

VERBATIM PROCEEDINGS

BROKERS, AGENTS AND NAVIGATORS
ADVISORY COMMITTEE MEETING

JUNE 12, 2012

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1 ...Verbatim Proceedings of a meeting
2 before the Brokers, Agents and Navigators Advisory
3 Committee, held at the Legislative Office Building,
4 300 Capitol Avenue, Hartford, Connecticut. . .

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14 (Whereupon the hearing commenced at 1:00 p.m.)

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MR. HERBERT: Good afternoon,
Everyone. I think we have perfect attendance, at
least everybody's here who's coming and nobody on
the phone. So I'm -- is it everybody, Nellie? Is
the entire Committee here?

MS. O'GARA: Only one, Jay Festa.

MR. HERBERT: Jay's the only one.
Okay. Let me call the meeting to order. And we've

1 done this the last couple of times, but let us just
2 ever so briefly introductions. And I will say I'm
3 Mickey Herbert, Co-Chair of the Committee.

4 MS. SAXTON: Barbara Saxton, Senior
5 Vice President of Hub International.

6 MR. NICASTRO: Mike Nicastro,
7 President and CEO Central Connecticut Chambers of
8 Commerce and the President of the Chamber
9 Leadership Academy.

10 MR. GLICK: Steve Glick, the
11 Administrator of the Chamber Insurance Trust.

12 MS. ZIEGLER: Jeanette Ziegler,
13 Director of Strategic Initiatives, Mohegan Sun
14 Tribe.

15 MR. CAPORALE: Antonio Caporale, with
16 the State of Connecticut Insurance Department.

17 MR. LALIME: Ken Lalime, Executive
18 Director of the CSMS-IPA.

19 MR. MADDOCK: Hi, Jason Maddock. I'm
20 the Director for Marketing and Communications for
21 the Exchange.

22 MS. CINTRON: Tia Cintron, Acting CEO
23 for the Exchange.

24 MR. CAREY: Bob Carey, Consultant to
25 the Exchange.

1 MS. O'GARA: Nellie O'Gara. I'm the
2 facilitator.

3 MR. GUTTCHEN: David Guttchen, Office
4 of Policy and Management.

5 MR. FAIR: Matt Fair, Pierson &
6 Smith.

7 MS. ANDREWS: Ellen Andrews,
8 Connecticut Health Policy Project.

9 MR. BOYLE: Phil Boyle from the Health
10 Consultants Group.

11 MR. CALKINS: John Calkins from
12 Bozzuto Associates and the Connecticut Benefit
13 Brokers, Chapter NAHU.

14 MR. CZARNECKI: Mark Czarnecki,
15 Co-Chair of the Committee, also broker with Douglas
16 Financial Services.

17 MR. HERBERT: Okay. Amy tells me that
18 the minutes were not completed in time for this
19 meeting, so we will defer any review and approval
20 of the May 15th minutes and approve them and
21 presumably these minutes at the next meeting.

22 Okay. We're going to move right away
23 to the role of Navigator Broker. Tia, do you want
24 to announce what's -- who's doing what?

25 MS. CINTRON: Sure. For those who

1 have not met Jason, Jason Maddock is our new
2 Director of Consumer Marketing and Communications
3 and he's going to be leading this discussion today
4 with Bob Carey as a back-up, so I'm going to hand
5 this over to you.

6 MR. MADDOCK: Thanks, Tia. Hopefully
7 the next time we meet, I'll have a formal name tag
8 just to make it really official here.

9 MS. CINTRON: Oh, I'm sorry.

10 MR. MADDOCK: I think as you can tell
11 from the materials that we sent out in advance,
12 really the goal of today is to have a pretty
13 vigorous discussion and really good dialogue to
14 start to define the role of Navigators.

15 In the advanced materials that we sent
16 out, there were numerous documents indicating the
17 direction that certain states were going,
18 indicating certain professional recommendations
19 from brokers, organizations and things of that
20 nature. And before we, as an Exchange, start to
21 craft proposals, we wanted to make sure that we
22 took the time here in front of all of you to have a
23 conversation, get your thoughts, opinions, guidance
24 on what the role of Navigators and brokers really
25 should be, so that's really the goal today.

1 As we go through the presentation, we
2 will take just a brief bit of time to kind of set
3 the context of the conversation by reviewing some
4 of the ACA Guidelines on Navigators and then we
5 will very quickly dive into some of the questions
6 that we are hoping to have a good dialog around.

7 Today, we really are going to focus on
8 that very first, and probably largest discussion,
9 what are the parameters and what are the roles of
10 Navigators. That will actually feed several
11 subsequent conversations that we will have together
12 around the funding of the Navigator program, the
13 training and compliance and a lot of other things
14 that will naturally kind of fall out, once we have
15 that really substantive first conversation around
16 the table.

17 So in terms of kind of setting the
18 parameters, with the ACA, there's really three
19 major functions that are dictating that this new
20 role of Navigator actually perform and it's broken
21 down into three categories. There are educational
22 oriented functions, there are enrollment oriented
23 functions and then there are follow-up oriented
24 functions, as well.

25 In terms of education, there's sort of

1 three main tenets regarding the responsibilities of
2 Navigators in that category. One is to simply
3 raise public awareness of the new standard options
4 available to them through the Exchange. It's also
5 to distribute fair and impartial information as a
6 component. And, lastly, to make sure that all of
7 that information and all of those services are done
8 in a culturally and linguistically appropriate way.

9 Around enrollment, just one sort of
10 large task there and that is to actually facilitate
11 enrollment in QHP's or Medicaid. And then lastly,
12 the follow-up bucket, which is another substantial
13 area of activity, is to provide referrals to the
14 appropriate agencies on behalf of the enrollee's
15 complaints and also help them with any questions
16 they might have.

17 So I think as you go, you know, across
18 that spectrum, that is quite a lot of activity for
19 the individuals in the Navigator program to
20 perform, which means that it raises several
21 questions. And so if we go to the next slide, you
22 know, the role of education or educating, you know,
23 the State residents compared to a role that could
24 facilitate in enrollment in a health insurance
25 financially oriented product are actually quite

1 different in that we, you know, do have some
2 internal dialogue, as I hope we will have today,
3 but it became more apparent, you know, that there's
4 different sets of functionalities and different
5 kinds of skill sets that would kind of be more
6 appropriate to some of these roles than others.

7 So, for example, you know, as we start
8 to think about the educational role, you know,
9 having, you know, a good public presence and being
10 able to present information freely and be good at
11 public speaking, those are clearly good skill sets
12 to have in that particular regard. And then when
13 we start to think about enrolling people in QHP,
14 you know, much more financial oriented type of
15 skill set and we need to have some sort of action
16 around the actual products, the benefits. And, you
17 know, that one of the questions that arises is, you
18 know, are there individuals that should be
19 responsible for all of these different tactics? Do
20 we come up with some sort of bifurcated role?
21 Again, how do we define these sorts of parameters?
22 So it's those types of issues as we look at these
23 functions that are really guiding the questions
24 that you will see on the next series of slides.

25 And hopefully, as we really start to

1 really get into this, we can take our jackets off
2 and we'll see lots of red microphones around the
3 table.

4 So if we go to the slide, really the
5 first question that we had, and we're hoping this
6 will kind of kick off the conversation here, the
7 question of, is there really a distinction between
8 this education or this educator role in this
9 enrollment or are we going to draw too fine a
10 distinction here? That's the initial question to
11 tee it off for the group.

12 MR. GUTCHEEN: I think in looking over
13 the history of other organizations, looking at
14 things, looking at the understanding of health
15 insurance, from my perspective, doing it for forty
16 years, and looking at people out there that might
17 be necessary to communicate outside of this realm
18 of the insurance side, there should be two
19 different levels of Navigators, one with a skill
20 set that can engage the efforts, so people know
21 about this in the community marketplace, a common
22 person, be it religious or non-religious, and,
23 secondly then, a level of that, then we need to
24 deal with someone who is certified, understanding
25 the dynamics surrounding the health care industry,

1 an understanding of Medicare and other areas.

2 I think for the time frame and the
3 time line, it would be an incredible imposition to
4 take someone who is a novice at health care or
5 someone who works for a non-profit organization or
6 whatever and then make them well aware of this.

7 We're fortunate to have a very strong
8 agent community in this marketplace and I think the
9 agents -- those that wish to participate should be
10 somewhat certified, go through a testing or process
11 that meets the standard of this organization to be
12 in the enrollment type process. But I think
13 there's a lot of people, who we would miss, if the
14 agent community is the only source that would move
15 and steer toward a program of choice.

16 MS. O'GARA: Could I just state a
17 reminder, if you could state your name before you
18 speak. Because our court reporter is taking this
19 down in shorthand today. Okay?

