Assisters Program for the California Health Benefits Marketplace

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

California Health Benefit Exchange Board Meeting
May 22, 2012

Where we are and where we're going…

- Developed options and recommendations informed by stakeholder input, review of national lessons and expert advice
- The Department of Health Care Services, Managed Risk Medical Insurance Board, and California Health Benefit Exchange hosted a webinar on May 16, 2012 to preview options
- Providing an overview of options and recommendations for board and community input
- Comments invited both at this board meeting and in writing between now and May 31, 2012
- Staff will make revisions and prepare final recommendations for the Exchange Board
- Exchange Board decisions (likely for June 19th board meeting)
- Further research of outstanding issues and continued work to develop details

Affordable Care Act Guidelines

The Affordable Care Act requires that state exchanges employ Navigators to assist with education and enrollment activities and establishes several regulations related to Navigator eligibility and compensation.

- Navigators may not be directly compensated for enrollment in marketplace products by health insurance carriers.
- Level II federal Grant funds may not be used to compensate Navigators for enrollment.
- Agents may serve as Navigators, but must adhere to all Affordable Care Act guidelines and may not receive compensation from health insurance carriers.

Leaves considerable discretion up to states to design their plan for assistance within these constraints.

Assister Guiding Principles

- ***Establish a trusted statewide Assisters Program*** that reflects the cultural and linguistic diversity of the target audiences and results in successful relationship and partnerships among Assisters serving state affordable health insurance programs.

- ***Ensure 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 educate and enroll individuals in coverage, regardless of the type of program for which they are eligible.

- ***Promote retention of existing insurance coverage*** in public programs, and the individual market.

Assisters Program Priorities

- Identify incentive options that encourage different types of Assisters to conduct activities that result in the successful enrollment of the target audiences into health care coverage.

- Establish quality assurance standards and protocols that:
  - ✓ Ensure enrollment goals are met,
  - ✓ Maintain program integrity,
  - ✓ Prevent conflicts of interest,
  - ✓ Ensure a high quality consumer experience, and
  - ✓ Promote a positive public perception of the marketplace.

Assisters Program Priorities

In order to eliminate barriers to enrollment, it will be important for the program to consider:

- **High Need:** Need for in-person assistance will be high during the early years; up to 75% of consumers may need assistance from an Assister to enroll, based on estimates prepared for the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS).

- **Target Based on Opportunity:** Program should have the ability to target assisters resources based on opportunity – i.e., regions where the greatest number of eligibles are located.

- **Access to Diverse Markets:** Assisters network will need to include organizations that have access to California's diverse target markets, including Limited English Proficient, newly eligible populations, and rural areas.

The Need for Assistance

Some communities will be reached through traditional marketing campaigns and will enroll on their own; others will need in-person assistance to enroll. For those folks that need assistance, Assisters:

- Will serve populations based on cultural and linguistic factors (in-language).
- Educate and communicate program information.
- Eliminate barriers to enrollment through personalized education and outreach.
- Enroll consumers in marketplace products regardless of program eligibility.
- Reflect the target consumer, understand their preferences, perceptions and barriers, and tailor key messages to their communities.

"California Coverage" Potential Approach

The Affordable Care Act mandates that state exchanges employ Navigators to assist consumers with engagement and enrollment in public and private coverage options.

A broad range of Assisters in public and private coverage distribution channels will need to be engaged, including those that fulfill the Affordable Care Act Navigator roles, as well as other types of Assisters.

The Assisters Program may include two types of Assisters registered and certified by the Exchange:

- **Navigators:** Paid by the Exchange.
- **Direct Benefit Assisters:** Not paid by the Exchange.

Tiers of Assistance for the Assisters Program

Navigators Paid by the Exchange: Perform all Affordable Care Act mandated activities and will be compensated by the Exchange.

Potential Navigator Enrollment Entities
1. Any organization not deemed a Direct Benefit Assister entity that meets minimum criteria and registers with the Exchange.
2. Only specific types of organizations (i.e., non-profits, 501c3, or public agencies) that meet minimum criteria.

