



To: Brokers, Agents and Navigators Advisory Committee  
 From: Connecticut Health Insurance Exchange Staff  
 Re: Navigators and Broker Program – Updated Proposed Recommendations (DRAFT)  
 Date: October 25, 2012

**1.0 Introduction:**

As Connecticut continues to implement a state-based Health Insurance Exchange, establishing a vibrant and effective consumer assistance program will be critical to ensure both its short and long term success. Attracting, educating and enrolling individuals across the state’s diverse and varied communities will be essential in order to positively impact the health and wellness of the state’s residents, garner broad participation from insurers, and ensure the financial viability of the Exchange.

Brokers, agents, and the newly created role of Navigators, will play key roles in executing the outreach and assistance efforts required for the Exchange. This document serves to provide information regarding the roles and responsibilities of Navigators and Brokers within the Connecticut Health Insurance Exchange. In order to provide detail on the various aspects of the program, this document will also provide information profiling training and certification requirements, licensing and certification, compensation models, conflict of interest standards, and performance monitoring and measurement.

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### **3.0 Background**

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (together referred to as the Affordable Care Act or ACA) were signed by President Obama in March 2010. The law requires that each state establish a health insurance exchange. In response to the ACA, in June 2011 the Connecticut General Assembly enacted Public Act 11-53 to create the Connecticut Health Insurance Exchange (Exchange). Established as a quasi-public agency, the Exchange has the legal authority to establish and operate an exchange in Connecticut including a Small Business Health Options Program (SHOP) exchange that complies with all federal requirements.

The Exchange is directed to reduce the number of individuals without health insurance and assist individuals and small employers in the procurement of health insurance by, among other services, offering easily comparable and understandable information about health insurance options.

The ACA requires the Exchange to establish a Navigator program to:

- a. Conduct public education activities that raise awareness of the availability of qualified health plans;
- b. Distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits and cost-sharing reductions;
- c. Facilitate enrollment in qualified health plans;
- d. Provide referrals to any applicable office of health insurance consumer assistance, health insurance ombudsman or any other appropriate State agency, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- e. Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange.

Section 1311(i) of the ACA does allow licensed insurance agents and brokers (from here on referred to as Producers) to be Navigators. However, Navigators cannot “receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any qualified individuals or employees of a qualified employer in a qualified health plan.” Therefore, if a Producer chooses to be a Navigator, the Producer can no longer be paid by insurers, which will likely prohibit most, if not all, Producers from participating in the Navigator program.

However, acknowledging the important role that producers play in the current insurance market, the ACA does allow Producers to continue to assist individuals, small employers and their qualified employees to enroll in Qualified Health Plans (QHP) and apply for premium tax credits and cost sharing reduction through the Exchange. Connecticut values the services that Producers currently offer, and will establish a program that allows and encourages participation among Producers, albeit not in the formal role of a Navigator.

## **4.0 Navigators**

The Exchange will have a robust consumer assistance network that includes a vibrant Navigator program working alongside the current Producer channel, and will refer individuals to these consumer assistance programs when available and appropriate. The ACA states that Navigators will “facilitate enrollment in qualified health plans” offered by the Exchange and “provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange”.

Navigators in the Exchange will complement the services already provided by Producers by facilitating the enrollment of non-traditional populations that typically do not engage in the health insurance marketplace. These groups include people who are eligible for publicly funded health care (e.g. CHIP and Medicaid) and those individuals who do not have the means, ability or knowledge to seek out and identify a traditional producer or insurance purchase channel. Navigators and Producers will serve an important role in educating and enrolling individuals and groups that typically will not enroll unless actively called upon and directly engaged.

### ***4.1 Exchange Navigator Defined***

Navigators will consist of both public entities and private entities that will organize and deploy individuals to communicate, educate and enroll consumers in Qualified Health Plans (QHPs) and publicly funded health care through the enrollment mechanisms provided by the Exchange. Navigators and Producers will work together to ensure all individuals have access to health insurance coverage provided as a result of the creation of an Exchange.

The Exchange will offer Navigator grant funds (if needed) to a community and consumer-focused nonprofit group and an entity from at least one of the following categories:

- Trade, industry and professional associations;
- Commercial fishing industry organizations, ranching and farming organizations;
- Chambers of commerce;
- Unions;
- Resource partners of the Small Business Administration;
- Licensed agents and brokers; or
- Other public or private entities or individuals that may include but are not limited to Native American tribes, tribal organizations, urban Indian organizations, and State or local human service agencies.