20 MR. GLICK: This is Steve Glick --

21 MS. O'GARA: And maybe slow down a
22 little bit. Thank you.

23 MS. SAXTON: This is Barbara Saxton.
24 When I look at this, I'm reflecting kind of what
25 goes on in the marketplace currently with respect

1 to people who do this type of job already and many
2 do both. They do the education process and they do
3 the enrollment process. However, having said that,
4 it's a lot of -- this could potentially be a lot of
5 volume. And whether or not that would make sense
6 ultimately, but somehow I think you would need to
7 tie the two together, whether they work together or
8 whether they collaborate together, that there's
9 some relationship between the two.

10 MR. MADDOCK: So you're referring to a
11 collaborative forum for the educators and enrollers
12 in whatever capacity that might be?

13 MS. SAXTON: Right. If you were to
14 take a look at a traditional enrollment firm in the
15 marketplace, most enrollment firms currently do the
16 education and they actually also do the enrollment.
17 But, again, you know, this might be a little too
18 much activity to do this. Plus, they're are also
19 being, you know, compensated and there's a
20 motivator, etc., but it is being done in today's
21 marketplace effectively.

22 MR. GUTTCHEN: I think the question --

23 MS. O'GARA: David Guttchen.

24 MR. GUTTCHEN: David Guttchen. Sorry.
25 Speaking slowly. What is facilitated? I mean, I

1 don't think the Feds help with that. But
2 facilitate could be as simple as steering somebody
3 towards the Exchange or to facilitate could be
4 doing a sophisticated analysis of the plans that
5 are available. And so I guess the question for
6 this group is, do we want to be responsible for
7 keeping a group of, either as a tier Navigator or
8 all Navigators, up to speed on a continual basis, I
9 mean, in a changing marketplace, and be responsible
10 for that? Because if we go down that path, where
11 they are actually going to sit with someone and go
12 through the different plans and pros and cons, they
13 would have to have the latest information, which is
14 changing all of the time.

15 And another way of looking at a
16 facilitator is just bringing those people to the
17 Exchange where you have the enrollers that you are
18 training on a continual basis to do just that. So,
19 to me, that doesn't negate reaching the hard to
20 reach population because you're educating them,
21 you're helping them to get to that point. You're
22 taking them all the way to the 5-yard lane and then
23 the Exchange takes them the next step. So I think
24 it's important for us to define what the role of
25 the facilitator is because they are not enrollers.

1 I think depending on what direction they go, that
2 impacts the training and standards and all of that
3 so.

4 MS. ANDREWS: This is Ellen Andrews.
5 I think that -- I think it's important to think
6 about it in two different roles, but I think we
7 need to understand that this is going to be very
8 blurry. And different people are going to need
9 different -- there are some people who are going to
10 need sort of this specific information, but I do
11 disagree with that. Actually, there are a lot of
12 people in the community organizations that are very
13 sophisticated about Medicaid, which works, which is
14 something that we are all going to have to
15 understand to be able to do this so there's no
16 wrong door.

17 And I think though some people are
18 going to have to be persuaded and that's going to
19 be by someone they trust, somebody in their
20 community. But once they get there, they can
21 probably handle it on the website. There are going
22 to be other people who are going to need -- they're
23 persuaded. They're desperate for health care.
24 They just don't know how to make a decision.
25 They're going to need more sophisticated help.

1 We are going to need a variety of
2 types of organizations at both levels, honestly,
3 because there are some people who will respond to,
4 you know, a community organization, a state based
5 organization. But with the pro brokers, there are
6 other people who may want a professional broker,
7 somebody in a suit. "I trust that." "I know what
8 that is." "I don't want to hear about this from my
9 priest." And we are going to need people of all
10 flavors at all levels, I think.

11 MS. ZIEGLER: Jeanette Ziegler. I
12 would agree with Ellen and I think that goes back
13 to David's first point, which was in order for us
14 to know what level people are going to serve, I
15 think we need to know who the Navigators are going
16 to be;

17 Most of the folks that we represent,
18 they are going to want to trust a person and
19 they're not going to go to an agent, necessarily,
20 to get that level of advice. Small business
21 owners, yes; individuals, probably not. So I think
22 it is a matter of, who are the Navigators and
23 whether or not they have the trust population they
24 serve. Because they can get them to the finish
25 line, make sure no one falls through the cracks.

1 MR. GUTTCHEN: This is David again. I
2 think the one thing that is different here than in
3 the regular marketplace is the Exchange, so that
4 you don't have to go through an agent or a broker.
5 That's one of the frustrations we have with
6 long-term care insurance, is that you ultimately
7 have to talk to an agent or a broker and some
8 people don't want to do that.

9 So we, through our program, should
10 help people get to a certain point, but then
11 ultimately they have to talk to a company or an
12 agent. But in this case, they could talk to the
13 Exchange, which will have professional enrollers,
14 who are not agents of a particular company.

15 So I think, at least in my mind, I
16 think -- I view that as a distinction because those
17 enrollers are supposed to be, not that agents
18 aren't objective, but not every agent sells for
19 every company and agents have particular
20 communities, they have different commission
21 structures. There are certainly incentive there
22 for one product over another, no matter how
23 objective you want to be. The enrollers on the
24 Exchange have no incentive one way or another and
25 they're just there to help people enroll in the

1 plan. So that's the distinction I see.

2 MR. GLICK: This is Steve Glick again.
3 I also think -- even the word "exchange", the term
4 "exchange", to people it means governments and some
5 people are afraid of government and do not want to
6 be involved, quote, with government, feel more
7 attune to someone in the local area. And this has
8 been said, in other study groups that I have been
9 in, and one that I sat in, even before this
10 organization.

11 The word "Exchange" is not a common
12 word to a lot of people. I think it's a word
13 that's confusing. And what we really need is a
14 means of communicating something like a pathway for
15 access to health care on a much more lighter scale.
16 And that's my opinion, but also of other people, as
17 well.

18 MR. CALKINS: John Calkins. Just to
19 go back to a point that David made and I don't want
20 to argue or disagree. But on life insurance, you
21 do have captive agents. But in the health
22 industry, I don't think there's a carrier in
23 Connecticut that has captive agents. So the agent
24 community is truly independent. It's not
25 representing one carrier. Generally in the

1 Exchange, my understanding, compensation is going
2 to be all the same. There's no incentive for the
3 agent from a financial perspective to steer a
4 client to a Company A or a Company B.

5 It's a little different on the
6 long-term care society where you do have captive
7 agents, that I'm aware of. But I don't see that
8 much of it, but I just bring it up because you
9 threw it out there. I'm not being argumentative or
10 corrective, but I don't think that's quite the
11 environment here that's in Connecticut with the
12 agent community.

13 MR. GUTTCHEN: I understand that. But
14 my point was, you have a choice. You don't have to
15 sell for all products, so you can pick and choose
16 what products you want to market or, you know, pay
17 more attention to. Whereas on the Exchange, they
18 really can't -- I mean, if an enroller was found to
19 be steering everybody to a particular plan, I would
20 think that enroller would be fired. Of course you
21 guys have a little bit more flexibility.

22 MS. ANDREWS: Put that in there, that
23 we will get fired.

24 MS. CINTRON: Any other comments on
25 this?

1 A

2 MR. NICASTRO: Mike Nicastro. I guess
3 two points. I'm not convinced that the Exchange --
4 they may not compensate the personnel to incentive
5 the action, but the Exchange, in order to exist, is
6 going to have to incent the enrollment. So let's
7 not -- I don't want -- let's not believe that
8 that's not going to happen. So, I think, you know,
9 there's going to be a push to get people enrolled
10 in this process. So I think diversifying those who
11 can enroll is a very good approach to this.

12 Because the second piece of this is,
13 it's, in many way, I mean, let me analogize it back
14 to your bank, your community bank, it's your
15 trusted advisor. You know? It's for the simplest
16 person with the simplest checking account or
17 savings account in terms of their trusted advisor
18 for their help. They don't understand disclosures
19 on regs or reg fees any more than they understand
20 health care insurance.

21 And so, you know, the more you create
22 that, you know, that -- the pool of trusted
23 advisors in this, I think the better off you are
24 and then, you know, you may not have to worry about
25 getting into that argument over whether the

1 Exchange is a business or not. And I think that is
2 important. Otherwise, if you start to isolate it,
3 I think you lose people. I think Steve's right, to
4 some extent, where government will scare them
5 offer.

6 MR. FAIR: Matt Fair. Just a quick
7 comment. You know, in our roles as brokers every
8 day, one clear take-away that we have is the
9 education that we need to put in on just very basic
10 terminology of medical programs. So your co-pays
11 have shielded most folks from deductibles,
12 co-insurance, balance billing, what all these, you
13 know, very normal terms mean in a policy. And that
14 leads to deep confusion, you know, dissatisfaction.
15 So what we end up doing is really basic levels
16 education.

17 So when you talk about dividing up
18 education, I think, you know, it's very blurry, No.
19 1. And the Navigator, how we define who that is is
20 history to me, but I think we have to dig deeper
21 into what that actually means. Because really what
22 we want is greater affordability and access. We
23 want to create trusted advisors out there, fix this
24 huge problem that we have and then everybody wins.

