
Assisters Program Update

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ASSISTERS PROGRAM

Overview

Assisters Program Guiding Principles

- Promote **maximum enrollment** of individuals into coverage;
- **Build on and leverage existing resources, networks and channels** to maximize enrollment into health care coverage, including close collaboration with state and local agencies, community organizations, businesses and other stakeholders with common missions and visions;
- Consider where eligible populations **live, work, and play**. Select tactics and channels that are based on research and evidence of how **different populations can best be reached** and encouraged to enroll and, once enrolled, retain coverage;
- Marketing and outreach strategies will reflect and target the **mix and diversity of those eligible for coverage**;
- Establish a **trusted statewide Assisters Program that reflects the cultural and linguistic diversity of the target audiences and results in successful relationship and partnerships**;
- Ensure that **Assisters are knowledgeable** of both subsidized and non-subsidized health coverage and qualified health plans and that Assisters are **equipped with the information and expertise needed to successfully enroll individuals into coverage**; and
- Continue to learn and adjust strategies and tactics based on input from our national partners, California stakeholders, on-going research, **evaluation and measurement of the programs' impact on awareness and enrollment**.



Key Components to Success



Assisters Program Overview

Entities Eligible to be Assisters:

Entity Type:	Included in June 26, 2012 Assisters Work Plan	Newly Identified After June 26, 2012	Eligible for Compensation (Yes/No)
Agents	X	—	No
Community Clinics	X	—	Yes
Hospitals	X	—	No
Labor Unions	X	—	Yes
Non-Profit Community Organizations	X	—	Yes
Providers	X	—	No
American Indian Tribe or Tribal Organizations	—	X	Yes
Attorneys (e.g., family law attorneys who have clients that are experiencing life transitions)	—	X	Yes
Chambers of Commerce	—	X	Yes
City Government Agency	—	X	Yes
Commercial fishing, industry organizations	—	X	Yes
Community Colleges and Universities	—	X	Yes
County Health Department that provide health care services to consumers	—	X	No
Faith-Based Organizations	—	X	Yes



Assisters Program Overview

Entities Eligible to be Assisters (continued):

Entity Type:	Included in June 26, 2012 Assisters Work Plan	Newly Identified After June 26, 2012	Eligible for Compensation (Yes/No)
Indian Health Facilities Services	—	X	Yes
Ranching and farming organizations	—	X	Yes
Resource partners of small businesses	—	X	Yes
School Districts	—	X	Yes
Tax Preparers	—	X	Yes
Trade, industry, and professional organizations	—	X	Yes

Assisters Program Overview

Similarities between In-Person Assistance Program and Navigator Program:
Roles and responsibilities include:

Roles & Responsibilities:	In-Person Assistance Program	Navigator Program
1. Conduct public education activities to raise awareness of the availability of Covered California products	–	X
2. Distribute fair and impartial information concerning enrollment into qualified health plans	X	X
3. Facilitate enrollment into qualified health plan available through Covered California	X	X
4. Provide referrals to Consumer Assistance Programs	X	X
5. Provide information that are culturally and linguistically appropriate	X	X

Assisters Program Overview

Differences between In-Person Assistance Program (IPA) and Navigator Program:

	In-Person Assistance Program	Navigator Program
Funding Source	Level 2 - Initial Application Operating Costs/Self-Sustainability Funds- Renewals	Operating Costs (e.g., self-sustainability funds)
Compensation	Fee-for-enrollment program providing application assistance payment for application resulting in successful Covered California initial enrollment or renewal	Grant –based program performance-based block funding based on grantees’ Covered California QHP enrollment targets.
Payment Method	“Flat Fee Basis” Per Successful Application (\$58) Per Successful Annual Renewal (\$25)	Grant Program
Implementation Timeline	Occurs Before Open Enrollment	Occurs After Open Enrollment (December 2013) *

* Occurs during the later part of 2013 because health plan fees will not be collected until the first quarter of 2014.

Note: An IPA gap analysis will occur to determine what types of entities should be funded for the Navigator Program. Where gaps are identified (e.g., geographic areas and/or targeted market segments), enrollment grants for the Navigator Program will be awarded to entities to minimize gaps in providing enrollment assistance.



