HEALTH BENEFIT EXCHANGE AND INSURANCE OVERSIGHT WORKGROUP
NAVIGATOR SUBCOMMITTEE
Monday, January 30, 2012
North Carolina Institute of Medicine, Morrisville
1:00pm – 4:00 pm
Meeting Summary

Attendees
Subcommittee Members: Allen Feezor (co-chair), David Atkinson, Tracy Baker, Teri Gutierrez, Ted Hambry, Rep. Verla Insko, Adam Linker, Carolyn McClanahan, Susan Nestor, Carla Obiol, Elizabeth O'Dell, Elizabeth Phillips, Rebecca Whitaker

Steering Committee and NCIOM Staff: Kimberly Alexander-Bratcher, Krutika Amin, Thalia Fuller, Julia Lerche, Lauren Short, Pam Silberman, Anne Williams

Other Interested people: Missy Brayboy, Monica Jones, Linda Kinney, Andy Landes, Tanieka Robinson, Cathy Short

WELCOME AND INTRODUCTIONS
Allen Feezor
Senior Policy Advisor
North Carolina Department of Health and Human Services
Co-Chair

Mr. Feezor welcomed everyone to the meeting and asked people to introduce themselves.

Update on Insurance Smart NC
Carla Obiol
Senior Deputy Commissioner
Ombudsman Services Group
North Carolina Department of Insurance

Susan Nestor
Director
Health Insurance Smart NC
North Carolina Department of Insurance

Ms. Obiol and Ms. Nestor updated the subcommittee on the NC Department of Insurance consumer assistance program, Health Insurance Smart NC. The program, which follows a case management model, has handled almost 2000 consumer cases since it opened in April 2011. The program (1) provides assistance to consumers filing complaints or appeals, (2) assists consumers in finding enrollment opportunities, (3) fulfills external review requests, (4) educates consumers about their existing coverage, and (5) provides outreach education to help North Carolinians understand health insurance issues. Most caller questions regard information on available plans, the enrollment process, ACA provisions, and their impact on the consumer. Ms. Obiol and Ms. Nestor emphasized that staff members work to connect consumers to the appropriate sources of help when the issue falls outside the scope of Health Insurance Smart NC.

Future funding for Health Insurance Smart NC is unsure because HBE funds cannot be used for consumer assistance programs. However, CCIIO approved a year of funding for a pilot call center to answer questions similar to those Health Insurance Smart NC receives now.

Selected Questions and Comments:

- Q: How did consumers find out about Health Insurance Smart NC? A: The program contact information is provided anytime a consumer gets a denial from his/her insurer.
- Q: How long does a typical enrollment call take? A: 20-30 minutes.

DISCUSSION ON ENROLLMENT ASSISTERS (CBO/NON PROFIT, DSS, PROVIDERS, DOI, AGENTS/BROKERS, OTHER)
Pam Silberman, JD, DrPH
President & CEO
North Carolina Institute of Medicine

Dr. Silberman outlined the agenda for the group discussion and set the stage with an overview of the different types of consumer assistance and the potential sources for enrollment assistance. Consumer assistance includes outreach and education, enrollment assistance, and health plan selection. Sources of enrollment assistance, in particular, include self-identified assisters such as a friend or family member, DSS, Providers, DOI, and agents/brokers. Dr. Silberman briefly summarized the subcommittee's October discussion of Navigators and the Medicaid and Safety Net Workgroup recommendations regarding Navigators before inviting group discussion.

Dr. Silberman's presentation can be found here: Outreach, Education, Enrollment, Assistance.

Selected Discussion:
Dr. Silberman facilitated group discussion regarding the roles, responsibilities, training, and certification of consumer assisters, including, but not limited to navigators. Generally, there was support for a Navigator system that uses training similar to that SHIIP volunteers currently receive and includes continuing education and certification requirements. Similar to SHIIP volunteers, Navigators should help individuals understand different health plan choices, as well as insurance concepts, and help facilitate enrollment, but non-agent/broker navigators will not be licensed to advise individuals/small business to select specific plans. Only trained and certified patient Navigators would be linked to individuals seeking help with enrollment. All recognized navigators will be required to meet reporting requirements to ensure accountability.

The workgroup discussed the roles of different sources of enrollment assistance including DSS eligibility staff, providers, and agents/brokers. The workgroup expected that many people will go to DSS to enroll in Medicaid. Thus, it was agreed that each DSS office should have staff that are certified navigators to assist those who are not eligible for Medicaid and need help enrolling in a qualified health plan. There was no consensus as to whether providers could be certified navigators. There is concern that some health care providers may have financial conflict of interests because different insurers pay them differently. Some provider types, such as FQHC, free clinics, and rural health clinics, have less of a conflict of interest because they are paid equally by different payers or unpaid.

Suggestions included allowing hospitals or other providers to train staff to be certified navigators; not allowing providers, such as hospitals, to be navigators but locating independent navigators at hospitals; offering an alternative level of non-navigator consumer assistance training, and providing hospitals with a 1-800 number for linking patients with certified navigators. There was a lack of general agreement on the

extent of training or tools offered to non-navigators who will presumably assist with enrollment in an unofficial capacity. However, workgroup members generally agreed not to officially recognize more than one level of trained assisters.

The workgroup generally agreed that agents/brokers could be certified as navigators. The group generally believed that agents should also be certified as navigators in order to see insurance in the HBE (to ensure that they understand all the insurance affordability options). Further discussion is needed to determine how agents will be paid and how will it affect their financial interest in referring individuals/small groups to specific health plans.

The workgroup also discussed the payment of navigators. Federal law requires that the HBE provides grants to navigator "entities;" however, in 2013-2014, there will not be operational funds to pay navigators.

The group identified the need to discuss the role of providers as navigators, and navigator compensation more fully at a subsequent meeting.

	Training	**Certification**	**Advertised Link**	**Paid (by whom)**	**Plan Selection Advice**	**Accountability**
DSS	Yes	Yes	Yes	? Grants for training (at minimum)	No	Yes
CBO / Govt. Agency	Yes	Yes	Yes	HBE ?	No	Yes
Hospitals / Private Providers	?	?	?	?	No	?
FQHC / Free Clinic / LHD / LME	Yes	Yes	Yes	HBE?	No	Yes
Agent / Broker	Yes-Level?	Yes	Yes (only if certified)	? Can either be paid as navigators or by insurance commission	Yes	Yes? (captive agent vs. other)
Individuals / Consultants	?	?	?	?	No	?