

**HEALTH INSURANCE EXCHANGE AND INSURANCE OVERSIGHT
NAVIGATOR SUBCOMMITTEE
Monday, October 24, 2011
Meeting Summary**

Subcommittee members present: Louis Belo, Allen Feezor, Tracy Baker, Teri Guitierrez, Gloria Harrison, Rep. Insko, Carolyn McClanahan, Susan Nestor, Carla Obiol, Elizabeth O'Dell, Elizabeth Phillips, Rebecca Whitaker

NCIOM staff and other steering committee members: Kimberly Alexander-Bratcher, Julia Lerche, Pam Silberman, Lauren Short

Other interested people: Missy Brayboy, Lisa Gibson, John Guitierrez, Linda Kinney, Andy Landes, Melinda Munden

WELCOME AND INTRODUCTIONS

*Pam Silberman, JD, DrPH
President and CEO
North Carolina Institute of Medicine*

Dr. Silberman provided an overview of the subcommittee's charge and how this subcommittee fit into the work of the HBE workgroup.

REVIEW OF NAVIGATOR REQUIREMENTS IN FEDERAL LAW

Pam Silberman, JD, DrPH

The statute includes a list of potential navigator organizations. The HBE must contract with at least two of the different types of navigator entities. Navigators cannot be insurers or receive consideration directly from insurers. One of the challenges is that the ACA precludes the use of federal grant funds to support navigators. This may create a problem initially, as the HBE will need to train and certify navigators to help with enrollment before there are premium dollars flowing through the HBE to help pay for navigator services. A copy of Dr. Silberman's presentation is available at: [Role of Navigators](#).

SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) PROGRAM

*Carla Obiol
Senior Deputy Commissioner
Ombudsman Services Group
North Carolina Department of Insurance*

*Melinda Munden
Senior Health Insurance Information Program
North Carolina Department of Insurance*

The SHIIP Program can serve as a model for the navigator program. The SHIIP program provides small grants to county agencies (typically senior centers, Area Agencies on Aging, or Cooperative Extension), which recruit volunteers to serve as counselors for Medicare supplement, Medicare Part D, Medicare Advantage plans, and long-term care insurance. The SHIIP counselors receive extensive training, with 13 training modules. Training is on-line, and takes an average of 24 hours to complete (although some people take up to a month to finish the training). Volunteers must pass an exam to be certified. The state conducts a background check to ensure that volunteers do not have a criminal record. Program

information is continuously updated, and the state provides monthly and quarterly updates with new information from CMS or the state SHIIP office. Certified SHIIP counselors are provided with liability protection from the state.

SHIIP counselors provide impartial information. They help consumers understand how Medicare works, and the different options to supplement traditional Medicare coverage. They cannot recommend specific plans. Instead, they help individuals make their own decisions about plan choice. Many of the educational requirements were established by CMS. Continuing education is mandated and includes quarterly meetings. CMS also requires that counselors document the help they provide, along with other specific performance measures. A copy of Ms. Obiol's presentation is available at: [Seniors' Health Insurance Information Program \(SHIIP\) Training and Supporting the Volunteer Network](#).

Selected Questions and Comments:

- Q: How do callers find these volunteers?
A: There are several ways to find SHIIP volunteers. Some of the local agencies advertise the availability of SHIIP counselors, some are referred to SHIIP counselors through the state toll-free hotline, some find out about the SHIIP program through the local agencies.
- Q: Can people work other jobs and volunteer?
A: Yes, initially only Medicare beneficiaries were able to volunteer. Now there are people who work fulltime and serve as volunteers. For example, 99 of the local Departments of Social Services have staff that are certified SHIIP counselors.
- Q: How rigorous are the exams?
A: Volunteers are only given a couple of attempts to pass the certification exam. If they do not pass, then they are not eligible to serve as counselors.
- Q: How many people do the volunteers assist during the year?
A: There are 1.3 million Medicare beneficiaries in NC. Last year, the SHIIP volunteers assisted 94,600 folks one-on-one and conducted 3,148 outreach events across the state.
- Q: Do volunteers receive travel reimbursement?
A: That depends on the local sponsoring agency. The state provides small stipends to the local agencies. The agencies can use the funds for different purposes, including reimbursing volunteers for travel. But not all agencies reimburse volunteers for their travel costs.
- Q: Will SHIIP counselors go into people's homes?
A: The volunteers will go to people's homes if they are homebound, but SHIIP encourages volunteers to provide assistance at the sponsoring agency or at other locations where seniors or people with disabilities can easily access. The local organizations must provide an office for counseling appointments and the hours of operation vary.
- Comment: SHIIP has been trying to do special outreach to people with disabilities who are on Medicare. Many seniors know about the program, but it is less well known among people with disabilities. The program is flexible and will provide information and training to community organizations, churches, etc.
- Q: How does SHIIP handle peak times (eg, Medicare Part D open enrollment period, Medicare Advantage enrollment periods)?
A: During peak times of Part D, local agencies set up walk-in clinics, required by state office, publish locations on website. They found that in 2006, when Medicare Part D first began enrollment, they did not have sufficient state telephone capacity or volunteer capacity to meet all the requests for assistance.
- Comment: While SHIIP can serve as a model for the patient navigators, there are specific differences between the two programs. For example, the HBE must contract with at least two different types of entities. Navigators must provide impartial information but also help individuals apply for and enroll into the HBE (or Medicaid, CHIP if appropriate). The HBE must

provide grants to the eligible agencies, but there is nothing in the regulations that would prohibit the HBE for paying eligible entities on a per enrollee basis. States have discretion about how to design their navigator programs.