Assisters Program Overview

Assisters Program Compensation for In-Person Assistance Program:

Scenarios – Continues to be refined and additions made	New Enrollment* (\$58)	Annual Renewal* (\$25)	No Compensation (\$0)
Initial enrollment into Covered CA - Open Enrollment	X		
MAGI Medi-Cal eligibility re-determination results in consumer now qualifying for Covered CA	X		
Annual renewal into Covered CA		X	
Annual renewal into Covered CA <u>and</u> adding new dependents		X	
Initial enrollment into Covered CA – Special Enrollment	X		
Member currently enrolled in Covered CA and adds new dependent during Special Enrollment	X		
Individual disenrolls from Covered CA and later re-enrolls back into the program	X		
Case management (e.g., report income changes, changes to APTC amount taken, plan transfers, referrals to Consumer Assistance Programs, etc.)			X

* Per successful application that results in the effectuation of coverage into a Covered California Health Plan.



Assisters Program

Key Issues

1. Assister Liability Insurance Requirements
2. Assister Recruitment Strategies
3. Assister Training
4. Fingerprinting/Background Checks

STAKEHOLDERS PROVIDING COMMENTS

1. AIDS Services Foundation Orange County
2. Anonymous
3. Asian Law Alliance/Asian Pacific American Legal Center
4. Barney & Barney, LLC
5. Behavioral Health & Recovery Services
6. Blue Shield of California
7. California Association of Health Plans
8. California Institute for Mental Health
9. California Labor Federation
10. California Primary Care Association
11. Californians for Safety and Justice
12. Central California Alliance for Health
13. Consumers Union/California Pan-Ethnic Health Network/Western Center on Law and Poverty
14. Exam FX
15. Farmers Insurance Agent
16. First 5 Tuolumne County
17. Gary Bess Associates
18. HealthNet, Inc.
19. Health Services Agency, County of Santa Cruz
20. Inland Empire Health Plan
21. Insure the Uninsured Project
22. International Children Assistance Network
23. Joanie Reuben
24. J.S. Tucker Insurance
25. Kevin Knauss
26. Kirkland Insurance Services, Inc.
27. Licensed Agent
28. Long Beach City College, Institutional Resource Development
29. Margaret Ballou
30. Max Herr Insurance Services
31. Motion Picture and Television Fund
32. Northern California Healthcare Navigators
33. Private Patient Advocate
34. San Francisco Community Clinic Consortium
35. San Francisco Department of Public Health
36. San Mateo County Health System
37. SEIU California
38. Social Services Program Supervisor
39. Steve Sauer
40. The Greenlining Institute
41. The Latino Commission
42. United Food & Commercial Workers Union
43. Unitus Insurance Services
44. Vantage Business Support & Insurance Services



Key Issue #1: Assister Liability Insurance Requirements

Original Recommendation:

- Require Assister Enrollment Entities to obtain the following types of insurance coverage: General Liability and Errors and Omissions.

Summary of Stakeholder Feedback:

- General agreement that requiring liability insurance for Individual Assistors was not feasible, because Individual Assistors would not qualify for this type of insurance.

Recommended Approach:

- Individual Assistors will NOT need to secure General Liability insurance; it would be secured by the **Assister Enrollment Entity only (which was the original intent)**.
- The following insurance coverage will be required and must be secured by the Assister Enrollment Entities:
 - General Liability insurance
 - Auto Insurance
 - Workers Compensation
- Covered California staff recommends requiring Errors and Omission insurance coverage by Assister Enrollment Entities, if allowed by Federal Regulations.



Key Issue #2: Assister Recruitment Strategies

Original Policy Consideration:

Conduct statewide recruitment efforts in phases, working from broad outreach to targeted recruitment for entities that target specific populations.

Summary of Stakeholder Feedback:

- Minimal feedback was received on recruitment strategies.
- Covered California should partner with various health plans to recruit agents for the Assisters Program.

Recommended Approach:

- Covered California will look to all opportunities for building a robust network of Assisters, particularly those that have had prior experience with healthcare and providing application assistance.
- Covered California will use the Community Outreach Network to recruit, establish and maintain a robust Assisters Program.