The above entities will receive the designation of a “Navigator organization” if they successfully submit an approved Navigator grant application through an open RFP process (to be approved by the Exchange) and have specified employees and volunteers complete a pre-established Navigator Certification program. To ensure consumers are properly protected, only individuals who have the Navigator Certification (and licensed Producers who have also undergone Producer specific certification) may enroll consumers in Qualified Health Plans. As an added layer of consumer protection, individuals completing Navigator training (or Producer training) will be given a certification “card” or “badge” in order to be equipped to provide evidence of certification to consumers who request it.

Navigators must not be:

- A health insurance issuer;
- A subsidiary of a health insurance issuer;
- An association that includes members of, or lobbies on behalf of, the insurance industry; or
- An entity or individual that receives any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP or a non QHP. This requirement does not exclude medical providers from being Navigators; medical providers may be Navigators.

#### **4.2 Roles and Responsibilities of Navigators**

Navigators will be responsible for outreach, education and enrollment for the currently uninsured or underinsured populations (inclusive of both the individual and small employer marketplaces) and will present to those populations the options available under the ACA. This outreach and education will include information regarding the ACA as it relates to the Exchange, including but not limited to:

1. Program Eligibility- Explain the eligibility criteria for purchasing insurance through the Exchange, rules to purchase subsidized insurance through the Exchange, and enrolling in Medicaid and other State programs designed to provide medical coverage;
2. Methods of Purchase- Different means available to purchase and enroll in a QHP including, but not limited to, the Exchange web portal, Exchange call center, walk-in centers, community service centers and state agencies, and advertised enrollment events;
3. Reasons to Purchase- Education on the benefits of health insurance and what health insurance provides for the individual;
4. Definitions of health insurance terms- For example, aiding the consumer to understand the difference between a premium, deductible and co-insurance;
5. Dispute Resolution- Aiding the consumer to find avenues to resolve disputes with carriers, such as directing them to the Office of the Healthcare Advocate (OHA), or the Connecticut Insurance Department (CID);
6. Cultural Diversity- Providing culturally and linguistically appropriate health insurance education to Hispanics, Asians, Native Americans, those with disabilities and other groups;
7. Answers to enrollment questions- Address questions regarding access to any of the enrollment methods and the submission of enrollment documentation to the Exchange, as well as provide guidance surrounding any post-enrollment communication from carriers;
8. Furnish unbiased explanations of coverage accessed via the Exchange- Navigators must not offer any opinion or editorial on the QHPs in the Exchange, including specific recommendation of any one particular plan or carrier. Information provided by Navigators must be limited to information readily available on the web portal.
9. Additional referrals – Should an individual require assistance beyond what a certified Navigator can provide (e.g. request a recommendation related to a specific QHP, seek guidance relates to the impact of health insurance on other related financial and insurance products they may have, etc.), Navigators should access an approved list of certified Producers and provide the individuals with a referral.

10. *Renewal Assistance* – Navigators will be required to provide those they serve with contact information (e.g. phone and email). If contacted, Navigators will provide assistance to individuals on both plan renewal activities, as well as assistance with changes to individual eligibility status which may require the input and handling of new information. Should staff turnover at Navigator organizations, or other situations arise which make contacting the initial Navigator not possible, the Navigator organization will need to provide a plan to ensure assistance continuity. This may include referral to another Navigator, a Producer, or other consumer assistance resource such as a call center.

**4.3 Certification and Training of Navigators**

Navigators will require certification and training by the Exchange. HHS has indicated that it will release model Navigator training standards. Absent these training standards, the following training outline is proposed.

Navigator training will consist of an initial 4 day (28 hour) in-person training course. A majority of this training will be dedicated to topics relating to the Exchange and health coverage provided as a result of the ACA, in addition to topics focused on ensuring the proper handling of health and financial information needed to facilitate enrollment. The remaining portion will be devoted to developing an understanding of the overall insurance marketplace, and topics related to presentation skills and consultative best practices.

A sample training program inclusive of topics and duration can be found below. An in-person, multiple choice certification test will be administered at the end of the course to demonstrate what knowledge the attendee has retained. A passing score of 80% or better will be required.

