



# **Brokers, Agents and Navigators Advisory Committee Meeting**

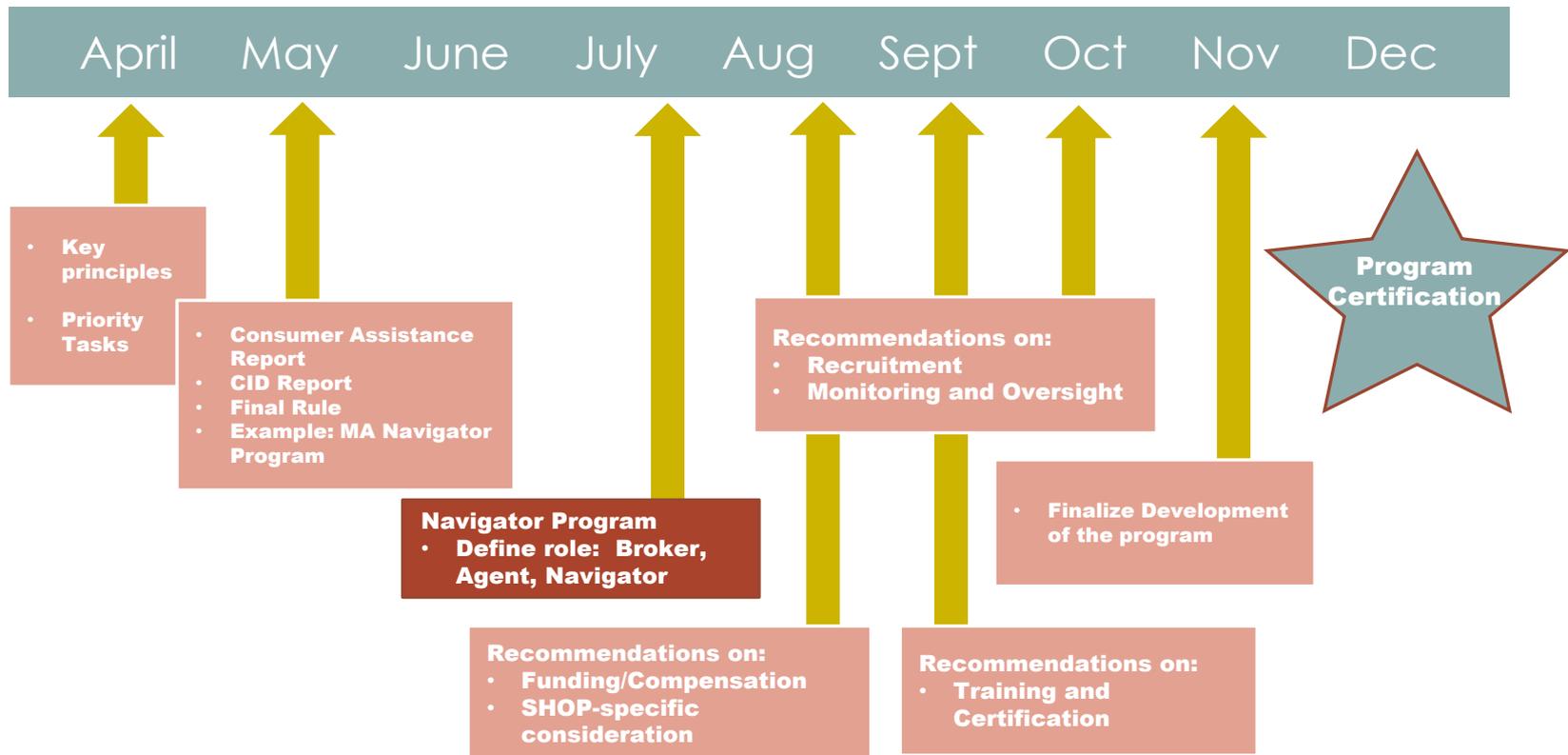
**Connecticut Health Insurance Exchange  
July 10, 2012**

# Agenda

- Call to Order and Introductions
- Review and Approval of Minutes
- Role of Navigator/Broker
- Preliminary Thoughts on Funding Options
- Next Steps
  - Including Approval of Navigator Roles & Responsibilities
- Review of Thomson Reuters Data
- Public Comment
- Adjournment

# Brokers, Agent, Navigator

## Committee Focus: Program Certification



# Navigator Program |

## Areas to Consider with respect to Navigators and Navigator Program

Areas to consider in the design and implementation of CT's Navigator Program:

- The roles of Navigators vis-à-vis brokers/agents
- Grants and compensation for Navigators
- The funding of the Navigator program
- The training and certification of Navigators and brokers/agents
- The recruitment of Navigators
- The development of materials and an outreach strategy for Navigators
- The monitoring of, and reporting by, Navigators
- SHOP-Specific considerations for the Navigator

## Navigator Program | Populations Served by Navigators

The Navigator program will need to assist low- and middle-income individuals and families, as well as employers and their employees, from diverse cultures and speaking multiple languages.