Key Issue #2 (continued): Assister Recruitment Strategies

Preliminary Strategies		
Early Recruitment 1 st Quarter 2013	Active Recruitment 2 nd Quarter 2013	Targeted Recruitment 3 rd Quarter 2013
<p><i>Broad outreach to potentially eligible entities:</i></p> <ul style="list-style-type: none"> • Outreach & Education Grant Application – “Assisters Interest Form” • Provide link to “Assisters Interest Form” on Exchange’s website. • Webinars soliciting interest from entities. • Announce recruitment via Covered California ListServe. • Promote “Assisters Interest Form” in MRMIB’s Enrollment Entity Newsletter and Health-e-App e-mail blast – targeting existing Assisters network. 	<ul style="list-style-type: none"> • Identify gaps based on entities who have expressed interest. • Deploy Assister Program Specialists to conduct targeted recruitment in each county (calls and in-person recruitment). • Work with organizations to reach entities that have access to targeted population. • Leverage work of Community Outreach Network to identify and recruit interested entities. • Advertisements in specific newsletters and ads in relevant publications. • Letters to existing enrollment entities and organizations whose mission align with Covered California. • Presentation at Conferences. 	<ul style="list-style-type: none"> • Secure contact information from datasets and ListServes for potential eligible Assister Enrollment Entities. • Work with the Community Outreach Network to recruit, hire and train local Assister Program Specialists to conduct recruitment. • Work with the Community Outreach Network to develop county and statewide specific benchmarks and goals for recruitment of Assister Enrollment Entities and work plan for achieving them. • Deploy Assister Program Specialists to conduct targeted recruitment in each County. • Analyze data on progress towards recruitment benchmarks; adjust resources accordingly. • Analyze enrollment rates by County and other characteristics to identify gaps in the Assisters network.



Key Issue #3: Assister Training

Original Recommendation:

- Provide free 2-3 day training sessions either in-person or through a self-guided computer-based training format. Curriculum would include ten (10) topic areas ranging from Affordable Care Act guidelines, Assister Roles and Responsibilities, Compliance, Eligibility and Plan Enrollment, Consumer Assistance Programs, post-enrollment activities and California Healthcare Eligibility, Enrollment and Retention System (CalHEERS). Requirements would also include refresher training and annual recertification training.
- Option of in-person (e.g., Instructor-Led) or self-guided computer-based training up to the Assister Enrollment Entity.

Summary of Stakeholder Feedback:

- General support was received for ensuring a comprehensive training curriculum is established.
- Some feedback voiced concern over whether or not a 2 – 3 day training session would be sufficient to fully prepare an In-Person Assister.
- Recommendations on various curriculum topics were received (e.g.; module on immigrant eligibility, coaching module on how to reach-out and engage clients).
- Many were in support of a “Master Trainer” format.

Key Issue #3 (continued): Assister Training

Recommended Approach:

- Develop curriculum in coordination with key partners, including Counties, Department of Health Care Services, California Department of Insurance, and Department of Managed Health Care.
- In-person (e.g., Instructor-Led) 2-3 day trainings are currently planned for the Assisters Program and will be available in various locations throughout the state. (Note: Length of training subject to change based on finalization of curriculum.)
- An anticipated 40% of Assisters will receive in-person training. Covered California should make an attempt to provide special considerations for organizations in rural areas and be sensitive to an organization's cost of sending individuals to training, by providing training in nearby locations.
- The remaining 60% of Assisters are expected to benefit from the convenience of receiving training through computer-based training.
- Careful review of testing exam criteria and feedback received during training to further refine curriculum and training methods will ensure Assisters are adequately trained and prepared to assist individuals with enrollment.
- Master Trainer model is not recommended at this time as it does not guarantee that second generation trainees receive complete, consistent and accurate training. However we can further evaluate in Year 2.
- By centralizing the training, Covered California can ensure that all trainers receive proper training and are skilled and qualified to train others.



PROJECTED ASSISTERS TIMELINE

In-Person Assistance Program	Date
Assister Enrollment Entity Application Release	Summer 2013
Assister Enrollment Entity Training Begins	Summer 2013
In-Person Assister Training and Certification Begins	August 2013
Open Enrollment Begins	Fall 2013

Navigator Program	Date
Navigator Grant Application Release	Late-June
Navigator Grant Application Submission Due	Mid-August
Navigator Grant Award	Early -October 2013
Navigator Training and Certification Begins	Mid-November 2013
Navigator Entities begin Enrollment Assistance	Early -December 2013

Assisters Program

Draft Proposed State Regulations



Assisters Program Regulations

- Were **guided by the:**
 - ✓ Affordable Care Act
 - ✓ Interim final Federal Regulations (published March 27, 2012)
 - ✓ Federal Blueprint activities issued by the Center for Consumer Information and Insurance Oversight (CCIIO)
 - ✓ Recently proposed Federal Regulations (published on April 5, 2013)

