

**CareFirst Comments on the
DC Exchange Navigator/Broker Program
Submitted by Tonya Vidal Kinlow
October 12, 2012**

1. Role of the Navigator

- Navigators should perform four main functions primarily for the Individual Market: 1) conducting outreach; 2) educating consumers; 3) determining eligibility for subsidies; and 4) assisting in enrollment.
- For individuals in small employer groups, Navigators should be equipped to assist in determining eligibility for subsidies.

2. Navigator Role in the Individual and SHOP Exchange

- Yes, there should be separate programs for the Individual and Small Group Markets since consumer needs differ for each market. For example, an individual might be eligible for a range of Exchange product offerings, including Basic Health Plan, Medicaid or other publicly funded programs which would not apply to consumer in the SHOP Exchange.
- Navigators in the Individual Market should be equipped to help consumers determine their eligibility for the most appropriate coverage, as well as for any subsidies and other Exchange benefits for which they qualify.
- Small Group Market consumers will need assistance in coordinating their employer-sponsored coverage, if offered, with the subsidies/tax credits that are available to them through the Exchange.

3. Broker Role, Appointment Process and Compensation

- Brokers should be permitted to provide the same services on the Exchange as they provide in the off-Exchange market.
- Brokers should continue the current role they play in serving as a resource to assist small employers with their health insurance needs. They are in a position and have the expertise to provide comprehensive information about available products in helping the employer select a plan that best meets its needs.
- Brokers should be allowed to be appointed by all carriers consistent with the carrier's credentialing process. However, health plans should have the option to cancel an appointment for cause.

4. Navigator Education and Training

- Navigators should be required to be knowledgeable about all aspects of the Exchange, the Medicaid program and other publicly funded health insurance programs.

- The Exchange should develop a curriculum to test each Navigator's understanding of the Exchange and its rules. Navigators should be required to take a test annually to maintain certification/licensure.

5. Navigator Licensing, Certification, and Compensation Process

- Navigator entities should be certified by the Exchange to perform all ACA required functions. Individual navigators should be licensed and should have to pass knowledge based exams with annual reassessment.
- The Exchange should certify, contract with, and provide grants to Navigator entities that meet its eligibility criteria. The grants should be funded as a part of the Exchange's operational expenses. These entities should be held to measurable performance requirements as part of their contract.
- Individuals serving as Navigators who are paid by the contracted entities should be required to be licensed by the District and individually pass Exchange certification requirements, including annual recertification. The Navigators should be paid on a salary basis so they remain objective in the process of educating consumers and facilitating enrollment. Any effort to compensate Navigators on an enrollment basis would blur the lines between their role and that of the Broker.
- The contracted entity should pay the costs and fees required to certify and license the individual Navigators. To streamline the process, the Exchange should explore the possibility of using the existing Department of Insurance, Securities and Banking (DISB) broker certification/licensing process.

From: Susan Walker [<mailto:swamswlicsw@gmail.com>]
Sent: Friday, October 12, 2012 4:00 PM
To: Norton, Bonnie (DHCF)
Cc: Judith Levy; Susan Walker; Elaine Saly
Subject: Navigator Program Comments

Date: 10/12/2012

To: Operations Subcommittee

From: Susan A. Walker, MSW, LICSW, LCSW

Volunteer D.C. Coalition on Long Term Care to HRIC

I would like to commend the Crider Group on an easy to read, and comprehensive analysis.

Outreach: I hope that the recommendation to use many of the Community Based Organizations (CBO) for the Navigator Program will be followed. These CBO have spent years developing a rapport in their communities that would take any other group awhile to emulate. However, I would like to recommend that in order to reach the "Young Invincibles" (18-35 years) that there be field outreach/enrollment navigators that can go where these people would congregate and work to enroll them. There also may need to be some unusual outreach such as at social functions. I also hope that there will be enrollment navigators at hospitals, clinics, and large professional medical offices. I think that it would be wise to offer some training to physician's staff and 24 hour medical walk-in clinics so they can refer patients to appropriate enrollment points.

I also think that having navigators pick specialty areas would be important due to the small number of very diverse groups that will need to be educated and enrolled. I am particularly thinking of groups with English as a second language; it would be almost impossible for the HBX to provide all the languages required. However, I hope that the HBX knows about Language Enterprises that provides translation for an incredible number of languages for a reasonable fee if required. However, although I think specialization is needed, there also needs to be through the HBX generalists that can do it all, so that there are people available when requested by various organizations.

Appropriate training is absolutely essential to be sure that the Navigator is effective. If clients do not feel that they are appropriately helped it will drastically effect the goal of the program - enrolling everyone. Word of mouth about a good experience will be your best public relations tool and a bad experience will hurt the program. Consequently, I think that there does need to be a certification program with testing. Just as Nursing Personnel schools need to present their curriculum, faculty and site for approval, Navigator Training program should do the same. HBX may need to contract for the initial training to get the program functioning by 10/2013, but I am sure that this void will be filled fast if the word is put out. I am sure the Department of Health would be glad to share their experience and expertise.

I disagree with asking for donations to set up the program. This option leaves the program open to conflict of interest and corruption. I agree with a combination tax on the providers, professional licenses and sin tax - hopefully with all three it could be so small an amount that no one group would object.