The Exchange's primary populations include:

1. Individuals buying via the Exchange (both subsidized and unsubsidized)
2. Individuals qualifying for, and enrolling in, Medicaid or other state medical assistance programs
3. Small group employers (with 50 or fewer employees, initially; expanding to employers with up to 100 employees by no later than 2016)

## Navigator Program | Baseline Qualifications for Navigators

The requirements outlined in the Affordable Care Act and its related regulations provide the baseline qualifications for entry into Navigator Program. These include:

1. Demonstrated ability to reach targeted populations;
2. Evidence of having existing relationships (or ability to establish relationships) with these groups;
3. Capability to carrying out minimum duties (as outlined below);
4. Meeting licensure and conflict of interest standards to be established by the Secretary via regulation (to be defined)
5. Meeting any licensing certification, or other standards, prescribed by the state or Exchange (to be defined)
6. Not have any conflict of interest during the term as Navigator

## Navigator Program | Proposed Rule for Roles & Responsibilities of Navigators

The Affordable Care Act directs that Navigators must perform the following functions:

### 1. Education Activities:

- Raise the public's awareness of expanded health insurance options available through the Exchange and Medicaid;
- Distribute fair/impartial information concerning enrollment in QHP/Medicaid, and availability of premium tax credits and cost-sharing reductions;
- Provide information in a manner that is culturally and linguistically appropriate to populations served;

### 2. Enrollment Activities:

- Facilitate enrollment in QHP or Medicaid, and;

### 3. Follow-Up Activities:

- Provide referrals to appropriate state agency for enrollee with a grievance, complaint or question regarding their health plan, coverage, or eligibility determination

# Navigator Program | Roles & Responsibilities in Individual Market

Based on the guidance regarding the qualifications and duties of Navigators, the Exchange proposes a two tiered navigator program:

1. **Tier 1 - Educator:** Navigators desiring to function in this capacity would be responsible to perform all required duties specified under “education” in the “Duties required of Navigators” section above.
  - i. Navigators in this capacity will not be able to “enroll individuals” in coverage, as defined below in section (2)(i).
  - ii. Instead, should this level of service be required, Tier 1 Navigators will be required to guide/direct/facilitate a connection with Navigators in the second tier, or brokers/agents where appropriate.

# Navigator Program | Roles & Responsibilities in Individual Market

2. **Tier 2- Enroller**: Navigators desiring to function in this capacity would be responsible to perform all required duties specified in the “education” section of the “Duties required of Navigators” above, as well as those indicated in the “enrollment” section.
  - i. As it relates to Tier 2 Navigators, “Enrolling Individuals” will be defined as performing one or all of the following activities:
    - A. Directly collecting individual information required to determine eligibility for QHP subsidies or Medicaid, and/or;
    - B. Entering, assisting the entry, or overseeing the entry of information into enrollment tools and resources, including final submission of information.

## Navigator Program | Roles & Responsibilities in Individual Market

- ii. With that said, the role of Tier 2 Navigators will not focus on providing advice or guidance to individuals. When enrolling individuals, Tier 2 Navigators would be prohibited from performing the following:
  - A. Providing guidance or advice regarding which plan options would be best suited to an individual's particular need, and/or;
  - B. Providing guidance regarding how the plans available for selection effect or impact other insurance or financial products or services an individual may have or may be considering purchasing.
  
- iii. Tier 2 Navigators will be required to provide application assistance to consumers for all coverage options in the Exchange, including Medicaid and other state programs, as well as QHP's purchased with or without subsidies.

## Navigator Program | Roles & Responsibilities in Individual Market

3. All Navigator groups will maintain responsibilities to perform duties in the “follow-up,” including:
  - i. Providing referrals to any appropriate state agency or agencies, for any enrollee with a grievance or complaint, and;
  - ii. Providing referrals for any question regarding an enrollee’s health plan, coverage, or a determination under such plan or coverage.
4. Navigator organizations can perform both Tier 1 and Tier 2 functions.

## Navigator Program | Brokers in Individual Exchange

Brokers will not be able to function as Navigators, unless they are willing to forgo their commissions.

1. Should brokers wish to enroll individuals via the Exchange, they will be required to take specific Exchange training in order to be certified.
2. Brokers will not be required to provide Medicaid eligibility or enrollment assistance, but will be required to refer such individuals to qualified Tier 1 or Tier 2 Navigators.

# Navigator Program | Individual Exchange Training

This system would require the development of three sets of training modules:

1. Navigator — Tier 1 Educator training
2. Navigator — Tier 2 Enroller training
3. Broker/Agent — Individual Exchange market training

## Navigator Program | SHOP Program

**SHOP-Navigator:** Given the more technical nature of this environment, only one tier of Navigator will exist, being able to perform education and enrollment activities (as defined prior), as well as any required follow up outreach.