25 MR. LALIME: Ken Lalime. The only --

1 the place that I see where there's potential
2 problems is hand-offs and we see this every day.
3 If there's multiple entities involved, the more
4 hand-offs we have, whether it's medical care or
5 business transactions, we have more opportunities
6 for failure.

7 So no matter which -- if we have two
8 entities, maybe they're a group, maybe they
9 understand each other; but the consumer that's
10 working through this process doesn't have the
11 chance to not just be handed off directly. The
12 handshakes have to be pretty tight.

13 So whether that's one organization
14 that does both or two organizations that partner in
15 a local community where there's trusted advisors
16 know, "I need to take you here", but it's a true
17 handshake all the way through I think would be
18 important as we design what we are going to do.

19 MR. CAPORALE: This is Tony Caporale.
20 As I look at what we are trying to do here and
21 discuss what the role of Navigators is and whether
22 there should be a difference in their role, I can't
23 help but think, we have a practical concern here.
24 We have to pay these people and we cannot use
25 Federal funds to do it, so we have to generate our

1 own fees. And I'm wondering whether it really
2 makes sense to have now this division of functions
3 within the group so that there is more duplication
4 of efforts, there's more entities that are going to
5 probably try to do the same thing. And given that
6 counters of this particular function are not really
7 well defined are going to be in each other way's,
8 so to speak. Because it makes not much sense to my
9 point of view to have these functions segregated,
10 to have different Navigators.

11 Maybe train to do different things. I
12 think it would make more sense if the Navigator
13 function is just a unified one and there is
14 appropriate training and there is appropriate
15 support for that function, but yes, it has to be
16 defined as one function.

17 MR. GLICK: Steve Glick. There are
18 many factors that bring people together. I think
19 obviously if you create one type of training or
20 process, it's not going to work because you're not
21 going to get the people. That is our trusted -- as
22 Mike said, the trusted advisors are the first
23 stimulus to gain access and to do something. In
24 the business world, again, a lot of business people
25 look to it advisory people. But the general

1 public, which really is what the purpose of this
2 program is, do not have trusted advisors.

3 They have to create. Someone has to
4 be there with them to stimulate them and get them
5 to take action. And there has to be some
6 certification in the sense of that, but we can't
7 make -- we can't make someone, a business person,
8 to motivate people to take action to become -- or
9 to understand a lot of the functions of what an
10 enrollment process is. I don't think that is
11 reality. But I think the idea here is bringing a
12 pluralistic society together. And the common cause
13 is building more access to health care, that's what
14 we really want to do, and you have to do it with
15 different types of people.

16 MR. BOYLE: Phil Boyle. Just going to
17 -- we have already seen the show a little bit. I
18 have deferred to our neighbor to the north to tell
19 us what they did up there, when you had the people
20 go out and educate on Bronze, Silver, Gold. You
21 had the three levels, three silos, three different
22 levels. So I will defer to you. What did you do
23 up in Massachusetts?

24 MR. CAREY: This is Bob Carey. The
25 Navigators in Massachusetts were not trained

1 brokers. They were people, again, who had
2 established relationships in the community or
3 basically organization folks who were helping
4 people enroll in many cases on QHP and Medicare and
5 they provided general information on the programs
6 that were available.

7 And to David's point, there was sort
8 of a hand-off at some point in which they would
9 bring people to the Connector and they, you know,
10 either enrolled in the Commonwealth Care program,
11 the subsidized program, or Commonwealth Choice.

12 Now if they had specific questions
13 about the plan or plans that they were reviewing.
14 You know, they could call the Connector. They
15 could go to a broker. Now, that was not generally
16 the role of the Navigators or what we call the
17 Navigators. But in essence it's the same thing.

18 So they would lead -- you know, they
19 literally would knock on doors, pass out pamphlets
20 of information that would direct people to the
21 website or the 1-800 number that people could then
22 call for additional information. So they sort of
23 broke down the barrier of a total lack of
24 information.

25 So people at first thought this is a

1 website and suddenly people were just started to
2 enroll in coverage and that was quickly dispelled,
3 that myth. And what happened is, there was
4 aggressive outreach that was directed people to the
5 website and to the 1-800 number for additional
6 information, so there was this other hand-off that
7 occurred between the Navigators and the Exchange or
8 brokers.

9 MR. CALKINS: Just to follow-up on
10 this. John Calkins. For lack of whatever they
11 were in Massachusetts, Navigators, were they
12 actually able to enroll people or were they just
13 passed off to the Connector or to an agent?

14 MR. CAREY: No. I'm sure they sat
15 down and helped people, you know, with the complete
16 enrollment. And people, you know, might not feel
17 comfortable accessing the website on their own or
18 maybe, you know, they didn't speak English, spoke
19 another language that was not supported on the
20 website, and they would need assistance in that
21 translation to actually enroll in coverage.

22 I will say there was a distinction in
23 Massachusetts between the subsidized and the
24 unsubsidized program under the ACA. I think the
25 subsidized program in Massachusetts, there was no

1 broker compensation. Brokers were not compensated
2 for enrolling people in Commonwealth Care. They
3 are compensated for enrolling people in
4 Commonwealth Choice.

5 So the focus -- I would suggest that
6 the focus of the Navigators in Massachusetts was
7 more focused on the common care side. That is not
8 to say that they didn't educate people who weren't
9 eligible for subsidized coverage. But I would say
10 that, you know, that the vast majority of people
11 that they assisted were eligible for subsidized
12 coverage.

13 And another thing to think about is
14 this eligibility rights of people. You have to go
15 through an eligibility process to understand that
16 while their subsidy is based on last year's tax
17 return, there is going to be a reconciliation in
18 next year's tax return. And that's an important
19 part for Navigators and brokers, no matter what
20 their role is. That's going to be a critical piece
21 of information. You wouldn't want to tell people
22 to sign up for coverage, you'll get a big subsidy
23 and then come April, they don't complete their
24 taxes and they wind up owing the Government, you
25 know, upwards of -- you know, it could be over

1 \$1,000 for a family.

2 So that is another critical piece to
3 think about, the eligibility piece. Of course
4 that's not even -- that's before you evening get
5 into any type of enrollment, exactly who is going
6 to help the Exchange do that type of work. I think
7 that's another sort of, you know, distinction.
8 It's going to start to blur. And, you know, there
9 is a distinction between enrollment and eligibility
10 termination. I mean, that's just a basic question
11 of confidentiality and identity theft and lots of
12 information that's going to be floating around out
13 there and we need to have somebody who has some
14 type of credentials that's --

15 MR. CALKINS: Yeah. When we met with
16 the -- we met with the Feds to dispel, whatever it
17 was, and the IRS was there and talked about, you
18 know, that if we're going to be accessing tax data,
19 which we will, you're going to need to be trained
20 to abide by the Security and Privacy standards, so
21 that will definitely be hard. It's required. It's
22 not an option. For Navigators, certainly. And it
23 would likely be required for brokers who want to be
24 helping people enroll in coverages. Once you start
25 to obtain -- the IRS is pretty stringent about, you

1 know, what they share and who they share it with.
2 So that's another critical part. So the Security
3 and Privacy standards will have to be a part of any
4 training certification of Navigators. I would
5 argue brokers, as well, if they are going to be
6 accessing that tax data.

7 MR. HERBERT: Mickey Herbert. One of
8 the things that struck me in the materials that
9 were sent out in advance was the comment that over
10 300 individuals and entities have already been
11 identified as potential Navigators. And from a
12 practical point of view, funding anywhere near that
13 number is not going to be practical. So I think
14 what we are going to, of necessity, end up with is
15 that Navigators are going to be compensated that
16 are fairly well trained, probably trained, much
17 like in health insurance, in complexity, maybe not
18 unlike how brokers are trained. But you're going
19 to have a whole lot of other people that call
20 themselves Navigators and may serve a legitimate
21 role here that, to me, would require a whole
22 different level of training, probably a much lower
23 level of training and, in all likelihood, we would
24 not be paying them. So, I mean, that is a tricky
25 calculation, I'm sure, but it seems we're almost

1 going to have to go down that road for practical
2 purposes.

3 MR. CAREY: Yeah. But in my
4 experience in Massachusetts, there were lots more
5 people helping enroll people in the coverage, most
6 of whom never received a dime from the Connector or
7 the State. So to do that, that was just the
8 Commission, they may have received some grant
9 money. The organization may have received some
10 grant money, you know, to help -- you know, for
11 training and other purposes, but it was not sort of
12 -- not everyone was compensated.

13 But it was critical that we appointed
14 a Committee. It was huge. You know, there were
15 literally hundreds of people at these meetings.
16 Okay. So here's how we step through advocacy.
17 Here's the choices that people have. So they cast
18 a pretty wide net. Some of that was done with
19 Navigators training other people. Other times it
20 was the State training, you know, big groups of
21 people all across the state.

