Report of the Joint Meeting of the Consumer Assistance & Producer Advisory Committees

(April 10, 2013)

1. What is the role of in-person assistors (IPAs) with respect to "hard-to-reach" employer groups?

Commentary: Producers and IPAs agreed that there is considerable opportunity for cooperation among the two groups. One area of complementarity is for IPAs to help or take the lead in reaching out to and educating small employer groups for group insurance, particularly those with which that they have natural relationships. For example, if an IPA has a relationship and enjoys the trust of certain employers because of language and/or ethnic customs, the IPA should take the lead in reaching out and educating them about the ACA, new subsidized opportunities, the requirements on large employers and individuals to have coverage, etc. This should also include employers that currently are in industries where the uninsurance rate or the underinsurance rate is high, such as restaurants, bars, beauty, entertainment companies, seasonal businesses, and home health. If such employers are interested in purchasing group insurance, the IPA may help with follow-up or connect the group to a producer who can enroll them. If the employer is not interested in providing coverage, but the employer will host opportunities to reach to his/her employees, then the IPA may be most appropriate to work with these individuals in securing coverage, especially where such coverage is likely to be under various public subsidy programs.

IPAs should include small employer industry associations that can reach their small employers to educate them about new opportunities under the ACA, and begin to advise them about the availability of group or individual coverage for their employees. Clearly the focus of efforts for IPAs in the group insurance field is thought to be outreach, and providing education and information. Depending on the appetite of the employer for group insurance, this may lead to producer involvement or the IPA may be working to qualify individual employees for public coverage programs.

Cooperation is important and may include producers reaching out to IPAs for assistance as well, where a producer has a case with which he or she needs help because of language barriers. In this case, it would be very helpful to the producer and the employee group to be able to draw on translation skills from an IPA with which the producer has developed a relationship, so that translation is being done by someone who is knowledgeable about health insurance, the ACA, and the DC Exchange.

Recommendation: IPAs' target populations should include reaching out to and educating "hard-to-reach" employer groups about their (and their employees') options and obligations under the ACA, the importance of health care coverage, and how to secure more information and help with group or individual coverage. Although an IPA shall be required to provide the full spectrum of assistance from outreach to eligibility, enrollment and follow-up, some IPAs may focus more on outreach and education where they have existing networks that allow them to communicate with "hard to reach" small

businesses. Such IPAs would be required to build relationships with producers that will facilitate a smooth cooperative working relationship or hand-off to producers for assisting such groups to enroll in employer-sponsored insurance. Producers should leverage the knowledge and expertise of IPAs where it may be helpful to provide the best service to a client, such as in overcoming language barriers.

2. What differentiates the roles of producers and IPAs with respect to helping individuals obtain coverage?

Commentary: All agreed that there is far more overlap between producers and IPAs likely in the individual market. However, two points of distinction stand out: (1) IPAs will have financial support for their mission to find and educate the uninsured—who are often unlikely to seek coverage on their own--and IPAs often have special connections to them; whereas (2) producers are uniquely trained, licensed and insured to counsel buyers on which plan they should purchase and enroll in.

This complementary focus suggests a natural division of labor between producers and IPAs: that both can take an individual through the entire process of informing them of options, helping them to establish eligibility for Medicaid, the Alliance or commercial coverage in the Exchange. With regard to enrollment, both can walk an individual through the types of plans and questions to consider when choosing a plan, such as current providers and current healthcare needs. However, where an individual is seeking a specific plan recommendation, an IPA cannot perform this function, whereas a producer can. Producers also have considerable experience following up with carriers as issues arise with an individual's coverage.

The two points of distinction also suggest an especially fruitful focus for IPAs: that whereas producers have limited manpower and resources to "beat the bushes" for the uninsured, doing so is a core function of IPAs. Conversely, individuals that already have insurance, whether they have a producer or not, should not be the focus of IPAs, unless they seek out an IPA's help. Therefore, IPAs should be expected to concentrate more of their resources on finding and educating individuals in the target population. IPAs could build relationships with producers for plan selection and follow-up where it would be helpful to an individual. IPAs will also refer individual consumers to the Office of the Health Care Ombudsman for assistance with complaints, appeals and help with issues that may arise in using coverage.

Recommendation: IPAs should make a strong commitment of resources and time to finding the uninsured of low- to moderate-income, educating them about the value of healthcare coverage, helping them to get a determination of their eligibility for various subsidized coverage programs, and to access the DC Exchange for selecting commercial insurance. Producers should be trained to perform these same functions, but will not be conducting the same level of outreach and education to reach uninsured individuals as IPAs. IPAs could build relationships with producers for plan selection and follow-up where it would be helpful to an individual.

3. How should training/certification for producers and IPAs overlap and differ?

The group did not have time to discuss this question explicitly, but the response to this question naturally builds on the recommendations from the first two questions. Based on those recommendations and the tenor of the discussion, the co-chairs and facilitators of the two advisory committees suggest the following recommendation, which has been reviewed by both full committees:

Recommendation: Training for both IPAs and producers should cover (1) ACA reforms and the market rules for non-group and small-group insurance, (2) eligibility rules for Medicaid, the Alliance and Premium Tax Credits and Cost-Sharing Reduction subsidies, (3) application of the individual responsibility requirement, small employer tax credits and large employer responsibility to offer coverage, (4) how to use the DC Exchange and its technology platform to serve clients, to share resources, and to enroll in qualified health plans in the Exchange, (5) procedures and contacts for referrals. In addition, IPAs should be trained and tested on the fundamentals of non-group and small-group insurance, including different products (HMO, PPO, HDHP), network contracting, care management, quality improvement and measurement, rating, patient protection and appeals, and medical necessity and other medical management.