- a. Individual Tier-1 or Tier-2 Navigators can also function as SHOP-Navigators (and vice-versa). But training in each area is required, as there would not be a combined training module.
- b. Brokers will not be able to function as SHOP-Navigators, unless they forego direct compensation from a carrier.

## Navigator Program | SHOP Program, contd.

- c. Brokers will need to take Broker-specific training regarding the SHOP Exchange in order to be certified.
- d. This system would require the development of two sets of training modules:
  1. SHOP-Navigator Education and Enrollment training
  2. SHOP Broker/Agent Exchange market training
- e. A Navigator-Broker referral system is to be established for SHOP market segment.

## Navigator Program | Preliminary Thoughts on Compensation & Funding

**Based on the two tiered navigator program, the Exchange also proposes a two-tiered funding system:**

- **Tier 1 Funding:** Tier 1 Individual Navigators will be supported with an upfront grant award (issued prior to the onset of agreed upon activities) to support outreach and education efforts.
- **Tier 2 Funding:** Tier 2 Individual Navigators will receive Enrollment Reimbursement Grants issued quarterly and based on per-enrollee volume driven by the entity. The amount of any per-enrollee grant award would need to be researched and discussed (e.g. CA is currently indicating rates anywhere between \$29 and \$87 per enrollee.)
- There will be no grant award activity tied to renewal of individuals in plans
- Navigators will be eligible for either Tier 1 only, Tier 2 only or both Tier 1 and Tier 2 funding.

## Navigator Program | Preliminary Thoughts on Compensation & Funding, contd.

- Navigator grants will be issued to **entities**, not to individuals, although individuals can still be certified and conduct navigator activities in an unfunded capacity
- Organizations and entities with a minimum of at least two (2) full time employees will be eligible for funding.
  - The Exchange will provide no direct payments to an individual. Any compensation must be paid to the affiliated organization.
- Brokers will continue to receive commissions directly from carriers for business they enroll through the Exchange.
  - The capture of broker ID during enrollment process will help to facilitate payment by carriers.

## Navigator Program | Preliminary Thoughts on Compensation & Funding, contd.

- **Additional funding option:** Funds could be made available to promote an active referral market between Navigators and Broker. For example:
  - QHP broker referral fee: Navigators successfully referring individuals to licensed brokers (if needed) would receive a referral award.
  - Medicaid broker referral fee: Brokers who successfully refer individuals to a licensed Navigator will receive a referral award.

# Committee | Next Steps

**Next Meeting: Tuesday, August 7 @ 1-3pm**

**You will be provided with document addressing the following in advance of our next gathering:**

- Updated recommendation on **role of Navigators and brokers / agents** in the Exchange (for approval)
- Updated recommendation on **compensation model for Navigator** program (for approval)
- Review preliminary **funding model** for Navigator program
- Preview preliminary thoughts on training and certification

# Data Analysis | Overview

- Thomson Reuters was contracted to develop a more detailed profile of CT residents engaging with the Exchange and State programs beginning in 2013 and beyond
- Data was extracted and analyzed from several sources, including:
  - U.S. Census
  - America Community Survey
  - Insurance Coverage Estimates (ICE) tool
- Final deliverable consisted of 2 large Excel databases, with pivot tables embedded to facilitate analysis across 40+ variables



**THOMSON  
REUTERS**

# Data Analysis | Overview

- The first of these Excel documents contained estimates of the number of CT residents in 7 major categories of insurance coverage

- Medicaid
- Medicare
- Dual Eligible
- Employer Sponsored Insurance
- Exchange (Non-Group)
- Non-Exchange (Non-Group)
- Uninsured

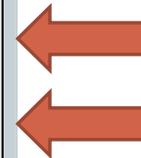
- For each category, a comprehensive breakdown of the estimates are available at additional sub-levels of detail:

- County
- Zip code
- Age
- Gender

# Data Analysis | Approach

- Current year estimates place the number of uninsured at 344,582 statewide (or roughly 10% of the CT population).
- For the purpose of initial investigation, this group was analyzed first
- Given Medicaid program expansion, an additional analysis of this population (currently 15% of residents) was performed as well.

<b>Insurance Coverage (2012</b>	<b>(#)</b>	<b>(%)</b>
Private - Employer Sponsored	2,014,645	56.1%
Medicaid	537,827	15.0%
Medicare	422,610	11.8%
Uninsured	344,582	9.6%
Private - Direct Purchase	175,595	4.9%
Medicare - Dual Eligible	93,628	2.6%
Private - Exchange	-	0.0%
<b>Grand Total</b>	<b>3,588,886</b>	<b>100.0%</b>



## Data Analysis | Key Findings

- A comprehensive geographic review of the data was performed to identify key areas of focus for future activities.
- **Major finding:** The uninsured population across the state (and within counties) is heavily concentrated in a small number of zip codes.