<b>Day 1</b>	<b>Length</b>
Insurance Marketplace Overview	1 hour
Coverage available under the ACA	1 hours
Qualified Health Plans (actuarial values, co-insurance, co-pays, deductibles)	3 hours
Publicly funded health care (CHIP, Medicaid)	3 hours
<i>Total</i>	<i>8 hours</i>
<b>Day 2</b>	<b>Length</b>
Eligibility and enrollment requirements	3 hours
Advanced Premium Tax Credits and Cost Sharing Reductions	3 hours
Means of appeal and dispute resolution	2 hours
<i>Total</i>	<i>8 hours</i>
<b>Day 3</b>	<b>Length</b>
Use of web portal	4 hours
Enrollment procedures, processes and tracking systems	2 hours
Interpersonal and consultation skills training	2 hours
<i>Total</i>	<i>8 hours</i>
<b>Day 4</b>	<b>Length</b>
HIPAA and confidentiality requirements	2 hours
Proper handling of financial and tax information	2 hours
Conflict of interest and impartiality standards	2 hours
Navigator Certification Exam	2 hours
<i>Total</i>	<i>8 hours</i>
<b>Grand Total</b>	<b>28 hours</b>

Recertification of Navigators will consist of 15 hours of continuing education per year. Continuing education will consist of topics covered in the initial training period and updates on any new or changed regulations. Navigators must attend these courses (a portion of which may be available online) and complete annual re-certification tests 30 days prior to each year's open enrollment period in order to maintain their active Navigator status.

Finally, all individual Navigators will need to undergo and pass a background check, to be conducted by the Exchange, to ensure no prior criminal activity or any other conduct that would compromise the integrity of the Navigator program. The background check will also verify that Navigators have at least a high-school level education, a minimum requirement given the complexity of the program.

#### **4.4 Navigator Compensation**

All Navigators participating in the Exchange will receive funding to support their activities through a competitive grant process. Connecticut, in addition to most other states, is actively exploring options for funding this grant program, given the ACA's prohibition on using Federal funding that was provided for building the Exchange to fund this portion of the Navigator program. With no operating revenue generated by the Exchange until the beginning of the open enrollment period, this catch-22 creates the need for an initial outside source of funding for grants.

Navigator organizations will submit applications requesting consideration as a Navigator. This application should:

- Demonstrate to the Exchange that the entity has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a QHP;
- Demonstrate willingness to meet certification and other standards prescribed by the Exchange;
- Include contract language that indicates the entity will not have a conflict of interest during its term as Navigator. If a conflict of interest occurs (including receipt of payment or other consideration from health insurance issuer in connection with enrollment of individuals or groups), the Navigator may be required to pay back Navigator grant funds to the Exchange;
- Demonstrate that the entity has processes in place that comply with the privacy and security standards adopted by the Exchange as required in accordance with § 155.260; and
- Demonstrate how the organization's business model, service area and clientele will be leveraged to support the Navigator mission and show how Navigator funds will support the Navigator mission and ancillary functions of the entity. This includes establishing baseline performance metrics in the areas of outreach and enrollment during the organization's tenure as a Navigator.

The Exchange will review competitive grant applications and award grants to qualified Navigator groups throughout the state of Connecticut. Currently the Exchange has tentatively targeted \$500,000+ in Navigator grants for each fiscal year. The Exchange will provide no direct payments to an individual, as grants will only be issued to Navigator organizations. Any individual level distributions from these funds will be handled internally by the Navigator organization in a manner approved by the Exchange.

Disbursement of grant funding for each Navigator organization will be done in a two stage process.

- 1) In order to ensure that entities have proper funding to begin performing Navigator functions, 75% of the total agreed-upon grant amount will be disbursed to Navigator organizations no less than 30 days prior to the onset of their contractual engagement.
- 2) Upon completion of their duties, a review of the organization's performance against pre-established success metrics will be conducted. Should the organization meet or exceed these metrics, the remaining 25% of the grant amount will then be distributed. Should the goals not be met, the organization will default on receiving the remaining portion of the grant.

Grant funding and performance goals will be established on an organization by organization basis, in acknowledgement that each potential entity's size, scale and scope of operations is different and unique across a diverse geographic and demographic spectrum. On an aggregate basis, it's estimated that of the \$500,000 in total grants issued to support Navigator efforts in 2013, approximately \$375,000 will be disbursed during the July-August time period, with the remaining \$125,000 distributed in the first quarter of 2014.

#### ***4.5 Navigators and Conflicts of Interest***

Navigators cannot have conflicts of interest, financial or otherwise, and will need to comply with the Exchange's privacy and security standards. Specifically, Navigators cannot receive any consideration, financial or otherwise, from carriers. The final rule allows the Exchange to set these standards. However, the preamble to the rules suggests that the conflict of interest standards include, but not be limited to, the following:

“financial considerations; nonfinancial considerations; the impact of a family member's employment or activities with other potentially conflicted entities; Navigator disclosures regarding existing financial and non-financial relationships with other entities; Exchange monitoring of Navigator-based enrollment patterns; legal and financial recourses for consumers that have been adversely affected by a Navigator with a conflict of interest; and applicable civil and criminal penalties for Navigators that act in a manner inconsistent with the conflict of interest standards set forth by the Exchange.”