Assisters Program Regulations

Article and Sections of the draft Assisters Program proposed State Regulations:

Article 8: Assisters Program	
Sections:	Table of Contents:
§ 6570	Definitions
§ 6572	Assister Enrollment Entities
§ 6574	In-Person Assistance Program
§ 6576	Navigator Program
§ 6578	Individual Assisters
§ 6580	Assister Fingerprinting and Criminal Record Checks
§ 6582	Training Standards [Reserved]
§ 6584	Appeals Process
§ 6586	Roles & Responsibilities
§ 6588	Code of Conduct [Reserved]
§ 6590	Compensation



Application Process

Assister Enrollment Entity

Eligible organizations may apply to register for the In-Person Assistance Program according to the following process:

1. The organization must submit a completed Assister Enrollment Entity Application for the In-Person Assistance Program which will be incorporated by reference to the State Regulations.
2. The Exchange shall review the Application according to the Criteria Considerations identified in the proposed State Regulations. If applicable, the Exchange shall request any additional or missing information necessary to determine the status of the organization's Application.
3. Organizations which meet the Criteria Considerations shall be notified of available times by the Exchange to complete the training requirements described in Section 6582 Training Standards.
4. Organizations which complete and pass the training requirements established by the Exchange shall be registered as Assister Enrollment Entities by the Exchange.



Application Process (continued):

Individual Assister

Applications for the IPA Program will be reviewed according to the following Criteria Considerations:

1. Type of entity and description of communities served
2. Applicant's proposed scope of activities including and not limited to:
 - Ability to provide and distribute information in a fair and impartial manner including information about all other insurance affordability programs (i.e., Medicaid and Children's Health Insurance Programs).
 - Ability to ensure that all staff and volunteers complete any required training in order to become a certified Individual Assister.
 - Ability to facilitate enrollment into Qualified Health Plans.
 - Ability to assist any consumer seeking assistance, including those who are not members of the target population the Assister expects to serve.
 - Access to targeted eligible populations.
 - Ability to provide information that is culturally and linguistically appropriate.
 - Ability to make referrals to the appropriate State agencies to assist enrollees with grievances, complaints or questions about their health plan, coverage or an eligibility determination.
 - Ability to comply with privacy and security standards described in 45 CFR 155.260



Appeals Process – Section 6580 (c)

Fingerprinting Appeals

An individual applicant may appeal to the Exchange the results of the fingerprint-based background check as follows:

- Has 60 calendar days from the notice of interim determination to correct or complete his/her record;
- May seek to correct or complete the response through processes established by the California Department of Justice, the Federal Bureau of Investigation, or agencies reporting information to the California Department of Justice or Federal Bureau of Investigation.
- May request a new fingerprinting re-evaluation, if successful in rectifying the record; and
- May dispute the relevancy of a disqualifying offense:
 - (i) The age, nature and gravity of the offense;
 - (ii) Whether the individual has a history of prior discipline for the same or similar type of conduct; and
 - (iii) Any evidence of rehabilitation or participation in treatment programs.
- Absent good cause for late filing, the interim fitness determination is final.



Appeals Process – Section 6584

Other than Fingerprinting Appeals

Other than determinations made pursuant to Section 6580 (c), Assister Fingerprinting and Criminal Record Checks:

The following program decisions may be appealed to the Exchange:

- 1) A decision that an individual or entity is not eligible to participate in the program.
- 2) A decision that an individual or entity is not qualified to participate or continue to participate in the program.

An appeal shall be filed in writing with the program within thirty (60) calendar days of the date of the notice of the decision being appealed.

The receipt of an appeal shall result in the following actions performed by the Exchange:

1. Informal resolution process; and
2. Formal adjudication of an appeal.



Next Steps

Activity	Proposed Timeline
April Board Meeting (first viewing)	April 23, 2013
Stakeholders Webinar	Early-May 2013
Stakeholder feedback due	May 7, 2013
May Board Meeting (second viewing and final Board approval)	May 23, 2013
Notice Regulations	May 24, 2013
File Regulations with Office of Administrative Law	May 31, 2013
Regulations Effective	June 11, 2013

QUESTIONS and SUGGESTIONS?

Submit written comments/suggestions to:

eligibility@covered.ca.gov

by Tuesday, May 7, 2013