I agree with a mixed payment program for the services - a flat fee for education and outreach and a fee for each person enrolled.

I agree that producers would continue to be paid as they are and that the agents and producers role should be left as they are, especially in the initial phase of operation.

Thank you for the opportunity to submit comments and I look forward to seeing how the Navigator Program develops.



Mid-Atlantic Permanente Medical Group, P.C.
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

October 15, 2012

Ms. Bonnie Norton
Health Care Reform & Innovation Administration
Department of Health Care Finance
899 North Capitol Street NE, Suite 6039

Re: Comments related to the District of Columbia Health Benefit Exchange Navigator Program Analysis

Dear Ms. Norton:

On behalf of Kaiser Permanente, I want to thank-you for the opportunity to provide comments on the District of Columbia Health Benefit Exchange Navigator Program Analysis prepared by the Crider Group.

Kaiser Permanente believes that navigators play an important role in educating and facilitating the enrollment of individuals and small employers on the Health Benefit Exchange. Navigators should have a clearly defined role, robust training and a multitude of support resources to ensure that District residents and employers can easily purchase coverage in the Exchange.

We offer the following comments and recommendations:

The Role of the Navigator

Initial Enrollment vs. Ongoing Accountabilities - Kaiser Permanente believes that navigators should be accountable for enrolling and re-enrolling individuals and groups when a relationship does not currently exist with a broker. Navigators should also be advocates for Exchange members and help resolve eligibility, billing and service problems. Allowing navigators to serve these functions will help build relationships and gain credibility with the individuals and groups they serve.

Enrollment vs. Education Navigators - The Crider report suggests that the Exchange may consider navigators that support education functions and enrollment functions. We believe that after being educated about their insurance options, District residents may want to make a plan selection and enroll real-time. The inability of an education navigator to support both functions at the initial "touch point" may impact the ultimate number of enrollments. The District may want to consider creating partnerships between education and enrollment navigators or combining these roles to better facilitate enrollment for District residents.

Enrollment Navigators for the Individual Exchange vs. SHOP Exchange – The Crider report suggests that only enrollment navigators will be needed for the SHOP exchange. Small employers that do not offer insurance and are not already working with producers, however, may have limited education about insurance. Kaiser believes that SHOP enrollment navigators will require expertise in basic insurance information and QHPs. This level of knowledge will need to be specialized and will differ from what an individual education or enrollment navigator will require. For this reason, we suggest that the Exchange develop employer-focused training for specific SHOP designated navigators.

Compensation of Producers & Navigators

Kaiser Permanente believes that the Exchange should pay both navigators and producers for enrollment and retention. Requiring the Exchange to undertake the payment function will help to ensure a level playing field between carriers, producers and navigators in the Exchange.

Navigator Training

The Exchange should require navigators to demonstrate substantial knowledge of health insurance and provider models including integrated care delivery. Integrated care delivery models like Kaiser Permanente function differently than other carriers and providers in the market. Navigators should be required to demonstrate an understanding of the differences in delivery models to help individuals and employers choose the approach that works best for them. The Exchange's navigator training program should require navigators to meet with Kaiser Permanente, and other carriers, to learn about their respective features and benefits. In addition, navigators working on behalf of the Exchange should be prohibited from steering consumers to specific health plans.

The Role of Carriers as Assisters

We believe that a notable percentage of our current individual membership will be eligible for subsidies in the Exchange. Since the Exchange will be the sole market for individual insurance in the District, we expect that the volume of questions from both insured and uninsured residents will be significant. Our members have a relationship with Kaiser Permanente and will likely contact our customer service functions to understand how their coverage will be impacted in 2014. For this reason, Kaiser Permanente believes carriers should be allowed to assist their current members, including those that qualify for a subsidy and that want to keep their current carrier, to enroll in coverage in the Exchange. Carriers should be allowed to communicate to members and discuss how their QHP offerings compare to their current plan. We believe this will limit the customer service impact to the Exchange and will allow carriers to continue to serve their existing members.

Navigator Support

Navigators will encounter multiple issues when working with individuals and employers to select QHPs. We recommend that in addition to an Exchange run navigator support center that contacts be identified at each carrier offering QHPs to help answer navigator questions real-time. This will allow navigators to access real-time responses minimizing the amount of follow-ups and confusion from unknown or incorrect information.

Conclusion

A robust group of navigators that are trusted by the community will be a key component of the success of the DC Health Benefit Exchange. To ensure that success, navigators should be provided with specialized training that includes general education about insurance, information on each of the insurance carriers participating in the Exchange, and the different provider models that support those insurance options. To be successful, navigators will also need access to strong support tools that facilitate the education and enrollment of District residents and employers into the Exchange.

Kaiser Permanente believes that a strong and viable Health Benefit Exchange in the District of Columbia will be good for all District residents including our existing members. To help the District succeed as it implements the market changes that support the Exchange, including the introduction of the navigator, we believe that health plans should be allowed to assist existing members understand these changes. Allowing health plans to act as assisters will greatly diminish the number of customer service inquiries to the Exchange and provide District residents with information from established sources that are eager to service their current members.