22 MS. SAXTON: This is Barbara Saxton.
23 Do those Navigators still exist in Massachusetts,
24 are they still doing that or is that --

25 MR. CAREY: There's still entities

1 that go and help people sign up for public
2 assistance and with other programs. But the state
3 has stopped paying grants to those organizations.
4 I believe 2011 was the last year that they
5 supported those entities. Are.

6 MS. SAXTON: And are they required to
7 have the training that you're talking about, on the
8 IRS, the tax exclusions? Are they required to do
9 that type of training?

10 MR. CAREY: Well, the way it works in
11 Massachusetts, the way it's structured, you're not
12 accessing IRS data. It's W2's and it's from
13 Medicaid applications and applications for Public
14 Assistance, so it's a little bit different.

15 So yes, the training we talked about,
16 you know, the Privacy and Security standards
17 regarding people or information, but it was a
18 little different because the IRS was not directly
19 involved.

20 MS. SAXTON: This is Barbara again.
21 But the way we're talking about it now is that
22 these Navigators potentially will have a lot of
23 liability, a lot of responsibility. Correct?

24 MR. CAREY: Correct.

25 Ms. Saxton: And we are talking about

1 no compensation or potentially no compensation for
2 someone taking on that role?

3 MR. CAREY: Yeah. I mean, I think
4 that there are going to be people in the community
5 who will help other people sign up for coverage who
6 are not compensated. What type of educational
7 training do we need to do broadly, for everybody
8 who is going to be, you know, helping someone, you
9 know, would it be just limited to training just to
10 those people that you're funding or the whole gamut
11 of people out there who may not know exactly what
12 they are talking about. You know, it's going to be
13 a tricky process to figure out how to get at, you
14 know, all of those people.

15 So the issue with regard to liability,
16 I don't think there's a financial liability in
17 terms of people helping other people sign up for
18 coverage. But what the IRS will do is simply pull
19 the plug on everyone. There will be no access.
20 They can be very restrictive if, you know, if they
21 hear that information is being used for fraudulent
22 purposes. So we will need to keep our eyes open
23 and listen to the IRS folks and talk about the
24 training certification that needs to go on, so it's
25 likely that will fall to the Exchange's

1 responsibility, to train people.

2 After they sign up, you know, that
3 will be something that as part of the Navigator's
4 training.

5 MS. SAXTON: This is barbara Saxton
6 again. My final comment on this. But many of us
7 in the market today who operate in getting that
8 intellectual information and Social Security tax
9 information, I mean, we are required in most cases
10 to have ENO. I would not talk to anybody and
11 gather that information without ENO coverage.
12 Because at some point, you know, you potentially
13 could be sued and have that risk.

14 So, again, I go back to lots of
15 liability and say, again, Where's the motivation
16 for that?

17 MR. CALKINS: John Calkins. Just back
18 to Massachusetts, your Massachusetts experience,
19 and I guess we have no other place to find
20 parallels, isn't the Navigator process a short-term
21 program that once it reaches a certain level of
22 enrollment, it's not necessary on an ongoing basis?

23 MR. CAREY: Well, I certainly think
24 there is a ramp up. It's more intense early than
25 it is later. And, you know, the State has decided

1 they're not going to fund any Navigator grants
2 through the Connector. I asked the Connector,
3 "Have you seen a fall-off in enrollment?" And they
4 indicated that they had not seen a fall-off in
5 enrollment.

6 Now, again, it's a relatively short
7 term as a data point. It's been only one year
8 where they haven't had the experience. And I do
9 think that when we think about a budget for
10 Navigators, it's going to be a lot higher for the
11 first year than it is going to be for Year Four or
12 Year Five. It all depends. And i guess
13 Massachusetts, its fortunate that 90 percent of the
14 people have coverage. So there's a 1-800 number.
15 There's a website. People in the community know
16 about it.

17 MS. O'GARA: So are we looking to get
18 some more guidance on this, Jason? Or have you got
19 enough?

20 MR. MADDOCK: I was going to push the
21 issue just a tad more. I think as we go around the
22 room, there is some agreement that there are kind
23 of distinct functions between the education
24 component, which is certainly more promotional,
25 getting up in front of people and making them aware

1 that there's a system in place. I think defining
2 the role of a Navigator is really going to be kind
3 of essential. So as we think about, you know, the
4 consensus here, I would be interested in maybe to
5 start honing in on this particular aspect of
6 language and maybe get some opinions around
7 thoughts, ideas of what facilitate enrollment.
8 What would it physically look like or mean?

9 MS. ANDREWS: This is Ellen Andrews.
10 I think getting back to the blurriness of things,
11 if you have someone who's not super-duper trained,
12 you're right. They're going to need some
13 compensation, not a lot, but something that's in
14 recognition of all their hard work.

15 But if you have finally gotten a
16 trusted relationship with somebody and then you
17 hand them off and give them a handshake and you
18 just leave them there, I never do that with
19 clients. If they want me to, I will come and sit
20 down with them, if it's appropriate, and I will
21 walk them through a lot of things. If I just
22 handed them off to a stranger in a suit, that would
23 be the end of our relationship.

24 So I think there has to be some
25 understanding just of who has what role, but what

1 is appropriate when you step out of your role or
2 you come with a client into another role. I think
3 that we have to acknowledge the blurriness of this
4 and you have to allow for it, if we want this to
5 work.

6 And I think -- I mean, it's not
7 allowed, right, to require that people have a
8 broker's license? We need diversity of people at
9 all levels. I really feel strongly about that and
10 we cannot dummy-down the standards at all.

11 MR. GLICK: This is Steve Glick again.
12 You were generous to give us examples across the
13 country and other states, New York, Illinois and
14 others. They faced, from the point of view we're
15 talking about, they faced the same type of
16 questions and it seems the consensus was that
17 two-level structure that they considered.

18 All I'm trying to say is, Do we have
19 reinvent something that's particular in Connecticut
20 or do we take some advice or review things from
21 other studies and that you have provided to us so
22 we can facilitate and go on to some others?
23 There's a lot within those, but it seems like other
24 organizations have sat down together, just as we're
25 doing today, to come up with a consensus as to what

1 we should do.

2 MR. CAREY: And that's why we provided
3 that information. I think that there is range of,
4 you know, a few options out there. I'm from Rhode
5 Island, we don't take anyone's opinions.

6 MS. CINTRON: Maybe it would be
7 helpful if you could speak a little bit of the work
8 you've done with Nevada. They are a bit ahead of
9 us and maybe you can go through the process for
10 them and maybe speak to some of the outcomes.

11 MR. Carey: Sure. Similar process,
12 advisory committees, they came up with a set of a
13 two-tiered process. The one that we are talking
14 about, you know, the educators would have a certain
15 level of training. They wouldn't need to go
16 through the wholly detailed training that the
17 enrollment assister would have to go through.

18 So enrollment assister would have to
19 go through -- basically it's a pretty broker-light
20 training process that an enrollment assister would
21 go through. An educator wouldn't have to have that
22 training, but just a more general understanding.

23 There was the belief that there are
24 people in the community, or that were in the
25 community, as I'm sure there are here, that just

1 sit there and be helpful, who help people fill out
2 Medicaid or tenets or QHP or, you know, various
3 programs. It's a very diverse population in Nevada
4 where you have certain communities that rely on
5 trusted advisory sources.

6 So they felt that at that level, sort
7 of a general knowledge of the program, people
8 needed to be trained and educated about with regard
9 to these new programs that are coming up and that
10 they could provide general assistance, maybe speak
11 at a public form or at health fairs and community
12 meetings.

13 And then there would also be that
14 second level of certifications, which would be the
15 Navigators, with more specific knowledge provided
16 on how to enroll people in coverage.

17 And then there was the third level,
18 basically not a Navigator, but a broker agent,
19 available through the Exchange, that had a greater
20 responsibility for the oversight of the program and
21 would have more detailed information as to the
22 benefits of the Exchange to be able to better
23 answer questions. I guess the line between brokers
24 and Enrollment Assistants, it's a very blurry line.
25 It may not be blurry in some people's minds, but it

1 is in others.

2 MALE VOICE: Have they established
3 compensation for each of the levels?

4 MR. CAREY: Not yet.

5 MR. BOYLE: Phil Boyle. To your
6 point, I was reading that they were talking about
7 finger pointing and enrollers, you know, covering
8 themselves. Because, again, you know, once you
9 start touching Social Security, tax returns and
10 financial information, not only do you have the IRS
11 to worry about, you also have all sorts of levels
12 of financial privacy that you have to deal with.

13 I do seem to recall that the
14 Department of Insurance also was going to make the
15 requirement that the Exchange employees, if you
16 were going to talk about insurance, were also going
17 to have to be licensed. I don't know if it was a
18 full license or a broker's licence, but if you
19 could speak to that?