Preliminary Recommendation: *Organizations may be Navigator Enrollment Entities if they are not deemed a Direct Benefit Assister and the Entity meets the minimum criteria, and they register with the Exchange.*

Direct Benefit Assisters not compensated by the Exchange: May be required to complete most, but not all of the Affordable Care Act mandated activities and are not compensated by the Exchange. May be compensated by other sources or have a business interest in enrolling people.

Potential DBAs	Number in CA	Compensation
Agents	8,000	Health Insurance Carriers
Hospitals	512	Business Interest
Providers	66,480	Business Interest
Community Clinics	632	Business Interest

Program Design Options

Eligibility Options

1. Assisters must be attached to an active Enrollment Entity (EE) or organization.
2. Assisters may be independent of an EE or organization.

Preliminary Recommendation: *Eligible Assisters must be affiliated with an enrollment entity. Individual Assisters are not eligible for enrolling individuals in Marketplace products. Organizations must be registered with the Exchange to conduct enrollment; registration should be renewed annually.*

Training Options

1. All participants must complete same 2-day training.
2. Only individuals eligible for compensation complete 2-day training; others complete 1-day.

Preliminary Recommendation: *All Assisters (Navigators and Direct Benefit Assisters) should complete a two-day Assisters Training Program. Project Sponsors may consider an abbreviated version 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.*

Program Design Options

Compensation Model Options
1. No compensation
2. Pay for Enrollment only
3. Grants only
4. Pay for Enrollment (Hybrid)

Preliminary Recommendation: *Given the need to leverage funds and develop a cost effective program in compliance with Affordable Care Act guidelines, the Pay for Enrollment only model is recommended. Pay for Enrollment:*

- *Incentivizes enrollment*
- *Is less risky than other models because payment is executed upon successful enrollment*
- *Is more likely to lead to a compliant and high quality program relative to no compensation*

Program Options - Payments

Compensation Levels
1. Payment is the same for each program
2. Payment is different for each coverage option - Smaller payment for public plans - Larger payment for QHPs
3. Payment is only available for public or private coverage options (i.e. Medi-Cal or Healthy Families only or a QHP)

Preliminary Recommendation: *Given the need for robust enrollment and the Marketplace's goal of promoting a "no-wrong door" consumer experience, it is recommended that Navigator Enrollment Entities receive the same payment regardless of the program for which the consumer is eligible.*

Program Options - Payments

Who is eligible to receive compensation?
1. All organizations assisting with enrollment
2. A subset of organizations assisting with enrollment
3. No compensation for enrollment activities

Preliminary Recommendation: *A subset of organizations assisting with enrollment would be compensated. The Assisters Program should include two types of assisters sanctioned by the Project Sponsors:*

1) *Affordable Care Act mandated Navigators, compensated by the Marketplace*
2) *Assisters with a Direct Benefit not compensated by the Marketplace (Direct Benefit Assisters).*

Program Options - Payments

What are the pay for enrollment compensation amount options?

1. $29 (low)
2. $58 (moderate)
3. $87 (high)

Preliminary Recommendation: *The Project Sponsors should consider a moderate compensation amount of $58 per successful application. It is also recommended that the Project Sponsors continually assess the appropriateness of the compensation amount and adjust the amount as necessary.*

Program Options - Payments

What action triggers compensation?
1. Application submission
2. Successful enrollment (approval)
3. Successful enrollment over a certain period of time (30 – 90 days)
4. Enrollment and utilization of health care

Preliminary Recommendation: *It is recommended a fixed fee payment to the enrollment entity is modeled upon the successful enrollment in a Marketplace program or plan.*

Program Options - Payments

Renewal Compensation
1. No compensation for renewal
2. $25 for renewal

Preliminary Recommendation: *This issue requires additional analysis. A renewal fee will support retention; on the other hand, health plans also benefit from retaining individuals in coverage and should support retention.*

If a no compensation model (for renewals) were implemented initially, additional analysis could be conducted in 2014 and 2015 to determine if a fee is needed to incentivize renewals based on renewal rates.