County	Column (A)		Column (B)
	(#) Uninsured Residents	(%) of Total Uninsured in State	(%) of Counties Uninsured Population in Top 20 Zips
New Haven	110,179	32.0%	82.9%
Hartford	100,289	29.1%	81.5%
Fairfield	69,526	20.2%	82.1%
New London	20,622	6.0%	95.7%
Windham	15,083	4.4%	99.4%
Litchfield	10,893	3.2%	90.9%
Tolland	9,140	2.7%	100.0%
Middlesex	8,849	2.6%	99.7%
<b>Total</b>	<b>344,581</b>		<b>38.0%</b>

e.g. 5 City of Hartford zip codes alone comprise 33% of the counties uninsured, and 10% of uninsured state wide

# Data Analysis | Key Findings

- When conducting a similar analysis of the current Medicaid population, this same trend holds true.
- Major finding:** The zip codes with the heaviest concentration of uninsured are nearly identical to those with the largest Medicaid populations.

County	Column (A)		Column (B)
	(#) Uninsured Residents	(%) of Total Uninsured in State	(%) of Counties Uninsured Population in Top 20 Zips
New Haven	110,179	32.0%	82.9%
Hartfordd	100,289	29.1%	81.5%
Fairfield	69,526	20.2%	82.1%
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Windham	15,083	4.4%	99.4%
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Tolland	9,140	2.7%	100.0%
Middlesex	8,849	2.6%	99.7%
<b>Total</b>	<b>344,581</b>		<b>38.0%</b>

County	Column (A)		Column (B)
	(#) Medicaid Residents	(%) of Total Medicaid in State	(%) of Counties Medicaid Population in Top 20 Zips
New Haven	156,881	29.2%	83.0%
Hartfordd	152,141	28.3%	82.5%
Fairfield	115,937	21.6%	82.2%
New London	40,772	7.6%	95.7%
Litchfield	22,580	4.2%	90.9%
Windham	18,740	3.5%	99.4%
Middlesex	17,203	3.2%	99.7%
Tolland	13,572	2.5%	100.0%
<b>Total</b>	<b>537,826</b>		<b>38.0%</b>

# Data Analysis | Approach

- The second data set that was developed by Thomson Reuters profiles the demographic characteristics of currently uninsured populations who will be eligible for either Medicaid enrollment, or enrollment via the Exchange, as the result of new eligibility requirements.
  1. Children in the state who will be Medicaid or SCHIP eligible
  2. Adults(18+) in the state who will be Medicaid eligible
  3. Children in the state who will be in eligible for subsidized purchase via the Exchange
  4. Adults (18+) in the state who will be eligible for subsidized purchase via the Exchange

# Data Analysis | Key Findings

- When looking at the adult population who will be impacted via Medicaid expansion or through subsidized QHP purchase, some theme's emerge:

	Uninsured Adults in Connecticut Currently Medicaid Eligible		Uninsured Adults in Connecticut Currently Exchange Eligible	
	(#)	(%)	(#)	(%)
<b>Total</b>	66,465	--	205,401	--
<b>US Citizen</b>	46,673	70.2%	145,641	70.9%
<b>US Born</b>	38,783	58.4%	122,580	59.7%
<b>Disabled</b>	8,670	13.0%	13,125	6.4%
<b>Ambulatory Difficulty</b>	3,223	4.8%	5,944	2.9%
<b>Self Care Difficulty</b>	1,056	1.6%	2,032	1.0%
<b>RACE: White</b>	34,397	51.8%	135,677	66.1%
<b>RACE: Black</b>	15,204	22.9%	28,007	13.6%
<b>RACE: Asian</b>	4,387	6.6%	11,139	5.4%
<b>RACE: Native American</b>	1,498	2.3%	1,777	0.9%
<b>ETHNICITY: Hispanic</b>	22,481	33.8%	66,323	32.3%
<b>Difficulty Speaking English</b>	11,503	17.3%	35,296	17.2%

Exchange eligible adults ½ as likely to be disabled

Exchange eligible population 2/3<sup>rd</sup>s White, with consistent levels of Hispanic representation

Both populations have consistent proportions of individuals with difficulty speaking English

## Data Analysis | Next Steps

- Current view of data provides geographic overview and demographic overview... but separately.
- Will be working with CERC on providing a combined view of the information to aid in more targeted development of:
  - Outreach and education efforts
  - Marketing plans
  - Communication materials
  - Navigator efforts
- In addition to current tables, an additional set of summary documents will be prepared profiling these findings, in addition to the development of “heat maps” to visually illustrate various concentration levels