20 MR. CAPORALE: My understanding is
21 that everybody who is selling insurance or
22 enrolling insurance would have to be licensed and
23 the license would have to be as an agent, as a
24 producer. We are now talking about certification
25 that we might use as Navigators, for example.

1 MR. BOYLE: Thank you.

2 MR. GUTTCHEN: Just one other thing in
3 terms of the blurriness because under our long-term
4 care partnership, our major role through the State
5 is education. We get a lot of information about
6 the plans that are available. But the reality is
7 that everybody wants to know what to do. And
8 everybody asks us, "Well, what's the plan?" And,
9 "I don't want to learn all of this stuff. I don't
10 want to know all of this." So if we're going to go
11 down that path, where Navigators are Enrollers
12 Assistants, you're now into this blurry area. And
13 so if you're going to go that route, the training
14 has to be that they can't tell them what to do.

15 MS. ANDREWS: Or they get fired. I
16 think we settled that.

17 (Laughter.)

18 MR. GUTTCHEN: As opposed to if I was
19 an agent, I could give that advice. If I'm an
20 agent and someone says, "Well, what plan should I
21 buy?" And if I say, "Well, I can't tell you."
22 Then they will go to another agent. SO that's
23 where that distinction really has to be there.

24 MS. ANDREWS: Can I also add an
25 overlay to this. Insurance is complicated, but

1 Medicaid is crazy. It's just crazy. Nuts.
2 There's dozens eligibility categories. There's
3 document requirements. Everybody is going to have
4 to have a good understanding of that. Because it's
5 really important that I not hand someone off and
6 find out that they're Medicaid eligible and say,
7 "Well, good luck with that. Call 1-877Husky." So
8 people are going to have to have a very good
9 understanding of that, of Medicaid. So I think
10 training is extremely important. But with
11 Medicaid, you have to devote a significant amount
12 of time, also, and we need to make sure people
13 understand it. I want people to understand that.

14 MS. O'GARA: I wonder if I might
15 suggest, because I don't think we're going to come
16 to a specific conclusion right now, there probably
17 are some other questions here that might inform us
18 to go back at some point, so I want to find out if
19 Jason wants to take us through some of the days
20 that points.

21 MR. MADDOCK: Yeah. There's a few
22 other questions on here that really relate to this
23 issue os hand-offs, so I think we have touched on
24 that in some level in terms of the hand-offs
25 between individuals and the Medicaid agency and

1 then the brokers who might be served by a Navigator
2 or vice versa. So one of the issues on here was,
3 you know, the role that the Exchange should have
4 and more specifically the role a Navigator should
5 have. Again, we would be very interested in having
6 your opinions on this to make sure individuals go
7 to the right resources to have their questions.

8 MR. GLICK: This is Steve Glick again.
9 In the Chamber world that we work in, we provide
10 services and benefits, but we present and educate
11 and we have local agents. Those agents are in the
12 community, where the business is, and they have an
13 affinity and relationship basically because they
14 live within the same community and deal with that.

15 It's worked well as a structure for
16 people to deal with people in their own community.
17 I think it would be a shame where a Navigator might
18 be in Greenwich and the client might be in
19 Bridgeport. It does not relate to that. So there
20 should be a geographical type of thing and we have
21 history and precedent that shows that that does
22 exceptionally well.

23 MR. GUTTCHEN: This is David again.
24 And if I'm wrong, please tell me, but in the same
25 way that people ask us, "What should I buy?" They

1 always ask us, "Do you have an agent you can refer
2 me to?" And being the State, we don't do that for
3 liability purposes, but also for fairness purposes,
4 as well. I personally have trained probably 5,000
5 agents who are served by the self-partnerships
6 plans. Some of them are still selling. Some are
7 not. Some are dead. We don't know. But also from
8 a geographical standpoint, I don't know of any
9 agent in the State of Connecticut who won't drive
10 anywhere else in Connecticut to make a sale,
11 especially on the long-term care side, where the
12 commissions could be quite significant.

13 MS. O'GARA: Could I ask a question,
14 Steve, were you providing that just as a sum of the
15 structure of the model to look at? I think the
16 question that Jason raised was whether it's a
17 follow-up activity. Are you talking about the
18 beneficiary complaints or concerns?

19 MR. MADDOCK: No. This would actually
20 be during the investigation process.

21 MS. O'GARA: So this is before
22 enrollment?

23 MR. MADDOCK: Correct.

24 MR. CAREY: So one of the things we
25 have to think about in terms of the website is to

1 allow someone who needs assistance, by entering
2 their zip code, the names of certified trained
3 people pops up on the screen. So we envision that
4 there will be functionality on the website.

5 (Inaudible.)

6 Ms. ANDREWS: Let me add something,
7 some people are comfortable with brokers. Some are
8 not. So they can sort by the zip code, but you
9 will have people that say, "No. I want a broker"
10 or, "I want a faith based organization." But when
11 they pull it down, they see a lot of things that
12 are not appropriate as to what they are searching
13 for and they don't want to wade through a lot of
14 information.

15 MR. NICASTRO: Mike Nicastro. Let me
16 just extend a little bit on what Steve said. You
17 know, the way the program works and it has worked
18 for fifteen years within the Chambers of Commerce
19 within the State, Steve runs the Chamber Insurance
20 Trust. They are the legal entity. They have the
21 licenses and can handle all of that side of the
22 relationship. They do most of the purely
23 educational aspects of the agents and brokers.

24 The Chamber, however, forms the
25 Leadership Cabinet. We have nine members of the

1 Leadership Cabinet, each of whom run a benefits
2 center chamber. So it's nine of the largest
3 Chambers in the State. So within them, there are
4 the small chambers surrounding them.

5 In our area, in central Connecticut,
6 we service out of the HUB in Bristol. We service
7 Plymouth, Terryville, you get the general idea, and
8 several other small towns in the area. The agents
9 become a grouping in there and they are used by zip
10 codes within those areas and we feed the small
11 businesses and those organizations looking for
12 health care.

13 And I have to tell you, it's not
14 perfection. There's always the chance for Chamber
15 conflict. There's always the occasional somebody
16 jumping on the line issues. But for the most part,
17 for fifteen years and it has worked extremely well.
18 It's very simple to get a small business into their
19 location and get them their insurance. And the
20 benefits center, the people that we have staffing
21 the benefit center are very well educated and can
22 do the high levels of education, these are the
23 programs that we offer, this is what they do.

24 And then it comes to the part where it
25 really starts to cross the line between broker and

1 agent work and it has been -- and we are now
2 starting to move into the individual environment.
3 Because we are now probably selling more individual
4 insurance than we are at this point for the small
5 groups. Whether you want to use that or not, it
6 works. I mean, it's not perfection, but overall it
7 works pretty well. (Inaudible.)

8 MR. CZARNECKI: As Mark Czarnecki. I
9 want to make a few comments. As far as the broker
10 relationships, I want to expand on what Steve is
11 talking about. I am an independent agent. I have
12 had a relationship with the Chamber Insurance Trust
13 for as long as I have been a broker, which is
14 nineteen years.

15 Back to David's point on long-term
16 care, they can't refer people. That's fine. I'll
17 tell you, when I was reading through documents and
18 all the issues of trusts came up, at first I was a
19 little offended, but then I reminded, that goes on
20 in any industry. But I have been doing this for
21 twenty years. Fifteen of those twenty years, like
22 these other brokers here that I know, we don't have
23 to market or advertise anymore. We're like an
24 accountant or an attorney, we have already proven
25 ourselves.

1 So as our role, we're professions.
2 It's organizations like the Chamber of Commerce and
3 CIT that help get us there. But again, I'm not
4 only doing business with them. I'm independent.

5 So back to the products we offer,
6 David. In the individual market, I sell every
7 company. In the Medicare market, I sell all of the
8 major companies. In the group market, I sell every
9 company.

10 As brokers, if we don't sell what's
11 best for our clients, they will go to another
12 broker down the street and they're going to take
13 away our client. Put that on the record as our
14 role. Because when I look at this whole Navigator
15 thing, I understand the intention 100 percent. But
16 like I said last month, there's an 80 percent.

17 You know, we don't do the things like
18 Ellen does and the people that help people with
19 Medicare. But it's -- there's no reason we can't.
20 But we are already so highly regulated by the
21 insurance industries that I don't see it as a big
22 deal to learn a lot of things that I need to know
23 to do the more about Medicare, more about QHP, more
24 about Husky.

25 And I know we're here on Navigators

1 still, but we're almost all the way there as
2 brokers. So you take this Navigator role. I
3 really see it as something that should be basic.
4 It goes along with the outreach. It goes along
5 with, "Let's get these people in front of the right
6 people." Because yeah, if you are going to give
7 out grants, there are organizations that are set up
8 to hire these people. You can call it a grant, but
9 it's still people are going to have to be employees
10 and make a living.

11 And whether this is short, medium or
12 long-term, this is complicated. You are starting
13 to throw in the tax issues and all of that.
14 There's just so much liability for us as to what we
15 sell already. I just see so much potential
16 liability for the organizations in the individual
17 and group Navigators, to get into this market.