Thank you for the opportunity to provide comments. Please feel free to contact me at Laurie.Kuiper@kp.org or (301) 816-6480 if you have any questions.

Sincerely,

Laurie Kuiper
Senior Director, Government Relations
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.



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240-683-5250**

October 12, 2012

Ms. Bonnie Norton
HRIC Operation Subcommittee
D.C. Department of Health Care Finance
899 North Capitol
Washington, DC 20001
Submitted via electronic mail

Dear Ms. Norton:

UnitedHealthcare appreciates the opportunity to provide feedback on the CriderGroup Navigator Program Analysis. The following are our comments for review and consideration:

Defining Navigator Roles

We agree that the role of Navigators should be limited to the functions identified in the Act initially. Many community based organizations already provide services including case management and social service support, and duplication of services should be avoided to keep Navigator program costs reasonable.

As the Operations Subcommittee and Health Benefit Exchange Authority Board consider whether to have two separate Navigator programs, i.e., one for outreach and education and another for enrollment, they should consider the complexity and consumer confusion that may result the additional administrative steps in the process and added costs of working with two separate Navigators. For example, how do you compensate Navigators if you're dividing up the outreach and enrollment functions? And if the Board is going to allow Navigators to target certain populations, would that mean two sets of Navigators for each population (i.e., Medicaid, Exchange)?

Training

UnitedHealthcare encourages a robust training program for Navigators to ensure that they become experts in their appropriate field. UnitedHealthcare recommends finding an appropriate balance between a comprehensive training program that effectively educates Navigators on Exchange rules, procedures, and plan designs, yet avoids becoming administratively burdensome as it relates to tracking training completion and monitoring Navigator actions to ensure appropriate compensation.

Funding

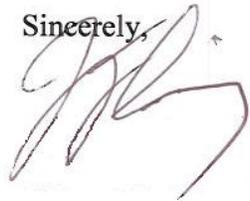
UnitedHealthcare believes Navigators should be compensated for their services, but Exchanges should seek to minimize these and other administrative costs. To the extent Navigators handle Medicaid/CHIP, we encourage Exchanges to leverage Medicaid federal matching dollars that will be made available to the District as indicated in the proposed Exchange and Medicaid rules to defray the Navigator expenditures. In addition, Exchanges may wish to pursue funding from grants, foundations, or nonprofit organizations whose missions are to help consumers become insured.

Overall, UnitedHealthcare believes Exchanges should develop a funding mechanism that is user-based. This will ensure that all consumers are treated equally in the shopping and selection process. We urge that any Exchange fees or assessments should be defined no less than twelve months in advance and adjusted prospectively. Using a prospective adjustment will avoid a year end true-up and allow such costs to be reflected in future premiums. Additionally, all funds collected must include a transparent plan as to how the funds will be allocated to specified Exchange activities, such as Navigators.

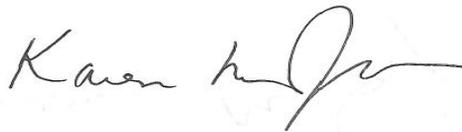
Additionally, fees or assessments used to finance the Exchange should be considered a state tax or assessment as outlined in the Affordable Care Act and its implementing regulations, and shall be excluded from the health plan administrative costs for the purpose of calculating medical loss ratios or rebates, to the full extent allowed by federal regulation.

Thank you, again, for the opportunity to provide feedback to you. UnitedHealthcare is happy to provide further information or to meet with you to discuss our feedback. Please feel free to contact me if you have additional questions.

Sincerely,



John E. Fleig, Jr.
Chief Operating Officer
UnitedHealthcare Mid-Atlantic Health Plan



Karen M. Johnson
Executive Director
UnitedHealthcare Community Plan
of District of Columbia

cc: Philip Barlow
Brendan Rose



October 12, 2012

Rekha Ayalur
Project Manager
Health Care Reform & Innovation Administration
Department of Health Care Finance
899 North Capitol Street, NE, Washington, DC 20002

Re: Recommendations for Develop of the Navigator program

Dear Ms. Ayalur,

Families USA appreciates the opportunity to provide the following comments on the recommendations for the development of the Navigator program in the District of Columbia as outlined in the report prepared by the Crider Group for the Exchange Operations Subcommittee, "District of Columbia Health Benefit Exchange Navigator Program Analysis." We are a national health care advocacy organization dedicated to expanding access to affordable and quality health care for all Americans, particularly low-income and underserved populations.

Roles and Duties of Navigators

Recommendation: The District should ensure that adequate enrollment assistance is available and accessible in underserved communities.

The report suggests that navigators might perform different functions so that, for example, one type might provide outreach and education and another might provide enrollment assistance. We agree that both of these functions are needed, but we have a few concerns.

First, the District should seek to maximize federal funding for its outreach and education efforts. Therefore, to the extent possible, the District should use 1311 exchange grant funding for its initial outreach and education efforts. HHS has recently clarified that states can apply for "assister" funding, and if the District has not already done so, it should design its navigator and assister programs to take advantage of this funding opportunity.