Navigators must not receive any direct or indirect consideration from carriers. Any Producers that are currently licensed and wish to obtain a Navigator certification must sever all appointments with carriers.

HHS indicates that it will release model conflict of interest standards.

#### ***4.6 Navigator Performance Metrics***

As a means to ensure that the Navigator program is performing optimally in Connecticut, and to provide data that informs future improvements, the Exchange will monitor available education and enrollment metrics throughout the year. This will include, but is not limited to:

- Ongoing surveys of Exchange eligible residents to gauge improvement in:
  - Awareness and understanding of Exchange operations and functions
  - Awareness and understanding of QHP and Medicaid benefits
  - Use of services such as preventative care and routine exams

- Attendance numbers for education and enrollment events
- Response (web, call and in-person) to collateral distributed
- Enrollments processed

With respect to enrollment, given the importance of this metric to the Navigator program, as well as overall Exchange operations, functionality included in the design and development of the Exchange's web portal will be utilized to ensure accurate tracking. Navigators will enter a unique ID number (issued upon completion of the certification program) into the web portal when assisting a consumer with enrollment. This code will help staff review enrollment trends and monitor post-enrollment surveys. Enrollment trends can be analyzed to determine if certain Navigators are over or underperforming, and aid in resource alignment. Post transaction surveys will be available to the consumer so that they may provide feedback on the enrollment experience.

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## **5.0 Producers**

Producers in Connecticut play an important and influential role in the distribution of health insurance. Both individual consumers and business owners rely on Producers to sort through their health insurance options, provide health plan recommendations, and serve as their agents throughout the year in dealings with insurance companies.

Additionally, it should be noted that a large portion of uninsured Connecticut residents do not have insurance because it is expensive. The Advanced Premium Tax Credit will make health insurance more affordable. Producers are currently positioned to assist these new entrants into the health insurance market. Producers will increase the awareness of the Exchange, increase enrollment in the Exchange and ultimately encourage the long term financial sustainability of the Exchange.

The Exchange will not support web-based Producers, defined as those organizations that provide broker services exclusively online, without any physical or in person presence in markets served.

### ***5.1 Roles and Responsibilities of Producers in the Exchange***

Producers who enroll individuals and employers in QHPs through the Exchange will act in much the same manner as Producers who sell insurance products in the pre-Exchange market. Producers will continue to provide individuals and employers with information regarding health insurance and assistance in enrollment in health plans. Additionally, many full-service brokerage firms provide assistance with claim and billing issues and assist employers in the creation of complete benefit packages. Producers are encouraged to continue to provide these value-added services to individuals and employers.

In addition to the standard functions above, Producers that enroll individuals in QHPs through the Exchange must also understand the basics of the Exchange's web portal, Advanced Premium Tax Credits, structure of the Small Business Health Options Program (SHOP) Exchange, Medicaid enrollment and where to direct individuals who require social services from programs such as Supplemental Nutrition Assistance Program (SNAP; formerly food stamps) and Temporary Assistance for Needy Families (TANF).



## 5.2 Licensing, Certification and Training of Producers

The final rule requires Producers to register with the Exchange, receive training in the range of QHP options and insurance affordability programs, and comply with the Exchange’s privacy and security standards.

Additionally, “an agent or broker that enrolls qualified individuals in a QHP in a manner that constitutes enrollment through the Exchange or assists individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs must comply with applicable State law related to agents and brokers, including applicable State law related to confidentiality and conflicts of interest.” Connecticut’s Insurance Department (CID) has statutory responsibility for licensing and overseeing Producers. The Department requires applicants to successfully pass the state insurance exam in the line(s) of authority for which the applicant is applying (e.g., health, property and casualty, life).

The current system in place for licensing Producers in Connecticut, including renewal of licensures, will not be changed. Rather, an additional layer of Exchange-related training and certification will be introduced in order to ensure familiarity with the new products, services, process and requirements that will be introduced to the market.

