Initiatives  
Maternal and Child Health Access  
National Health Services, Inc.  
Northeastern Rural Health Clinics  
Planned Parenthood Affiliates of California  
Private Essential Access Community Hospitals (PEACH)  
Redwood Community Health Coalition  
San Mateo County Union Community Alliance  
San Mateo Labor Council  
SEIU  
Signature Health Insurance Services  
The Greenlining Institute  
UNITE HERE Health  
United Ways of California

**Comments submitted can be found here.**

# Overview of Stakeholder Input Process: Assisters Program

- The California Health Benefit Exchange, Department of Health Care Services, and Managed Risk Medical Insurance Board (Project Sponsors) solicited stakeholder input on the Assisters Program recommendations report released and presented to the Board on May 22, 2012.
- The Project Sponsors received a significant amount of feedback. It is important to note that stakeholders agreed with many aspects of the overall proposed design, even among those who suggested modifications.
- The purpose of this presentation is to summarize key themes and to share staff's recommended changes to the Assisters Program design based on stakeholder feedback.

# Funding of Enrollment Fees

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A significant legal concern has been raised about the potential use of Exchange funds for the payment of navigators for the enrollment of individuals into Medi-Cal and the Healthy Families program.

The legal issue stems from Proposition 26, passed in 2010, which established a new standard for “fees,” which requires that they be spent only in ways that have a direct and proportional benefit to the entity paying the fee.

1. Given this legal issue, staff recommend that Exchange funds that are derived from fees on qualified health plans (QHP’s) not be used to pay navigators for enrollment in Medi-Cal and Healthy Families health plans.
2. The Exchange will work closely with DHCS and MRMIB to identify resources to support payment for enrollment in Medi-Cal and Health Families.

# Managing Enrollment Fee Challenges: Potential Options

Navigators must, by definition, determine Medi-Cal and Healthy Families eligibility as part of the process of determining eligibility for subsidies in the Exchange. Given that obligation, the Exchange has two options irrespective of the Project Sponsors' ability to identify resources to pay Navigators for enrollment in Medi-Cal and Healthy Families. Staff do not have a recommendation and are seeking Board and stakeholder comments.

1. Require Navigators to complete the eligibility process required for potential enrollment in Medi-Cal or Healthy Families and refer eligible individuals to the appropriate entity or entities (to be designated by DHCS or MRMIB) for enrollment.
2. Require Navigators to both complete the eligibility process required for potential enrollment in Medi-Cal or Healthy Families and support the individual's enrollment in the plans or options relevant to their eligibility.

# Assisters Program: General Comments

**There was general support for the following program recommendations:**

1. Assisters should have the option to target specific markets or populations (e.g. low income, cultural and linguistic groups, or other segments).
2. All organizations or enrollment entities, and their affiliated assisters should sign a Code of Conduct, Confidentiality and Assister Guidelines Agreement in order to be certified.
3. The Project Sponsors, or their designated entity, should recruit and monitor the Assister's network, including both Direct Benefit Assisters and Navigators to ensure that the program maintains geographic, cultural and linguistic access to target markets.
4. The Project Sponsors, or their designated entity, should provide technical assistance and professional development to all Assisters.
5. Project Sponsors should implement a robust plan for monitoring the Assisters Program to ensure program quality and compliance and to identify and address conflicts of interest, steering and fraud.

# Compensated and Uncompensated Assistance: Summary of Feedback

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**The Assisters Program should include two types of assisters sanctioned by the Project Sponsors: Affordable Care Act mandated Navigators, compensated by the Marketplace, and Assisters with a Direct Benefit not compensated by the Marketplace.**

## ***Comments Recommending Changes***

- Community clinics opposed their classification as Direct Benefit Assisters and recommended that they be eligible to serve as compensated Navigators.
- Clinics maintain access to target populations and would not be able to support aggressive enrollment without compensation.

## ***Comments Received in Support:***

- Support the proposal overall (Integration Model).
- Additional fees to compensate Assisters will be passed onto the consumer. Given this, the proposed structure is a cost-effective one.
- Providers, hospitals and safety net clinics have access to key target populations and should be eligible for education and outreach grants.
- Conflicts of interest and steering are real concerns and the Project Sponsors need to develop policies to prevent and address it.



# Compensated and Uncompensated Assistance: Updated Recommendation

## Staff recommends modifying the existing recommendation:

- Given the uncertainty regarding funding for Navigators for Medi-Cal and Healthy Families, as well as the different financial incentives that relate to what program(s) individuals and families enroll in, allow for there to be different classifications of entities that would qualify respectively as a Navigator or Direct Benefit Assister.
- Community clinics would be eligible to be Navigators.
- Hospitals and other providers would continue to be classified as Direct Benefit Assisters.
- As mandated by the Affordable Care Act, Navigators must provide fair and impartial information to consumers. While Project Sponsors will develop policies and standards to prevent conflict of interests and steering, compensating Direct Benefit Assisters for enrollment is unlikely to mitigate this potential risk.

