

**Certified Application Counselor Recommendations to the DC Health Link Board
From the Consumer Assistance and Outreach Advisory Committee
July 19, 2013**

The Consumer Assistance and Outreach Advisory Committee met on June 26 and July 18 to discuss and develop recommendations regarding a DC Health Link Certified Application Counselor (CAC) program. As per federal rules, the CAC program is a mandatory program that will enable DC Health Link to train and certify individuals who provide eligibility and enrollment services even though they are not paid by DC Health Link. Many of these individuals currently work for health care providers and community-based groups in the District of Columbia.

The Consumer Assistance and Outreach Advisory Committee developed consensus recommendations regarding most aspects of the program, with one non-consensus recommendation regarding whether the staff of health insurance carriers should be allowed to serve as CACs.

Consensus Recommendations

In general, the Consumer Assistance and Outreach Advisory Committee felt that the CAC program should build on the policy decisions and infrastructure developed for the In-Person Assister (IPA) program. The Committee noted that CACs will be performing similar roles to IPAs, so their training and certification requirements should be similar. The Committee noted that the DC Medicaid program has not elected to have a separate CAC program at this time, but affirmed that CACs will assist individuals and families with enrolling in all insurance affordability programs.

Roles of CACs

The Advisory Committee recommends that CACs be permitted to perform similar roles to IPAs, which include:

- Conduct public education to raise awareness about the availability of qualified health plans (QHPs);
- Distribute fair and impartial information;
- Facilitate enrollment into QHPs;
- Provide referrals to the appropriate entity or agency for consumers with a grievance, question or complaint; and
- Provide information that is culturally and linguistically appropriate to meet the needs of the population being served by the Exchange.

The distinction between the CAC program and the IPA program is that the roles represent a list of activities a CACs may perform (though they are not required to perform all of them), while the roles/duties above are required activities in the IPA program.

CAC Training and Certification

Because the roles of CACs and IPAs are similar, the Advisory Committee recommends that CACs fulfill similar training and certification requirements as IPAs. A training program is being developed for IPAs based on the Committee's recommendations (which the Board adopted). The CAC training should include the same content. It

was noted in Committee discussion that it will likely not be possible to provide CACs with in-person training (as most IPAs are receiving) and that a web-based approach is likely to be pursued.

The IPA program also calls for a skills-based competency exam for IPAs, and CACs would complete the same exam that is being developed for IPAs. CACs would also need to comply with similar certification requirements (as IPAs) in the areas of background checks and privacy and security agreements.

Organizations that Can Sponsor/Employ CACs

The Advisory Committee recommends that CACs be employed by or volunteer with an entity that has a mission consistent with the roles of CACs and that is willing to bear responsibility for the work of individual CACs. The Committee did not recommend further restrictions, except for carriers, as further discussed below.

Non-Consensus Recommendations: Can the employed staff of health insurance carriers serve as CACs?

There was considerable discussion in the Advisory Committee as to whether the staff of carriers could serve as CACs. Federal rules prevent IPAs from being employed by a carrier, but they allow state marketplaces to determine whether CACs can work for carriers. The majority of the committee expressed conditional support for allowing carrier staff into the CAC program, though other members of the Committee felt strongly that the clear conflict of interest would prevent carrier staff from successfully filling that role.

Those that supported carrier staff as CACs thought the CAC program could be an effective tool for helping to transition the currently-insured population into a DC Health Link plan and that the first priority should be to ensure that no currently insured person becomes uninsured or has a break in coverage. Because the District is requiring all individual market plans to be sold through DC Health Link, there is a desire to do everything possible to make the transition seamless for consumers and to prevent individuals from losing coverage. There are currently approximately 20,000 people covered in the individual marketplace that will need to be transitioned to DC Health Link. Carriers have expressed interest in participating in the CAC program as a way to assist their customer base in enrolling in coverage. The primary advantages a carrier would gain through CAC status is 1) access to formal DC Health Link training and 2) access to the same web portal that will be used by IPAs and brokers when it becomes available.

Those who opposed carrier staff as CACs stressed the importance of consumers receiving fair and impartial information. While there are some protections in the regulations – CACs would have to disclose conflicts to the consumer and would have to agree to provide the consumer with the “full range of QHP options and insurance affordability programs” – these Advisory Committee members felt that the “official” CAC program of DC Health Link should not include carrier staff.

The Advisory Committee discussed a possible compromise position of allowing carrier staff to serve as CACs with conditions. These conditions are in addition to the federally required conditions related to disclosing conflict of interest and a requirement that CACs present all plan options. With the following conditions, 5 committee members supported carrier-employed CACS, while three opposed.

- Carrier staff CACs would only serve those currently insured by the plan. Uninsured individuals who call a plan for help with navigating the web portal would need to be referred to another type of assister (for example, a producer, an IPA, or the call center).
- CACs must present all plan options.
- The carrier staff role as CACs would be limited to 1 year and revisited.

A detailed listing of the votes on the conditional role for carrier CACs is included below.

- **Erin Loubier, Whitman-Walker Health:** Yes.
- **Elaine Saly, Families USA:** Yes.
- **Susan Walker, DC Coalition on Long-term Care:** Yes.
- **Katherine J. Stocks, The Goldblatt Group:** Yes.
- **Kimberly L. Fox:** Yes. Kaiser Foundation Health Plan of the Mid-Atlantic States Region
- **Stuart Berlow, DC Cancer Consortium:** No, because he is concerned that carrier employees cannot be impartial. He would be willing to consider carrier CACs if they were just supporting the currently insured. He is worried about what information the uninsured would receive.
- **Stephanie Oluchukwu Akpa, Legal Aid Society of the District of Columbia:** No, concurs with Mr. Berlow.
- **Marilyn Koss, Koss Benefits, Financial, and Insurance Services:** No, concurs with Mr. Berlow.