Prior to enrolling individuals or employers in any QHP through the Exchange, Producers shall be certified by the Exchange. To be certified by the Exchange, a Producer shall:

1. Be a licensed Producer in the State of Connecticut, be in good standing with the CID, and shall not have had their license revoked, suspended, expired or otherwise terminated at any point; and
2. Have appointments with all carriers distributing products through the Exchange; and
3. Sign an agreement with the Exchange indicating that the Producer agrees to comply with the Exchange’s privacy and security standards; and
4. Complete the following 2 day, 16 hour training and certification curriculum:

<b>Day 1</b>	<b>Length</b>
Coverage options available through the Exchange	2 hour
Eligibility requirements	1 hour
Advanced Premium Tax Credits and Cost Sharing Reductions	2 hours
Publicly funded health care (CHIP, Medicaid)	3 hours
<i>Total</i>	<i>8 hours</i>
<b>Day 2</b>	<b>Length</b>
Exchange web portal operation	4 hours
Enrollment appeal and dispute resolution	2 hour
Conflict of interest and impartiality standards	1 hours
Navigator Certification Exam	1 hour
<i>Total</i>	<i>8 hours</i>

A multiple choice certification test will be administered at the end of the course to demonstrate an understanding of the material. A score of 80% or better will be required for certification.

Producers who wish to maintain their certification will be required to complete 6 hours of continuing education per year on the topics provided during the initial training session. Navigators must attend these courses (a portion of which may be available on line) and complete annual re-certification tests 30 days prior to each year's open enrollment period in order to maintain their active Navigator status.

### ***5.3 Producer Compensation***

Producers will not be compensated by the Exchange (unless they sever all appointments with health insurance issuers and become Navigators). Producers will receive compensation from carriers for enrollment in the Exchange, in accordance with the Producers' contracts with the carriers and in the same or similar manner as is done today. These contracts are outside the purview of the Exchange.

However, the Exchange enrollment system will accept the Producer's National Producer Number (NPN) and transmit that data to the carrier so that the Producer can receive the commission directly from the carrier, in whichever manner is provided for in the contract. It is the Producers' responsibility to make sure they are appointed with the carriers on the Exchange to receive compensation.

### ***5.4 Performance Metrics***

The Exchange will monitor available enrollment metrics so that the Exchange can provide reasonable future improvements to the system. Producers will enter their NPN into the web portal when assisting a consumer with enrollment. This code will help staff review enrollment trends and monitor post enrollment surveys. Enrollment trends can be analyzed to determine if certain Producers are enrolling individuals in a manner that is statistically significant when compared to other Producers. Post transaction surveys will be available to the consumer so that they may provide feedback on the purchasing experience.

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## **6.0 Assistors**

A new outreach position referred to as an "Assistor" was announced in the revised CMS Blueprint document released in August of 2012. Connecticut intends to request a supplemental Level 1 grant by November 14, 2012, to develop a comprehensive in-person assistance program so as to minimize the number of uninsured in the State and meet the anticipated demand for enrollment assistance. In order to develop, administer and monitor a comprehensive state-wide outreach program in a short time frame (and prior to the Exchange becoming self-sustainable), these additional financial resources are required to bolster and expand the Exchange's existing outreach activities.

The Exchange staff has engaged its partners at the Department of Social Services (DSS) and the Office of the Healthcare Advocate (OHA) to help develop a robust In-Person Assistance program to complement and extend the Exchange's Navigator program. Connecticut's in-person assistance program will be "distinct from the Navigator program" and the Exchange will establish processes to operate the program consistent with the applicable requirements of 45 CFR 155.20(c), (d), and (e).

Whereas the Navigators must maintain expertise in eligibility and enrollment specifics, promote public education, and help consumers select health coverage that meets their needs—both in the individual and SHOP markets—the roles and responsibilities of Assistors will be shaped by the Exchange's specific

needs when examining the full complement of outreach channels across the State. When viewing this landscape, there are two primary areas being explored as focal points for Assistor efforts:

- 1) Existing networks of professionals who provide eligibility and enrollment assistance with public programs: For example, there are many health care professionals at federally-qualified health centers who are currently trained by the State to perform presumptive eligibility screenings for the State's Medicaid and CHIP program. These existing resources could be effectively leveraged without the expectation (or requirement) that they also conduct education-focused informational sessions or understand the complexities of SHOP.
- 2) Leveraging state-wide infrastructure and personnel at existing state agencies: Existing resources at the Department of Social Services and The Office of the Healthcare Advocate could be used to support consumers in filling out applications, obtaining eligibility requirements, or selecting and enrolling in a QHP.

With the anticipated demand for enrollment assistance, funding secured via the Level 1 supplemental grant will be provided to these organizations as needed to support training, as well as augment staff with temporary hires that will be required to meet demand.

While the in-person assistance program will be distinct from the Navigator program, with the Assistors performing many of the same duties of a Navigator, the in-person assistance program will fully leverage the training and monitoring processes developed for the Navigator program. Every Assistor will meet any and all security and privacy standards imposed on Navigators.