Second, after federal funding for initial outreach and public education ends, we agree that the District should build outreach and public education into its navigator program. We agree that the staff of navigator entities might have different roles, with some of them primarily doing community education (for example, attending events to tell people about enrollment choices and scheduling them for one-on-one appointments), while others might have more intensive training to actually help consumers one-on-one to use the enrollment tools. However, from our conversations with staff in the Consumer Support Group at the Center for Consumer Information and Insurance Oversight (CCIIO), we have learned that CCIIO might require each Navigator entity to perform all of the required Navigator duties. If this is the case, staff and volunteers working for each entity may still take on specialized roles and perform only some of the required duties; or a navigator entity might be able to subcontract with different groups to perform different duties; the District may want to explore this further with CCIIO.

Fourth, we want to be sure that there are enough navigators that will actually provide enrollment assistance to underserved communities, which is the primary goal of the navigator program. Thus, the District should seek entities with specialized knowledge of the populations that will be hardest for exchanges to enroll, and provide enrollment assistance. It is a critical function of the Navigator program to make enrollment assistance readily accessible in vulnerable communities and to integrate consumer assistance resources, rather than relying on public education to connect vulnerable consumers with Navigators that provide enrollment assistance. The District should ensure that there is sufficient funding for and capacity among Navigators that provide assistance with enrollment to meet the needs of diverse communities applying for coverage. Entities providing enrollment assistance should have established relationships with populations likely to be eligible for exchange coverage and should have a strong presence in the communities they serve. Among the populations that the District should consider targeting for special assistance include various linguistic groups, people with complex family structures, populations with disabilities, including mental health concerns, and day laborers and micro-businesses that have high rates of uninsurance.

Recommendation: The District should choose as one type of Navigator, community-based organizations that target their work to specific populations. The District should ensure that all consumers who may be eligible for exchange coverage or insurance affordability programs can easily obtain assistance with enrollment, including those that do not use navigators.

We believe that to establish an effective Navigator program it is important that community-based organizations, which have established and trusted relationships with particular populations served by the District's exchange, are selected as Navigators. These organizations have the greatest knowledge of the barriers particular populations face to successfully enrolling in and maintaining health coverage, and can most effectively develop strategies to conduct outreach to and enroll these populations. In addition to the community-based organizations that are recommended in the Navigator report, the District may also find it useful to engage tax assistance programs that may be able to provide enrollment assistance, and help with outreach and education, and will certainly have an important role in helping consumers to understand the implications of their eligibility and advance use of premium tax credits on their tax refund or liability during the reconciliation process when they file taxes. It is important for the District to include some expert programs, such as legal services providers, in its Navigator program to provide back-up assistance and support when people have complex coverage situations such as split custody households, incarcerated family members, or differing insurance options for different family members.

While allowing Navigator entities to target their work to particular constituencies will help to provide effective and appropriate assistance to vulnerable populations, any Navigator entity should be required to ensure that an individual who comes to them seeking coverage will get appropriate enrollment assistance either through them directly, or via a referral. For example, if a particular Navigator entity provides Spanish-language services, it should still be able to refer a

person who has specialized needs that another entity is best suited to meet to an appropriate Navigator entity. Navigators will need referral lists, a close working relationship with the exchange, and access to language lines to accomplish this. Every Navigator entity must provide services in a manner that is culturally and linguistically appropriate, and accessible to people with disabilities, and must help a consumer through the enrollment process regardless of the type of health coverage for which they may be eligible, or their individual health and financial needs.

Recommendation: Navigators must be able to assist consumers with every step in the enrollment process, including assistance with post-application activities that affect consumers' ability to complete the enrollment process and maintain coverage, such as the selection of a health plan, obtaining financial assistance with exchange coverage or enrolling in a public coverage program, and making changes to coverage as circumstances change.

While we agree that the duties of Navigators need not be expanded beyond enrollment duties to services such as case management and social support services that will continue to be provided by community-based organizations in the District, some of the “post-enrollment” duties considered in the report are integral to the process of enrolling and maintaining coverage and are unique to the new coverage options created under the Affordable Care Act and therefore would not be likely to duplicate services already being provided. These duties include applying for tax credits and cost-sharing reductions to make plans purchased through the exchange affordable, selecting a health plan, reporting changes in circumstance and making changes to coverage if necessary, switching between types of coverage, renewing coverage, qualifying to enroll in coverage through a special enrollment period, providing an documentation needed to establish or verify eligibility, and resolving issues that arise with enrollment in coverage or eligibility for financial assistance that may arise after initial enrollment. Navigators should have knowledge of other assistance resources available to consumers and should be able to refer consumers to resources as appropriate. They should have an especially strong relationship with the DC Ombudsman program to provide referrals for consumers who have difficulty accessing care or using their insurance, need help accessing care or need assistance with appealing a coverage decision.

Recommendation: Navigators must be able to assist consumers who are eligible for Medicaid and other public coverage.

Navigators must maintain expertise in all coverage affordability programs including Medicaid and CHIP. Many consumers who seek assistance with enrollment will not know which program they or their family members are eligible to enroll in. The “no wrong door” approach to enrollment under the Affordable Care Act requires that individuals must be able to successfully complete the enrollment process with the help of a Navigator regardless of the coverage option for which they are ultimately determined eligible. Since on average those applying for coverage through exchanges are lower income than those who currently have private insurance, many consumers will also experience changes in circumstance that may affect their eligibility for

coverage and result in a switch between private and public coverage options. This population also includes many families with “mixed eligibility status,” meaning that some members of the family may be eligible for public coverage, while others will enroll in private coverage. These types of more complicated situations and transitions are some of the areas in which the help of a Navigator will be most critical to ensuring that newly eligible populations maintain continuous access to coverage.