18 Honestly, you know, I don't know who
19 wrote this law, but I don't know what they were
20 thinking. You know, I would say we get some people
21 down in Washington to propose that they change this
22 law sooner than later because it just -- it's just
23 like -- I mean, if you're going to have Navigators
24 do almost all of the job, then we might as well
25 have employees at the State that are also agents

1 that also sell the plans.

2 You know, maybe then I'm saying,
3 "Yeah, then I'm going to have people compete with
4 me", but if you are going to have enrollers at the
5 state, you might as well have agents at the state.
6 It just doesn't make sense to me. I would like
7 some other agents to expand on what I'm saying.
8 Phil?

9 MR. BOYLE: Mark, back to you.

10 (Laughter.)

11 MR. CZARNECKI: Just to follow up on
12 your point. My thoughts are very similar. I have
13 always viewed the Navigator program as an
14 educational component, primarily to reach the
15 population that doesn't have insurance and doesn't,
16 in my cases, speak English and doesn't have a way
17 to get to the Exchange or know about the Exchange
18 and those are the people you have to reach. That's
19 not necessarily the population that you guys reach
20 and it may not be worthwhile for you to even try
21 that, but that it was a more community based
22 organizations that have a connection to these folks
23 that would get them to the point where they are
24 either talking to an agent or talking to the
25 Exchange and that that would be the extent to it.

1 Now, you may have a situation where
2 they're helping fill out an application. But, to
3 me, that's very different than talking about plan
4 design and plan options. That is really just
5 getting them to that next step. So from my
6 perspective, I think we are on the same page.

7 My initial comment is that because it
8 says this thing about facilitate enrollment, in the
9 statute and the regs themselves, we have to figure
10 out what that means for us. And, in my opinion,
11 one way to interpret that is that facilitating
12 means educating and getting them to the point where
13 they can enroll. It doesn't mean they have to do,
14 you know, that more extensive work, which gets very
15 complicated now. Now back to you.

16 MR. BOYLE: So I think you're both
17 right. That's the issue. And I think we talked
18 about this the last time we were here. And you
19 heard it, Bob. You certainly know this as a broker
20 in this world, the insurance world. And, you know,
21 we have done 99 percent of this work already. We
22 are sitting here, you know, listening to all of
23 this. We do this every day.

24 However, I have been educated in a
25 whole new world. I didn't know anything about

1 Medicaid or QHP or Husky programs because I never
2 had to. Never got paid for it, so I never paid
3 attention to it. And if you are living in a world
4 where there's health insurance for everybody, then
5 I think that's where you get to the conversation
6 you are having now about the Navigators.

7 MR. CZARNECKI: I want to make an
8 additional comment, too, really more as a question.
9 And in reading a lot of different materials and
10 stuff that the insurance companies feed us to
11 educate us, they're talking about all of the states
12 that are not getting on board for one reason or
13 another.

14 And then ultimately CMS, Center for
15 Medicare Services, will likely go to those states
16 and offers plans. I think that's a good place for
17 us to go for guidance, too. I sell in the Medicare
18 market and every year I take a test, which is forty
19 hours of training, called the AHIP Test, America's
20 Health Insurance plans, and that's quite a bit of
21 training. And I have been doing it for a three or
22 four years and it's getting a little redundant and
23 it's getting easier and easier.

24 I also have to go to each company and
25 do their own training. So I think that's a good

1 model or a good guide. Because I think the brokers
2 that are offering these plans, they should be
3 certified. And it could be just an online course.
4 It's not that complicated or it could be
5 complicated. But there's a learning curve and we
6 have to prove we're over the learning curve, as do
7 the Navigators.

8 It's really quite simple. Let's just
9 create a course or talk to CMS and say, "Hey,
10 what's your guide for Navigators?" Because we are
11 talking about inventing something that CMS has
12 already done. Maybe we can just model it. Because
13 it looks like this is law, so we just have to go
14 and do it, go to them and see what they are going
15 to do.

16 So in our business we really are
17 specialists. And you can only do so much. I just
18 do three things and do them well. I very rarely
19 write a long-term care policy. I don't market
20 that. So that's what our business is becoming.
21 Like all of us guys sitting here, we're health
22 brokers. That's what we do. And if you start
23 talking to us about all the other products, we sell
24 a lot of them, we don't sell a lot of them or we
25 don't sell at all. So that's what our market is

1 like. The MetLife Guy or the Prudential Guy,
2 that's long gone. I just want to make sure people
3 are clear on that.

4 MR. CAREY: Yeah. I mean, we're not
5 doing that. That's to be determined. Yeah. So,
6 you know, at our review and at our other meetings,
7 we have talked about the fact that there's a lot of
8 states, if this thing actually moves forward, they
9 won't be ready to set up an Exchange in time. And
10 so I'm sure the Feds will come and operate the
11 Exchange in that State for them.

12 I have not seen anything specific
13 about training or certification of Navigators.
14 It's really up to us to figure this out, the
15 general guidance that we know we have to structure
16 in a certain way. There's certain guidelines that
17 we are trying to do here.

18 And to your point about being
19 specialized, I do think that there will be brokers
20 who are willing to take the Navigator training
21 course or take the Exchange training course and be
22 broker for the Exchange. It won't be, as you know,
23 every broker in the State. They will not be
24 interested. We hope to structure something with
25 enough brokers. Keep in mind, we have to utilize

1 the resources we have.

2 MR. FAIR: In light of your comments,
3 and the fact that this is self-sustaining funding.
4 I think if we all keep an eye on the efficiency in
5 the current systems. So I guess I'm being
6 repetitive to your point. And part of the
7 refreshing comments Mark made is, "Wait a minute.
8 We have many systems in place here."

9 And then with mention to Husky and the
10 HRA, which is the last stop for all of those that
11 are denied on an individual level from getting
12 health insurance, there is a pool in the State that
13 my office has worked with over the last twenty
14 years. And I will say, it's a challenge, you know,
15 because we are not familiar with how to get things
16 done and there are folks who are in that area every
17 day. I don't know if you want to call them
18 Navigators.

19 MS. ANDREWS: I just want to clarify
20 something that we're not talking about the people
21 who are going to actually be the enrollment helpers
22 are only going to be brokers; right? We are
23 talking about them, also. There's a lot of wisdom
24 and I get that. I mean, but when I hear this, I'm
25 thinking, They're doing it for a very different

1 population than I am, so there's probably going to
2 be overlap. So I don't think we are just talking
3 about brokers and everybody is going to have gaps
4 in their understanding. And please do not let CMS
5 explain that, please, or how to work in communities
6 or explain anything else to people.

7 MS. ZIEGLER: Ellen, I would agree
8 with you. The folks who are in need of this most
9 are not necessarily the people who have an
10 established relationship with a broker or an agent.
11 I do think the Navigators have to have a place here
12 to get folks to the finish line because they are
13 not seeing you today. Even if ultimately the
14 brokers and agents take on the primary role, I
15 think that would probably make a lot of sense.

16 But it seems like the question on, you
17 know, should we be given lists of agents and
18 brokers and back and forth with the Navigators, I
19 think we will continue to chase our tails, What is
20 a Navigator? And I know we have deadlines to make
21 recommendations and I heard before that there are
22 others who have studied this and I thought the
23 reading materials were excellent. So shouldn't we
24 take some of the best out of those reading
25 materials and try to learn from them and come to

1 some conclusion?

2 MR. GLICK: Another issue, we are
3 doing an individual Exchange. There's also in the
4 laws to create a private Exchange. And some people
5 are going to react to that. And the question is,
6 are there going to be similarities? I mean, there
7 might be the metallic plans that will be offered,
8 but with the private exchange, as I have read it,
9 will have more flexibility for business people,
10 especially to add more programs tied to the health
11 insurance, such as ancillary products.

12 So the idea here is, we're talking
13 about a very vital part, but the word Exchange, I
14 go back to that, can ultimately be very misleading
15 because there will be a private Exchange that will
16 exist in competition to the Exchange that we're
17 looking at.

18 MR. CAREY: My only comment on the
19 private Exchange is that they won't have access to
20 the subsidies, which is a pretty big distinction
21 between the Connecticut Exchange and a private
22 Exchange.

23 MR. GLICK: The only part of that is
24 that there are people that can't get subsidies
25 because their income is over a certain amount. In

1 the business world, at least, there are certain
2 industries that the average income will be above
3 the subsidy, so they're not going to be getting it
4 anyway, so they might look at the various options
5 to choose their health care. They may not even go
6 to the Exchange; that is correct?

7 MR. CAREY: No, that's correct. But I
8 think if you look at the breakdown of the uninsured
9 in Connecticut, not of the people will be eligible
10 for some sort of subsidy. But you are right, there
11 will be other avenues to which people can get
12 insurance. And if the Exchange doesn't have
13 competitive products, they will go elsewhere.