- Q: Can federal grants pay for the administration costs of creating a navigator program (eg, creating the training modules, certification system)?

A: We do not know. It's possible that federal funds may be used for the state's administrative costs, but not to pay the navigator entities. We need further clarification on this from the federal government.

- Q: What is the SHIP annual budget? How much do the local entities receive?

A: The SHIP annual budget for local entities is \$546,000. Local entities get between \$3,000-\$6,000/year, depending on the number of people they see during the year. There are also federal funds allocated for state computer systems, advertising. The state receives approximately \$3 million/year which is used to support 25 employees in the state SHIP program.

DISCUSSION

Dr. Silberman raised questions for the subcommittee to consider in designing a navigator program. The questions, comments, and potential recommendations are described below.

1. What type of training and expertise should be required for navigators?

- It was noted that agents receive 40 hours of training initially with a preliminary exam, then 24 hours of CE required every 2 years. SHIP provides generic training about different types of health plans, with training about how to navigate websites to find out plan-specific information about costs, products and providers.
- Recommendation: Navigators should be required to have extensive training up front, pass a certification exam, and then be required to take continuing education courses.
- Recommendation: Training for navigators should be generic, and include information about key insurance concepts, including but not limited to premiums, deductibles, copays, coinsurance, premium tax credit and subsidies, small business tax credit, essential health benefits, the different plan levels, Medicaid, CHIP, and the Basic Health Plan (if appropriate). In addition, the training should provide information on how to enroll on-line, as well as how to find out information about the quality of the different plans, and whether a specific provider is part of the network.

2. Should the state include other requirements in addition to those set out in federal law (eg, data reporting, threshold of activity)

- Recommendation: We do not know what the federal government will require in terms of documentation or data collection. However, the subcommittee recommended that the navigators provide information about the numbers of people served and types of services provided (similar to what is required for SHIP counselors).
- Recommendation: The state should create a complaint system so that people can provide feedback to the state about their experience with specific patient navigators. This is required under the ACA.
- Requirement: The state should establish minimum activity thresholds (for example, number of one-on-one counseling sessions, number of people who enrolled, number of people from target populations, number of people reached during information and outreach sessions).

3. Should the HBE contract with all qualified entities or limit contracts to specific types of entities?

- Recommendation: HBEs should contract with *at least* two different types of entities at the local level, including one entity that has connection to uninsured individuals, and one entity that has connection to small businesses.
- Recommendation: The HBE should contract with Smart NC (the state's consumer assistance agency) to provide the training and certification of patient navigators. The NC Department of Insurance created Smart NC to provide impartial information, help people enroll, assist individual with appeals and grievances. Thus, Smart NC will have overlapping responsibilities with the patient navigator program. To ensure coordination between the two programs, the Smart NC program could serve as backup for the patient navigator program (similar to what the state SHIP office provides for local SHIP agencies and volunteers).
- Recommendation: HBEs should contract with sufficiently diverse groups to reach all the potential eligible population (eg, ethnic/racial minorities, special populations, small businesses, low-income, self employed).
- Recommendation: The HBE must ensure that patient navigators are culturally sensitive and linguistically accessible, and that the computerized enrollment system meets the needs of people with disabilities.
- Recommendation: The state should provide liability protection to patient navigators similar to what is currently offered SHIP counselors.

4. Is there any way to preclude another organization that is not a navigator from helping someone enroll?

- Discussion: The subcommittee recognized that anyone can seek help from someone they trust to help them enroll into a health plan. Many people will never seek the assistance of formally trained navigators. The group explored the possibility of trying to track who is providing assistance to see if they are steering enrollees towards certain insurers or types of plans.

5. What is the role of agents/brokers?

- Discussion: In order to prevent a conflict of interest, agents are precluded from receiving funding as navigators inside the HBE and also receiving commissions from insurers to provide assistance to people inside the HBE. (Agents could, however, receive commissions to provide advice to people/employers for insurance purchased outside the HBE and receive payment from the HBE to serve as patient navigators inside the HBE). However, agent representatives in the subcommittee believed that few agents would want to serve as patient navigators.
- Discussion: Some committee members believe that few small businesses will choose to purchase health insurance coverage inside the HBE because of the requirement that small businesses offer health insurance coverage to all new employees as of the first day of their employment. The agents did not believe that the small business tax credit would help many small businesses.
- Discussion: The subcommittee discussed the possibility of setting up a referral system from navigators to agents for small businesses or individuals who wanted more intensive counseling, and assistance in selecting a health plan.

6. How can the state ensure that navigators provide impartial information and not have a conflict of interest?

- The group discussed whether health care providers can serve as patient navigators, as they may have a conflict of interest (for example, different insurers pay health care providers different amounts, so a provider may have a financial interest in steering potential enrollees to health plans that provide the highest level of reimbursement).
- The group discussed whether certain types of health care providers should be treated separately than others. For example, qualified health plans are required to contract with essential community providers (including federally qualified health center). If a QHP contracts with a FQHC, it must pay the FQHC using the Medicaid prospective cost-basis. Thus, all QHPs should be paying FQHCs approximately the same amount. This reduces the potential conflict of interest for FQHCs.
- The group recognized that providers will probably help many people enroll into a health plan even if they are not serving as official navigators. Thus, a question was raised about whether there was a way for the state to track provider-assisted enrollment to determine whether specific providers were steering applicants to specific insurance plans.

The subcommittee was unable to address all the questions, and will have one more meeting to discuss other outstanding questions, including:

- Whether and how navigators should be compensated
- How payments to navigator entities would be financed (initially and after 2014)
- Whether Medicaid should help pay for part of the navigator costs
- What other consumer assistance and outreach is needed