Participation of Insurance Producers in the Exchange

Recommendation: As required under the Affordable Care Act, Navigators must perform all required duties in both the individual and SHOP markets.

Insurance producers will continue to be an important resource for both individuals and small businesses in the new world of insurance exchanges. Navigators are intended to address the enrollment assistance needs of populations that are currently underserved by the private insurance market and who are newly eligible for coverage options and financial assistance made available under the ACA. Enrolling these populations will require leveraging existing relationships with vulnerable populations that have significantly different needs than those who are currently insured. While many small businesses will very likely continue to purchase coverage for their workers with the assistance of an insurance agent or broker, other small businesses that have not previously offered insurance may have particular needs, such as culturally appropriate services or assistance in languages other than English that other types of entities are best suited to provide. In addition, Navigator entities that provide enrollment assistance to both individuals and small businesses will be able to help connect employees who are not offered affordable coverage through their job to apply for coverage through exchanges.

Navigators serving the SHOP market should conduct outreach and education in addition to providing enrollment assistance as specialized outreach may be of significant value in connecting small business owners from diverse cultural and linguistic communities with new opportunities to purchase affordable coverage under the Affordable Care Act.

If agents and brokers serve as Navigators in the SHOP market they must comply with all required conflict of interest and conduct standards for Navigators. We recommend further study of current broker compensation structures in the District to arrive at an appropriate compensation structure for brokers who are acting as navigators for small businesses. The District should consider appropriate incentives to get very small businesses enrolled. The District should also avoid compensation schedules that would encourage churning after the first year. (See this issue brief for more information: <http://www.familiesusa2.org/assets/pdfs/health-reform/Exchanges-Brokers-and-Agents.pdf>.)

Navigator training

Recommendation: Provide certification to Navigators through robust initial and ongoing training, as well as competencies testing. Include additional training topics to address

enrollment in public coverage, assistance for small businesses, and assistance with special circumstances and maintaining coverage.

We support the recommendation to provide certification to Navigators through robust initial and ongoing training and competencies testing. This approach will help ensure that Navigators are fully qualified to perform their duties, allow a variety of organizations to serve as Navigators and enable training to be specifically geared toward the duties of Navigators. Producer licensure is not appropriate or necessary for Navigators who are not working as producers because this licensure does not address many of the topics that are critical to performing Navigator duties. Navigators are facilitating enrollment through insurance exchanges that will ultimately be responsible for determining eligibility and activating coverage.

We would recommend adding the following to the list of training topics for Navigators: providing assistance with enrollment in public coverage options, reporting changes in circumstance, making changes to coverage, renewing coverage, qualifying for enrollment during special enrollment periods, obtaining exemptions from the individual responsibility requirement, and providing assistance to small businesses.

Additional considerations

Recommendation: The Navigator program should be fully integrated into the broader consumer assistance, outreach and education functions of the Exchange.

The District should ensure that referrals between entities providing consumer assistance (online assistance through the exchange website, assistance through the call center and assistance in person) are well coordinated by connecting consumers to the appropriate entity directly, enabling all entities to share data electronically through the exchange enrollment portal and to view the same information about a consumer's enrollment status. The District should also make it easy for consumers and small businesses to learn about the Navigator program and connect with a Navigator entity that provides assistance appropriate to their needs by posting a regularly updated Navigator directory on the exchange website that is easy for consumers to search by location and services provided. This directory would serve as a useful resource to entities making referrals to the Navigator program. The Navigator program should also be promoted in exchange outreach materials and public education campaigns about enrolling in coverage through the exchange, and messaging used to describe the Navigator program should be consistent to ensure that the program is easily recognized by consumers. When information about Navigators is provided alongside information about other types of entities that provide assistance with enrollment, such as insurance producers, it should be clear to consumers how these options differ to allow them to choose the right option for their needs.

Recommendation: Navigators should be provided with a portal and unique identification number.

These tools will allow Navigators to more effectively assist consumers in completing the enrollment process and facilitate communication with the exchange to resolve problems related

to eligibility and enrollment. The portal and unique ID will enable Navigators to have access to information about a consumer's application status, additional information that may need to be provided or steps that need to be taken to complete enrollment. This will help to ensure that consumers do not slip through the cracks in the enrollment process and will promote accountability on the part of Navigators for ensuring that individuals successfully complete the process and obtain coverage. The Navigator portal will also facilitate use of the online application which promotes efficiency, minimizes administrative burden, and allows Navigators to take short cuts through the application to expedite enrollment. In addition, each enrollment through the portal would be tagged to the Navigator assisting with enrollment allowing the exchange to more easily collect information about the consumers who are receiving enrollment assistance, and monitor and evaluate Navigator program performance. The Navigator portal would also make it easier for Navigators to provide continued assistance to consumers, such as with changes to coverage and annual renewals.

Recommendation: Navigators will need technology to facilitate enrollment in coverage online.