14 MR. GLICK: And the only thing about
15 that, that may change the subsidy level. And right
16 now it is high. We just heard the other day that
17 that might be reduced because of the financial
18 situation that the government from \$80,000 to
19 \$50,000. That brings a big gap to a lot of people.
20 Putting them back into another market.

21 MS. ANDREWS: Over my dead body.

22 (Laughter.)

23 MS. O'GARA: So in terms of you
24 getting some other background and perspective, are
25 there specific items that you want to make sure you

1 have?

2 MR. MADDOCK: No. I think for the
3 purpose's of today's discussion or conversation, I
4 know it was a bit free-wheeling, but I think that
5 was actually the intent. We wanted to make sure
6 that there was an array of opinions, viewpoints,
7 ideas, etc., on the roles of Navigators. I think
8 the topic of hands-offs is another key area.

9 And really the goal here is to take
10 all of this information and then actually come back
11 to the Committee with some recommendations, so
12 something to react to. But rather than just come
13 in with that type of document, I wanted to make
14 sure that we sort of cracked that.

15 So this particular topic will probably
16 not be as free as we did today, but we will come
17 back with something to physically react to
18 regarding, again, the structure of the roles and
19 responsibilities. So in terms of the actual
20 questions, I think we covered a lot of them.

21 And what we can do is actually kind of
22 advance in the presentation and then give you kind
23 of a sneak preview of coming attractions. The
24 remaining types of issues that we are going to
25 explore because a lot of them are fed off of what

1 we determine the role of the Navigator to be.

2 So if you go to Slide 9, this relates
3 to the question that you raised, Mark, that we are
4 going to have to put forward some recommendations
5 around training and certification. Unfortunately,
6 or fortunately, there's quite a bit of leeway here.
7 And so once we define that role, that naturally
8 feeds into what types of certifications or training
9 we would ultimately need to put into place, whether
10 it was around the education and outreach role, if
11 there's some more stringent enrollment type of
12 functionality that's going to happen, there needs
13 to be some type of training for that, as well.

14 Slide No. 10, this particular topic
15 centers around the infrastructure that we have in
16 place, to get training up and running. And the
17 next logical step for us to have some good
18 conversations around the topic of recruitment, so
19 where do we go to actually start getting these
20 individuals to serve in these functions and go
21 through this training.

22 You know, right now there are kind of
23 a few parameters in place to help us structure that
24 conversation and that particular topic and you will
25 see that here. And there's sort of two benchmarks,

1 if you will, to sort of guide us. The first would
2 be that individuals or organizations who are
3 Navigators need to have existing or at least
4 readily established relationships with employers
5 and employees, consumers, the self-employed
6 individuals, and so that is something we need to do
7 to allow us to achieve that and also need to have
8 some additional conversation around that, to define
9 that a little bit further since there's still a
10 little bit of ambiguity there.

11 And then also in terms of where we are
12 going to find the Navigators, organizations or
13 individuals, it should include the trade groups,
14 industry, professional associations and so we are
15 really focused on the non-profit organizations, so
16 we are casting a fairly wide net and so we can
17 start looking again for this group to give us
18 thoughts and guidance, etc., on what role they
19 might fill.

20 MALE VOICE: So I have a question, and
21 I have never seen an answer to this, that's why I'm
22 glad you brought it up. Navigators, to your point,
23 they would be Chambers of Commerce, the Union.
24 Also my understanding is Navigators, they cannot
25 get any financial benefit from guiding a particular

1 plan or health insurance plan or something like
2 that. I have never seen this written out, but like
3 a Union, for example, it has a pension. And if
4 that Union had a pension and had an investor with a
5 particular, says, insurance company, they may have
6 to obviously disclose that, A, and, B, they would
7 have to digest it prior to becoming a Navigator.
8 Because obviously if they are steering people
9 towards that particular insurance carrier, that's a
10 financial gain. So that's just a general -- I have
11 never seen any answer to that. You threw it out
12 there, so I was just wondering --

13 MR. CAREY: In the regulation, there
14 is a Conflict of Interest provision, so that
15 Navigators do not have a conflict of interest. I
16 think that might fall under, I think, at least a
17 disclosure. The other point is that the
18 regulations also require that Navigators must
19 include at least two entities, one of which must be
20 community based non-profit. So there's a listed
21 law and it's a reg and it says that at least one of
22 these must be community based non-profit.

23 But, again, in the regs, there's a
24 whole series of requirements with regard to
25 disclosure and certification. I mean, you could

1 structure the Navigator program so that people are
2 compensated based on if you completed enrollment.
3 You cannot structure the Navigator program in which
4 the health plan compensates the Navigator. So it
5 could be indirect, but they say you can't have a
6 direct or indirect -- you can't have a payment from
7 the health plan to the Navigator.

8 MR. CALKINS: John Calkins. Just, and
9 maybe this will come out with the whole
10 presentation, but I'm sitting back here trying to
11 envision how these Navigators are going to work.
12 Maybe we should have a better understanding or
13 should be educated as to who the Navigator -- what
14 is the environment that the Navigators, the exact
15 environment, that the Navigators are going to
16 service.

17 Who are we talking about? You know, I
18 saw some presentation in one of the readings about
19 the fishing industry and I was thinking to myself,
20 "I don't think there is a fishing industry in
21 Connecticut. You know, there might be one in
22 Boston, but there's not one here in Connecticut, at
23 least not anymore."

24 (Laughter.)

25 MR. CALKINS: And so maybe that --

1 maybe to get us a better handle on how we are
2 devising this Navigator, and I'll throw this out
3 maybe to Ellen, as well, who are we talking about?
4 What are the entities that we need to be focusing
5 on that we're going to develop and start to develop
6 some type of program to fit?

7 MR. MADDOCK: I think you raise a good
8 point. You know, there's certainly, you know,
9 groups that could be excellent Navigators, but if
10 there's not that alignment with the actual people
11 who need the navigating, then that might not be the
12 best possible program.

13 So there's probably two, you know,
14 follow-ups in that regard. One is to, you know,
15 find out, to Bob's earlier point, you know, from
16 the folks, who are the organizations who seem to be
17 good fits, but then it does have to be married up
18 on the back end with additional marketplace
19 research, which we are also undertaking, which is
20 to find out, you know, where the individuals that
21 we're going to need to talk to and address, where
22 are they and how do they, you know, fit in between
23 those two points? I totally agree with you.

24 MR. CALKINS: Okay.

25 MR. MADDOCK: The next slide, Slide

1 11, I think that this topic actually came up today
2 just briefly, but I think we will probably be
3 spending a good amount of time on this one, as
4 well. And one this relates to the actual funding
5 of the Navigator program. So as was indicated
6 before, the funding for Navigators cannot come from
7 Federal grants having been given to the Exchange to
8 establish itself and get up and running, so it does
9 have to come out of operational oriented funds or
10 some other source.

11 Now, that obviously presents an
12 interesting Catch 22, given that in order to get
13 operating funds, we need to start enrolling
14 individuals. So it does leave us with kind of a
15 unique challenge to address. So there will be some
16 future discussions around, you know, where the
17 funding will actually be coming from and then the
18 funding actually -- that conversation leads itself
19 into how the funds actually get distributed to
20 organizations and what type of criteria or
21 stipulations we would need to put in place to make
22 sure that those funds are spent in particular ways,
23 on certain functions, which we will have to define
24 again as a Committee.

25 MALE VOICE: That does seem to be a

1 real dilemma in that I'm involved with the Finance
2 Committee for the Exchange and there is a very
3 large grant to promote the Exchange through its
4 point of becoming operational. And yet I assume
5 none of those grant dollars, which are enormous, I
6 think it's six and a half million dollars in total,
7 can go to pay the Navigators. So what is CMS's
8 reaction to this? How do we deal with that? I
9 mean, there's got to be -- was it just a gap when
10 they put this whole thing together?

11 (Laughter.)

12 MR. CAREY: I'm not going to comment
13 on that.

14 MR. CALKINS: Oh, please do.

15 (Laughter.)

16 MR. CAREY: You know, it's -- the law
17 clearly states that Federal funds -- that the
18 Navigators cannot be funded with establishment
19 grants that are provided to the State by the
20 Federal government. It's one area in particular
21 where they explicitly talked it out and said they
22 had to use -- that the operating revenues on the
23 Exchange were alternative sources; right? So then
24 the question becomes, you know, You want us to get
25 this Navigator program up and running. We want to

1 get it up and running to help enroll people on Day
2 1 but we're not going to have any money until Day
3 2.

4 So, you know, we're talking to other
5 States about, you know, options that they are
6 looking at. And some States are thinking about,
7 you know, can I get a loan from, you know, the
8 Merrill Fund or the carriers or some type of pooled
9 resources? Is it then paid back as the Exchange
10 starts to generate revenues? I mean, you know, is
11 it simply a State grant?