## Additional analysis needed on:

- Further defining eligible Navigator entities.
- Further defining “community clinics” that would be qualified to act as Navigators
- Further development of policies and standards to prevent steering, particularly among agents, health plans and others with a direct benefit in enrolling consumers.

# Compensation Model: Summary of Feedback

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**Staff has recommended that the Project Sponsors consider a moderate compensation amount of \$58 per successful application.**

## ***Comments Recommending Changes***

- Consider the hybrid model instead of the pay for enrollment model.
- Organizations would need grants to cover start up costs and to support enrollment during the first three months of open enrollment. Need compensation before February, 2014.
- Include a compensation for renewals fee.
- Some questioned the \$58/application amount and felt it was insufficient.
- Compensation would be needed to drive CBO participation during the first three months of open enrollment.

## ***Comments in Support***

- Support for pay for enrollment, but the compensation amount should be increased.
- Grants would increase the expense of compensating Navigators, but not produce results.

# Compensation Model: Updated Recommendations

**Payment Amount:** Staff recommends an enrollment fee of \$58 per successful application be maintained.

**Coordination with Education and Outreach Grants:** Integrate and align Education and Outreach grants with the Assisters program. Direct Benefit Assisters and Navigator Entities would both be eligible for Education and Outreach Grants, which should be increased to an annual amount of \$15 million.

**Retention:** Staff does not recommend adopting a renewal fee at this time. Project Sponsors should conduct a review of the impact of compensation on enrollment after the first year and modify the approach as needed.

# Compensation Model: Clarifications

## \$58 Pay for Enrollment fee:

- Stakeholders requested clarification on what the \$58 fee covers. It is important to note that the \$58 is the maximum amount paid per successful application, regardless of the number of applicants.
- A Navigator would receive the \$58 compensation if an application results in at least one successful enrollment in an Exchange product (QHP).
- Additional successful enrollments on the same application will not result in additional compensation.

# Assister Roles: Summary of Feedback

**All assisters (Direct Benefit and Navigators) should be required to complete education, eligibility, and enrollment activities. All Assisters should be sufficiently trained to assist individuals in completing requirements for all Marketplace coverage options and subsidies and assist with the selection of and enrollment in a plan.**

## *Comments Recommending Changes*

- The Project Sponsors should compensate Navigators for each required activity.
- Utilization and Retention should be required and compensated.
- Navigators should not be required to perform **all** ACA mandated roles/activities.
- Navigators should be required to enroll people in other public programs (i.e. CALFresh).
- Assisters (particularly Direct Benefit Assisters) should not be required to enroll people in all products (i.e. Medi-Cal).

## *Comments Supporting Recommendation*

- Support ACA mandated roles for all Assisters.
- Agree that Assisters be required to conduct education, eligibility and enrollment.
- Agree with the need for Assisters to provide fair and impartial information.

# Assister Roles: Updated Recommendation

Staff does not recommend changes to the proposed roles at this time.

## Additional Analysis:

- Need to further define conflict of interest standards and policies and plan for monitoring.
- Direct Benefit Assister requirement to enroll consumers in all products regardless of program eligibility, including further conversation with agents on the feasibility of enrolling consumers in public coverage options.
- Coordination of Assistors with Consumer Assistance programs and Ombudsman.

# Assister Training and Oversight: Summary of Feedback

All assisters (Navigators and Direct Benefit Assistors) should complete a two-day Assisters Training Program. Project Sponsors may consider an abbreviated version of the training program for currently certified and active Certified Application Assistors, HICAP trained assisters, health insurance agents, and other individuals already trained to enroll consumers in health coverage. Re-training should be offered annually and should be required in order to obtain re-certification.

## ***Comments Recommending Changes:***

- The training should be as long as is needed to cover required topics.
- Some stakeholders supported the abbreviated training option, while others thought that all should undergo the same training.
- Training should be available in 13 Medi-Cal threshold languages, or at least Asian languages.

## ***Comments Supporting Recommendation:***

- There was general support for the proposed training program.
- Agree that all Assisters should do the same training program.
- Agree with annual training, certification and re-certification requirements.

# Training & Certification: Updated Recommendations

Staff recommends that the Project Sponsors consider the following changes:

- Note that the training will be long enough to cover key topics included in the curriculum outline.
- Developing processes to assure that there are Navigators and other assisters have the skills, background and ability to effectively assist individuals in at least all 13 Medi-Cal threshold languages. The Project Sponsors will review recruitment, training material and design, and other elements to achieve this goal.

Because there was overall support for the proposal, staff does not recommend additional changes at this time.



# Questions/Comments Assisters Program