Committee members not in attendance or voting by email:

- Alma A. Alfaro-Laska, The Greater Washington Hispanic Chamber of Commerce
- Bethlehem Tadesse, The Community Education Group (CEG), Washington, DC
- Theresa A. Waters, American Immigration Lawyers Association

There were also several others from the community in attendance at the meeting who expressed support for allowing carrier staff to serve as CACs. The carriers themselves expressed strong support, saying they did not endorse the “conditions” that were discussed, but that they would be willing to accept conditions in order to be included in the program. One participant from the DC ombudsman’s office stated strongly that our first priority is to make sure that everyone gets enrolled. Further discussion emphasized the importance of a strong enforcement strategy to ensure that carrier CACs adequately comply with the requirements.

Additional Comments on Carrier Designation as CACs

A clarification is offered to my Consumer Outreach Committee vote against designating carriers as CACs with consideration of restrictions.

While carrier CACs may lessen potential loss of insurance retention by those who are insured (particularly those without a Broker of Record), it also can result in the inability of policyholders to obtain accurate and impartial information on plan options affecting their health care. Both are primary concerns. Carriers have obvious conflicts of interest, especially as it concerns the persistency of existing business, but also in terms of growing their customer base and lowering distribution costs. Disclosure statements and listing of options cannot substitute for appropriate consumer protections within the Exchange distribution system.

The state of Maryland specifies that carriers are prohibited from being designated as Application Counselors, because of the obvious conflict of interest, but permits authorized carriers to enroll their clients who call their call centers and to call their existing policyholders.

It appears to me that it is inappropriate to designate carriers to act on behalf of the Exchange as CACs. However, if that were to occur, additional modifications are proposed for the protection of existing policyholders:

1. Carriers should be limited to calling out to those policyholders currently insured with that carrier only
2. Carriers must re-enroll individuals and groups using the designated Broker of Record
3. Carriers must notify the Broker of Record about the re-enrollment, for all follow-up, and
4. If an individual or group who has a policy with another carrier calls the carrier, they should be referred to their producer, the Exchange Call Center or the prior carrier. The carrier's own database does not enable that carrier to see the details of coverage or Broker of Record information, and therefore, that carrier cannot adequately advise people about coverage changes or loss of broker assistance.

In addition,

Carriers should be required to send out a renewal notice, copying the Broker of Record as they do today and similar to the Notice of Plan Options required by DOL of all employers with group plans. The notice must explain that **all must actively re-enroll through the Exchange portal or risk termination of coverage. It also must indicate that (1) individuals now may qualify for important new subsidies, (2) plan designs have been changed, in many cases dramatically, to conform to federal rules, and (3) renewals will not be automatic. The letter would advise policyholders to contact their producer, IPAs or Call Center.**

The Exchange should not discourage consumers from working with independent brokers for an impartial presentation of options responsive to their own needs at no additional expense. (We would note the carriers expressed in Committee unbridled support for access to enrollment capability without any restrictions at all.)

At the same time, there are many individual policy holders who do not have a broker because they obtained their coverage directly from the carrier. That option remains in place for consumers using the Exchange Call Center, given that the use of brokers is not mandatory but encouraged.

Retention of insurance for those who currently have coverage is a compelling concern, as is the need for impartial information regarding options and new subsidies offered. Consumers also deserve the right to work with independent advisors at no additional expense. These important interests need to be enforceable, and this recommendation is offered to advance all four.

Marilyn Koss, ChFC, IAR
President, Koss Benefits Financial
July 23, 2013

Other independent producers who have expressed support for this view include:

Lee Bethel, CLU, ChFC, REBC, RHU, CAP, ChHC, AIF
President, Comprehensive Benefit Services, Inc.

Stephanie J. Cohen, Partner, Golden & Cohen

Steven Hager, CLU, President, Raffa Financial Services

Scott M. Golden, JD, MBA, LLM, Principal, NFP Golden & Cohen

Addendum to Consumer Assistance Committee Recommendations to the Board

Re: Certified Application Counselor Program

The following is an amended list of conditions for carriers who are certified as Certified Application Counselors.

The Advisory Committee discussed a possible compromise position of allowing carrier staff to serve as CACs with conditions. These conditions clarify and add to the federally required conditions related to disclosing conflict of interest and a requirement that CACs present all plan options.

- Carrier staff CACs would only serve those currently insured by the plan. Uninsured individuals who call a plan for help with navigating the web portal would need to be referred to another type of assister (for example, a producer, an IPA, or the call center).
- CACs must present all coverage options, including the option to enroll in Medicaid.
- The carrier staff role as CACs would be limited to 1 year and revisited.
- The carrier staff CACs must clearly state that there are new plan options and new cost assistance available through DC Health and that the consumer does not have to re-enroll in their current plan.
- Carrier CACs must disclose conflicts of interest in plain language that makes it clear to the consumer how these conflicts of interest might influence the information and assistance provided, and provide a statement about alternative options to receive impartial assistance with enrollment through an IPA or the call center.

These are important protections that will ensure that consumers who seek assistance through a health plan to learn about how the changes made under the Affordable Care Act affect them and about new coverage options that are available to them receive complete information about all of their health coverage options and options for receiving assistance with enrollment in coverage.

Thank you for your consideration of these recommendations.

Sincerely,

Elaine Saly

Families USA

Co-chair, Consumer Assistance Advisory Committee