12 And what's happening in Massachusetts,
13 initially it was part of the Connector's funding.
14 The Connector was given twenty-five million to
15 establish itself and so five million went initially
16 to the Navigator program or the Outreach program,
17 which was coordinated with the Medicaid program, as
18 well, which then allowed them to draw down Federal
19 matching funds for those activities that resulted
20 in people being turned down for Medicare.

21 So there's some potential for Federal
22 funds, but not -- it would be on a match basis with
23 the Medicaid program. So, you know, we'll lay out
24 for you -- again, we will look to the sister states
25 to see what they're taking on. I mean, it's a

1 conundrum. And I can tell you, I have been on
2 multiple calls, at multiple meetings, you know,
3 but, you know, our general fund has zero dollars
4 excess, so don't even start down that path.

5 MR. HERBERT: And I would suggest that
6 you're probably going to get the same reaction from
7 the carriers.

8 MR. CZARNECKI: And this may be only
9 for those organizations that can actually tolerate
10 a period of time without initial funding. They
11 thought about, I will call it per member, per month
12 fee in 2014 to cover those activities that you
13 generated in 2013, which puts incentives to
14 actually get it done. And then for those
15 individuals that you brought all the way through
16 the process, handshakes, all the rest, completed,
17 active, you would be then compensated for a period
18 of time into the future based on that enrollment on
19 that day. It's an option that has come up in other
20 conversations.

21 MR. CAREY: I mean, that's a
22 suggestion. We are all ears here in terms of ideas
23 that folks have. And, again, we will get to that.
24 We will prepare this as a major agenda item for the
25 next meeting or the one soon to follow, I'm sure.

1 MR. MADDOCK: I don't think there's
2 any bad ideas, short of a bake sale. All right.
3 And then Slide 12, obviously in terms of the Next
4 Steps, if we can discuss this, the Next Steps will
5 obviously be for us to synthesize all the great
6 feedback comments we received here today, get you
7 some recommendations for the Committee around the
8 roles of Navigators and putting some very stringent
9 definitions on that.

10 In addition to the topics that we just
11 kind of went over, there's also some additional
12 kind of lines of exploration that we're going
13 through, as well, around -- well, obviously the
14 grants, which we talked about. But materials and
15 Outreach standards and how those materials should
16 be used in marketplace; Monitoring and Reporting, I
17 think that actually came up in a couple of
18 different comments today. How do we keep track of
19 the activities that the Navigators are actually
20 performing? How is it audited? How do we make
21 sure that it's achieving a high level of standards?

22 And then another kind of wave topic,
23 which we did not cover today. We spent the
24 majority of our time on the individual market, but
25 the role of Navigators within the small business or

1 SHOP market, as well, which I'm sure we can have
2 another hour and a half conversation on, as well,
3 but we'll save that for a later date.

4 And so that actually takes us through
5 kind of the informal materials here today. I think
6 in terms of the next Committee meeting, it's July
7 10th, from 1:00 to 3:00, so mark your calendars.
8 And, again, we'll be coming back with a synthesis
9 of today's meeting and recommendations and also
10 some of the follow-up questions.

11 MR. HERBERT: Let me just say that as
12 important as it was for everybody to be here today,
13 it's obviously going to be pretty important for the
14 next couple of meetings because, as Jason said, the
15 State is now going to go back and take our
16 discussion and form it into specific
17 recommendations and presumably, as early as the
18 very next meeting, we'll be taking some votes on
19 some of this.

20 MR. MADDOCK: That would be the goal.
21 I think time is of the essence, so we're looking to
22 move as quickly as possible.

23 MS. O'GARA: So, Mickey, we have a
24 little time, and I didn't know if it would be of
25 interest to this group, but maybe we can get a

1 status update on the --

2 MR. HERBERT: Should we entertain the
3 notion of public comments, if there is any?

4 MS. O'GARA: We do need to do that.

5 MR. HERBERT: Okay. So maybe we
6 should do that first.

7 MS. O'GARA: Sure.

8 MR. HERBERT: So let's see if there's
9 anyone that wants to speak.

10 MS. O'GARA: And if there's anyone, if
11 you could please come forward to a mic and give us
12 your name, that would be great.

13 MS. ABRIGHT: Hello. My name is
14 Claudia Abright (phonetic). I'm involved with this
15 sort of the position of an advocate as well as a
16 small business representative and a consumer and
17 I'm also on the Consumer Outreach Subcommittee for
18 the Exchange. This was a great conversation about
19 Navigators and who they are and what they are going
20 to do. And the -- I have been participating in a
21 variety of subcommittee meetings. It's the
22 discussion that you have had, with all of you being
23 professionals around this function, is pretty much
24 a microcosm of what's going on in the outside
25 world, too.

1 I hear everything from what's a
2 Navigator to, you know, what's the Exchange? I
3 think that at this point, if this Committee could
4 come out with a really clear definition of what the
5 Navigators are and what their role is going to be
6 that could be shared as soon as that's solidified
7 with all the other parties that are involved with
8 this, it would help at least the foundation to
9 talk.

10 Because everyone I hear from seems to
11 think as the Navigator as something different than
12 everybody else. And one of the big problems I see
13 with a lot of these discussions is that some of the
14 terminology, the words are the same, but the
15 meanings that reaches those individuals are usually
16 different.

17 And, you know, what you think of a
18 Navigator as, any one of you or me, Anthem, the
19 non- profits or a business person that has heard or
20 read about this, it's all different. They are all
21 using the same words, but they have a different
22 definition. And that's a problem. It's going to
23 be a real train wreck when people try to figure out
24 where they are going to go from here.

25 And I think that's true for a lot of

1 the terminology that's been passed around in all of
2 the Committees. Many years ago, I worked as a
3 Medicaid Eligibility Technician in the Department
4 of Income and Maintenance, yes, I'm dating myself;
5 however, one of the problems we had then was that
6 Federal regs and terminology used in the regs and
7 what it meant to all of the people that were using
8 it, and that's the eligibility staff, the consumers
9 and some of the leadership, all used the same
10 terms, but many of them had different
11 understandings of what they meant and that created
12 a lot of confusion.

13 So if people could pay close attention
14 to the terminology and establishing one meaning and
15 communicating that one meaning so that we're all on
16 the same page, at least with the words we're using,
17 then we can move towards furthering the work that
18 everyone is doing.

19 There are -- there's got to be
20 hundreds of people involved in this effort. This
21 is -- it's incredible. Incredible. And it's
22 really important that we -- that the Committees,
23 these committees, not this year's, but the consumer
24 committee come out with some basic foundational
25 meanings that we can all work with. So that would

1 be my request from a consumer perspective. Thank
2 you.

3 MS. O'GARA: Is there anyone else who
4 wishes to make a comment?

5 (No response.)

6 MS. CINTRON: So, I think some of you
7 know, (inaudible) always sets up a series of
8 benchmarks, if you will, leading to the State
9 certification this fall. And as a State based
10 organization, we're moving towards being a State
11 based Exchange, so these gate reviews, as they are
12 called, just look at our operational -- they kind
13 of look at us operationally and from an IT
14 perspective.

15 And so we went down as a
16 multidisciplinary team a couple of weeks ago to DC
17 and went through kind of our history and where we
18 are to date, talked about the next steps we are
19 taking as well as a pretty fundamental discussion
20 around our IT initiative. And this was for about a
21 day and a half and it was very successful. It was
22 called a planning review.

23 And the next steps there is they will
24 be giving us a general kind of feedback or
25 evaluation from that experience, which helps us

1 then, you know, move forward in our planning and
2 development.

3 And then the next step in terms of
4 kind of benchmarks is getting what we call a
5 design, which I believe they are coming here for,
6 to -- and it's going to be focused primarily on IT.
7 So that will be a very probably long and complex
8 discussion. And we walked away feeling really good
9 as a State in terms of our positioning and where we
10 are at and the thoughtfulness around the
11 discussions that we were having.

12 MR. HERBERT: It's pretty remarkable
13 to me that Connecticut is right up there at the top
14 with really, at most, a handful of other states in
15 terms of where we are at this point in time.
16 Having said that, we have a whole lot of work left
17 to do. In fact, one of my roles as a board member
18 is to try to help keep the Board focused on what a
19 sprint this thing is, what an incredible sprint,
20 and, frankly, how important it is to keep the Board
21 on message and basically pretty much leave the
22 staff alone so that they can get the tremendous
23 amount of work done that needs to be done.

24 MS. O'GARA: Okay. Are there any
25 other comments before I give it back to Mickey to

1 adjourn?

2 (No response.)

3 MR. HERBERT: Well, I guess we're
4 going to get out of here twenty minutes early. I
5 will entertain a motion to adjourn?

6 (Whereupon Aye was heard in the room.)

7 MR. HERBERT: Second?

8 (Whereupon Second was heard in the
9 room.)

10 MR. HERBERT: We stand adjourned.

11

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13 (Whereupon the meeting was adjourned
14 at 2:40 p.m.)

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