Navigators will need access to banks of computers at enrollment sites and laptop computers or tablets with wireless capability to provide assistance in the community. Navigators will also need cell phones to communicate with senior staff when they are out in the field. As part of training, Navigators should have hands on experience completing the online application, accessing online resources and connecting with senior program staff and the exchange to get answers to questions or resolve difficult enrollment situations.

Recommendation: The District should carefully consider appropriate consumer safeguards for enrollment.

We are concerned about the possibility of consumers sharing financial information with people who are not legitimate assisters, and the possibility of consumers making uninformed decisions. Therefore, the District should think through standards about what can and cannot be done door-to-door or through cold calls. Actual enrollment should generally take place during scheduled enrollment appointments at a public location.

Thank you for the opportunity to comment and for considering our recommendations. If you have any questions, please feel free to contact Elaine Saly at esaly@familiesusa.org or (202) 628-3030.

Sincerely,

Elaine Saly
Health Policy Analyst
Families USA



October 12, 2012

Brendan Rose
Exchange Project Director/Health Policy Analyst
Department of Insurance, Securities, and Banking
810 First Street, NE, Suite 701
Washington, DC 20002

Dear Mr. Rose,

We are writing to comment on the District of Columbia's plan for structuring its Navigator Program. In particular, we are responding to the Crider Group's conclusions and recommendations in its report titled "District of Columbia Health Benefit Exchange Navigator Program Analysis: The Role of Navigators in the District of Columbia Health Benefit Exchange," dated July 27, 2012. As an organization that provides legal services, including health-related services, to low-income individuals and families in the District, the Navigator Program will have a tremendous impact on the lives of the individuals we serve. Access to health care is a pressing issue in low-income communities; however, these communities also suffer from difficulties accessing other public benefits and social services. To be effective, Navigators must not only assist consumers in selecting an appropriate health plan, but must also be equipped to identify and (at the very least) facilitate referrals relating to the interrelated issues facing the consumers with whom they will interact.

- 1. Navigators should receive comprehensive training regarding the public benefits and social services available in the District and provide referrals to potentially eligible consumers.** The Crider Group recommended that the District limit the role of Navigators to the functions listed in the Affordable Care Act. It emphasized that the role of Navigators should not be expanded to include traditional services that community based organizations (CBOs), such as Mary's Center and La Clinica Pueblo, provide. The Crider Group reasoned that CBOs have expertise in their service areas and that expanding the role of Navigators to include social services provided through CBOs would be duplicative and likely increase the cost of the Navigator Program.

We agree that Navigators should not duplicate the work of CBOs. However, Navigators should be equipped to recognize when an individual is in need of, and likely to be eligible for, public benefits or social services that are available in lieu of or in addition to health insurance through plans participating in the Exchange, including Temporary Assistance

for Needy Families (TANF), Supplemental Nutritional Assistance Program (SNAP), Social Security Disability Insurance (SSDI), or unemployment insurance (UI). While the Crider Group’s recommendations include references to training on the topic of “Referral Resources,” the report does not define the term.

We propose that Navigators receive comprehensive training to understand the basic rules governing public benefits and medical assistance, as well as agencies and organizations that may assist individuals in accessing those services. In addition, Navigators should be taught to “issue spot” during their interactions with consumers, recognizing when a consumer may be in need of a social service or public benefit not provided through the Exchange.

2. Navigators should engage in regular information sharing, receive similar training on relevant subject matters, and be appropriately dispersed around the District.

The Crider Group proposed that Navigators fall into one of two groups: (1) outreach and education, and (2) enrollment, with separate training programs for each. Navigators may choose to perform both functions, but would not be required to do so. The proposed training for Enrollment Navigators would be comprehensive, including a core curriculum and specialized topics, and resulting in receipt of a certificate. The proposed Education and Outreach training program would be based on the services provided by those Navigators and would be offered as part of the orientation program. The report listed various topics to be covered in each of the training programs.

A strict separation between the types of Navigators and the training they receive may result in a knowledge deficit in which only Navigators who choose to perform both functions are fully equipped to provide consumers with comprehensive information about the Exchange. In addition, such bifurcation may create an imbalance in the Navigator services available to certain communities, with certain communities having a surplus of one type of Navigator and a deficit in the other. Furthermore, the recommendations make no mention of Navigators working primarily with disabled individuals.

We recommend that all Navigators receive the same core training in the enrollment process and education and outreach skills. Each type of Navigator can then receive additional specialized training based on their focus. The two groups of Navigators should also be required to engage in regularized information-sharing, possibly on a quarterly basis, across specialities. Also, the Exchange should monitor the number and distribution of the two types of Navigators, ensuring that a sufficient number of both types of Navigators are available, particularly in communities that have the highest number of uninsured individuals. Additionally, special attention should be paid to the needs of individuals with disabilities. In particular, both types of Navigators should be available

to travel to the residences of home-bound individuals and provide them with services at the individual's home.

- 3. Producers should distinguish themselves from Navigators.** The Crider Group recommended no change in the compensation structure of Producers,¹ who are typically compensated directly by insurance providers. Although the report notes that certain stakeholders raised concerns about this compensation structure -- specifically the concern that Producers may steer individuals toward specific plans -- the Crider Group concluded that the status quo was the best option and would prevent small businesses from deciding not to participate in the Exchange.

