NCIOM North Carolina Institute of Medicine
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HEALTH BENEFIT EXCHANGE AND INSURANCE OVERSIGHT NAVIGATOR SUBCOMMITTEE

Tuesday, February 21, 2012
North Carolina Institute of Medicine, Morrisville
9:00am – 12:30pm
Meeting Summary

WELCOME AND INTRODUCTIONS

Louis Belo
Chief Deputy Commissioner
North Carolina Department of Insurance
Co-Chair

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

UPDATE ON SHIIP ACCOUNTABILITY PROVISIONS

Melinda Munden
SHIIP Statewide Volunteer Manager
NC Department of Insurance

Ms. Munden gave an overview of the organizational structure of the Senior's Health Insurance Information Program (SHIIP) and the tools they use to track volunteers. There is at least one local coordinating site in each county that provides meeting space, office equipment, and local support to SHIIP volunteers. SHIIP currently has 865 local volunteers who complete online basic training and provide at least 40 hours of volunteer service each year including follow up training, counseling, enrollment assistance, and outreach activities. SHIIP uses two different databases to capture client information and volunteer activities: the SHIIP's Information Technology Services (SITS) database, which was designed by NCOI specifically for SHIIP and is maintained by SHIIP, and the federally maintained SHIPtalk database. These databases can generate Client Counseling Reports and Public and Media Reports by a number of variables including date, counselor, zip code, and agency.

Ms. Munden's presentation is available here: SHIIP Mechanisms to Track Volunteer Accountability.

Selected Questions and Comments:

- Q: Do the databases talk to each other?
  A: No. Information has to be entered into each database.
- Q: Is the client's name captured in reports?
  A: The clients name is recorded if they provide it, but it is not required.
- C: When SHIIP doesn't have the capacity to handle the call load, CMS has a 1-800 line where queries can be diverted.

CONTINUED DISCUSSION ON ENROLLMENT ASSISTERS AND NAVIGATORS IN THE NON-GROUP MARKET

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

Dr. Silberman gave the workgroup a brief overview of the navigator, outreach, and enrollment provisions in the ACA. She reviewed the tentative recommendations for the role of the navigator in the nongroup market before facilitating discussion of the outstanding questions:

- What is the role of health care providers in helping people enroll (eg, hospitals, FQHCs/RHCs, Local Health Departments, pharmacists, doctors)?
- How should navigators be paid (if at all)?
- What training, if any, should be offered to other organizations that are not recognized as official navigators?
- How to create a no-wrong door for people applying for any insurance affordability programs?
- Who will help individuals in the enrollment process if they are required to provide additional information to address conflicting administrative data?

Dr. Silberman's presentation is available here: Navigators, Outreach, Other Assisters.

Selected Group Discussion:

- Oversight and Accountability
  - Can we track to see if individuals are steering applicants to certain plans?
  - Navigators shouldn't be making plan specific recommendations, but we can track if navigators help the individual enroll online.
- Role of Providers
  - With some training on the new rules and basic guidelines, providers would be a good vehicle to provide general, accurate information in the best interest of the patients.
  - Individuals should be referred to trained navigators for enrollment assistance. The HBE should not refer individuals to providers the way they link individuals with navigators. Offering providers basic training is an acknowledgement that the provider entities will be providing some information to their patients, even if they don't formally help with enrollment.
  - Safety net providers are ideal to communicate some of the complexities of the HBE because of the cultural/diversity competencies that are different for safety net providers.
  - Nothing stops providers from helping individuals navigate the online portal. If they are navigators they are required to provide insurance explanations in a neutral manner and not steer patients towards specific carriers or plans. These restrictions are not in place if they are not navigators, so why not make all providers navigators?
  - If providers are excluded from being navigators, then FQHCs/RHCs should be required to have certified navigators in their locations. FQHC may pass the conflict of interest test and be allowed to navigate.
- Conflict of Interest
  - Should there be different conflict of interest requirements for navigator entities and navigator individuals or should a conflict of interest test ensure that neither individual navigators nor navigator entities have a conflict of interest?
  - Include a code of ethics in the certification process that delineates what people can and can't do.
- Payment for Navigators and Navigator Entities

- The state will receive federal grant funds to establish and operate the HBE through 2014. However, the HBE cannot use federal grant funds to pay navigator entities, and the HBE is unlikely to have new revenues (such as premium tax revenues) until 2015. Thus, the HBE may not have outside funds in 2013 to pay navigators. Potentially other state or foundation money can be used to fund these activities.
- Federal funds may be used for outreach and certification/training.
- Give base rate grants (proportional to the number of people potentially eligible to enroll) to navigator entities the first year and performance based grants in the following years. Individual compensation is a question for the HBE board.

The workgroup will continue discussion of the remaining questions at the next meeting:

- What training, if any, should be offered to other organizations that are not recognized as official navigators?
- How to create a no-wrong door for people applying for any insurance affordability programs?
- Who will help individuals in the enrollment process if they are required to provide additional information to address conflicting administrative data?

The next meeting is scheduled from 1:00pm – 4:30pm on Monday, March 5th.