Required Navigator Role

Required Roles per the Affordable Care Act

- Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the marketplace.
- Provide information and services in a fair, accurate and impartial manner.
- Facilitate selection of a Qualified Health Plan.
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage.
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the marketplace.
- Ensure accessibility and usability of Navigator tools and functions for individuals with disabilities.

Options for Assisters' Roles

What are Assisters' required roles?

1. All Assisters (Navigators and Direct Benefit Assisters) must complete all mandatory roles as defined in the Affordable Care Act.
2. Direct Benefit Assisters complete some, but not all of the Navigator roles as defined in the Affordable Care Act.

Preliminary Recommendation: *All Assisters (both Direct Benefit Assisters and Navigators) complete mandated Affordable Care Act Navigator roles.*

Options for Assisters' Roles

What are the required services provided by Assisters?

1. All Assisters (Navigators and Direct Benefit Assisters) provide outreach, education, eligibility, retention, and utilization services.
2. Assisters provide some, but not all enrollment services (i.e. enrollment and education).

What products must Assisters provide assistance with?

1. All products offered by the Exchange.
2. Some products offered by the Exchange (i.e. Medi-Cal and Healthy Families only; or, Qualified Health Plans only).
3. Navigators assist with enrollment in all products; Direct Benefit Assisters may specialize in certain products.

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

Preliminary Recommendation for Assisters Roles

Tiers	Entities	Required Services						Required Product	
		Outreach	Education	Eligibility	Enrollment	Retention	Utilization	Public MC/HF	QHPs Subs. & Unsubs.
Navigator		✓	✓	✓	✓	?	○	✓	✓
Direct Benefit Assisters	Agents		✓	✓	✓	○	○	✓	✓
	Health Plans		?	?	?	?	?	?	?
	Providers and Hospitals		✓	✓	✓	○	○	✓	✓
	Community Clinics		✓	✓	✓	○	○	✓	✓

✓ Required Activity

○ Optional Activity

? Under Review

Potential Cost at Varying Levels of Compensation and % Needing Assistance

Compensation Amount	% of Applications Needing Assistance	Total Cost for Compensation		
		2014	2015	2016
$29	33%	$12,743,412	$3,637,064	$3,806,511
	50%	$19,308,171	$5,510,667	$5,767,404
	75%	$28,962,271	$8,266,015	$8,651,135
$58	33%	$25,486,824	$7,274,128	$7,613,022
	50%	$38,616,342	$11,021,334	$11,534,808
	75%	$57,924,542	$16,532,030	$17,302,270
$87	33%	$38,230,236	$10,911,192	$11,419,533
	50%	$57,924,513	$16,532,001	$17,302,212
	75%	$86,886,813	$24,798,045	$25,953,405

Due to compensation levels impacting productivity and capacity of the Navigator network, some assistance goals may not be fully met. The dollar amounts indicated above are representative of achieving 100% of assistance need. Cost for compensation reflect fee for enrollment only (not renewals).

Assister Program Start Up Costs: 2012 - July 2013

Pay for Enrollment Compensation start up costs	Pay for Enrollment Model
Program Design and Management	$1,496,050
Navigator Recruitment and Training	$4,828,645
Curriculum Development	$180,250
Translation Services *(Spanish + 4 other languages)*	$114,844
Web-Based Training (Development costs)	$431,984
IS System Development - Assister Administration System	$ 41,026
Total	**$ 7,092,798**
Exchange Funding	$ -
Level II Grant Funding	$7,092,798
Combined Total	**$7,092,798**

*During the start up period, future budgets will be refined and reviewed with the Project Sponsors

Next Steps

- Comments invited:
  - Written comments by May 31, 2012
  - Submit comments to info@hbex.ca.gov
  - Please use Comment Form available at Stakeholder Section of the Exchange Website
- Staff will make revisions and prepare final recommendations for the Exchange Board
- Exchange Board decisions (June 12th or June 19th board meeting for Phase One)
- Further research of outstanding issues and continued work to develop details – an evolving process

Questions/Comments

Assisters Program