While the participation of small businesses is important, as other stakeholders have noted, Producers who are compensated by insurance carriers may have an incentive to enroll individuals in particular plans in order to increase their compensation rather than to provide neutral, unbiased information and assessments.

As a result, Producers who are enrolling individuals in insurance plans participating in the Exchange must be required to disclose to consumers that they are paid by insurance carriers when they enroll individuals in these carriers' plans. The language of these disclosures must be clear, plain English and simple. In addition, Producers must explain to consumers that Navigators are available to provide unbiased information about the Exchange and assist people in enrolling in the plan that is best suited to their needs.

- 4. Navigators should be paid through a mix of block grants and goal-based compensation.** The Crider Group proposed that Navigators be funded through a combination of block grants and enrollment-based compensation; however, it did not provide further details regarding the operation of this model.

A hybrid model, if structured correctly, may balance the concerns of the accountability of Navigators with the availability of Navigator services to individuals who may need additional time and attention, such as disabled persons.

We propose a similar hybrid structure, with the difference being that enrollment-based compensation would be based on enrollment goals (negotiated between the Navigator organizations and the Exchange) rather than inflexible numerical requirements. Navigators would be required to set enrollment goals at regular time periods (quarterly, for example). If the enrollment goal is met, the Navigator should receive the full enrollment-based portion of her compensation. If the enrollment goal is not met, the

¹ The report defines a "Producer" as "an individual or company licensed by a state to solicit, sell and negotiate insurance products. In most cases, the term producer refers to an insurance sales agent or insurance broker."

Navigator should be required to explain why the goal was not met. If a reasonable explanation is provided, for example, additional time spent working with disabled or limited English proficient individuals, the Navigator should receive the full enrollment-based portion of her compensation. If not, the enrollment-based portion should be reduced in an amount that takes into account the difference between the actual enrollment and the goal.

Thank you for allowing us the opportunity to share our comments. Please feel free to contact me at 202-386-6687 to discuss the issues raised in this letter.

Sincerely,

Stephanie Akpa
Equal Justice Works Fellow

Jennifer Mezey
Supervising Attorney
Legal Aid Society of the District of Columbia

October 12, 2012

Wayne Turnage
Director, Department of Health Care Finance
899 North Capitol St., NE, Ste. 6037
Washington, DC 20002

William P. White
Commissioner, Department of Insurance, Securities and Banking
810 First St., NE, Ste. 701
Washington, DC 20002

Re: Comments on the “Navigator Program Analysis” Report for the DC HBX Operations Subcommittee

Dear Director Turnage and Commissioner White:

We represent the National Association of Insurance and Financial Advisors -- Greater Washington and the Greater Washington Association of Health Underwriters, respectively. These two local non-profit membership organizations represent the vast majority of agents and brokers providing professional health insurance services to individuals and employers in the District of Columbia.

We write to offer input on the Navigator Program Analysis Report by the Crider Group (“Navigator Report”) and the respective roles of both agents and brokers and Navigators within the new District of Columbia Health Benefit Exchange (“HBX”).

The Role of Licensed Producers in the Current Marketplace

Licensed producers perform a vital role in the current health insurance marketplace and should continue to provide that role in the new HBX marketplace. In addition to helping individuals and employers of all sizes choose the right coverage and effectively access benefits, producers perform a diversity of additional roles and consumer services on a daily basis.

With their years of experience and broad knowledge and expertise, producers serve as the central point of contact for our clients, including employers and their employees, to help them negotiate all aspects of a complex and sometimes disjointed health care system. Producers frequently serve as the de facto human resources department for our small employer clients who often do not have any dedicated human resources staff. Without producers serving as the central point of contact and expert resource for consumers, employees and their family members would have to spend days or weeks trying to resolve a claim issue including multiple separate calls to the insurer and the provider while rarely speaking to the same person twice. Instead, employees and their family members contact a producer regarding a claim issue, and the producer takes

responsibility for resolving the issue, contacting all necessary parties, knowing the systems and the language of the industry, and ultimately being accountable to the employee for ensuring the issue is resolved. This **active assistance** by producers means that consumers' needs are addressed quickly, usually without the need to use the formal grievance review or appeals processes. Every inquiry that an agent resolves is one less action item District HBX employees or agency staff would otherwise be tasked with handling. Carriers report that consumers who work with independent producers have greater client satisfaction and retention rates than those who do not. And they also report fewer issues with medical claims.

In addition, licensed-producers guide employers through the labyrinth of federal and state rules and regulations for which employers bare the ultimate legal liability. Not only does the producer's compliance guidance help the employer avoid litigation and penalties/fines, it also ensures that employees and their family members receive all of the consumer protections afforded them under the law. For example, when carriers recently distributed Medical Loss Ratio (MLR) rebates, producers had to translate the complex Department of Labor regulations to help employers determine how to handle the rebate, what portion had to be shared with employees, permitted methods of distribution, and the required timing of those distributions. Without the guidance and expertise of producers, employers would not have known what to do and may have unintentionally denied a portion of the rebate to employees. Employer compliance obligations are only expanding as the full scope of the ACA is implemented.

Overview of Producer Services for Small Employer Clients

Business / Finance Functions:
<ul style="list-style-type: none"> • Set short and long-term strategy based on demographics and total compensation budget • Benchmark benefits to local and national data • Prepare financial analysis of benefit plans • Prepare employee contribution modeling • Present state of benefits program to management/board of directors
Employee Communications:
<ul style="list-style-type: none"> • Prepare employee communications to explain benefits options, how to access care, etc. • Coordinate and conduct employee meetings, including annual open enrollment and health fairs • Interpret health plan contracts and answer coverage questions for employees • Host online benefits portal and/or other online benefits administration tools to ease administrative burden for employers and provide employees with increased access to various health plan tools and resources
Consumer Advocacy:
<ul style="list-style-type: none"> • Advocate for employees and their family members by providing thorough claims and appeals assistance including coordination amongst insurers and health care providers • Upon exhaustion of health plan's claim appeals process, assist employees and their family members with final appeals to District Ombudsman's Office and the Department of Insurance, Securities and Banking as necessary. • Act as liaison between employer and vendors to ensure employer & employee

satisfaction with health plan services
Total Benefits Perspective:
<ul style="list-style-type: none"> • Coordinate all employer benefits into a comprehensive total benefits package, including medical, dental, vision, life, disability, and other ancillary benefits, that best serves the needs of the employer and their employees • Coordinate medical plan eligibility and leave provisions with other lines of coverage for employment policy purposes • Recommend and implement wellness initiatives • Conduct employee satisfaction surveys
Legal Compliance:
<ul style="list-style-type: none"> • Ensure employers comply with myriad of benefits-related federal and local laws for which noncompliance could result in expensive litigation and large penalties or fines • Ensure employees receive all legal rights and protections afforded under the law • Federal Laws: <ul style="list-style-type: none"> ○ Employee Retirement Income Security Act (ERISA) ○ Patient Protection and Affordable Care Act (ACA) ○ COBRA and state continuation ○ Internal Revenue Code §125 Cafeteria Plans ○ HIPAA Portability, Privacy, and Security ○ Medicare Secondary Payer (MSP) laws ○ Medicare Notice of Creditable Coverage (for Rx) • Taxation of Benefits • Special Considerations <ul style="list-style-type: none"> ○ Domestic Partner and Same-Sex Spouse coverage- complex interplay of federal and state laws ○ Multi-State Jurisdictional Issues • Human Resources Functions <ul style="list-style-type: none"> ○ Federal FMLA, DC FMLA

An Active Role for Producers in a Successful and Sustainable Exchange

Producers will ensure HBX success by bringing both their existing and new clients (both individuals and small businesses) to the HBX. Just as important, they will work – as they do today -- to provide continuous coverage and health plan service.

We commend the Navigator Report for recognizing the vital role that licensed-producers serve, particularly in the small business community. In addition, the Navigator Report cited the RAND Corporation and Urban Institute studies that showed that “the new health insurance marketplace can increase the number of small businesses offering insurance as well as reduce the cost of premiums for the small business owners.” (pg 39) The Navigator Report’s own small business focus groups confirmed this critical relationship between producers and small businesses: “One unintended consequence of disrupting the existing relationships between small businesses and

Producers is the potential of increasing the burden to small businesses for their other insurance needs.” (pg 45)

To ensure that HBX consumers are well-served, all agents and brokers, as well as Navigators, who work with the HBX should be required to complete an exam-based HBX-specific certification process designed and reviewed by industry experts. Given that producers already complete a detailed state licensure process which includes regular continuing education requirements, the producer HBX certification process will likely differ from the Navigator certification process because of their different roles and responsibilities. For example, the certification process for Navigators will need to include demonstrating a basic understanding of insurance. Licensed producers on the other hand have already demonstrated expertise in insurance by virtue of the thorough state licensure process.

The producer HBX certification program should be specialized into two parts: one certification for producers who wish to participate in the small group HBX market, and a separate certification for producers who wish to participate in the individual HBX market. For producers that choose to participate in both markets, they would be responsible for completing both certifications. However, for producers who choose to only work in the small group market, they should only have to demonstrate knowledge of topics applicable to the small group market and not those topics only applicable to the individual market such as eligibility for insurance affordability programs, and Medicaid/CHIP eligibility.

Importantly, an HBX certification program should be established as an additional or supplemental requirement to general District producer licensure and accountability standards. An HBX-specific certification cannot, we believe, take the place of **full state licensure as a threshold standard for soliciting, selling or negotiating insurance.**

Appropriate Producer Compensation

We support the Navigator Report’s recommendation that producers continue to be compensated as they currently are. The producer’s clients are the employers, their employees and their family members. The current compensation model for producers ensures that that producer maintains **client satisfaction not just at the point of sale, but throughout the life of the policy.** In this highly-competitive industry, if a producer does not offer a client impartial advice, access to all carriers and products, and a high-level of customer service, another producer will eagerly step in to do so. This competitive free market model combined with the current producer compensation structure ensures all consumers receive high-quality impartial advice and service.

Role of Navigators limited to ACA-mandated Navigator Functions

We support the Navigator Report’s recommendation that the District limit the role of the Navigator Program to those functions identified in the ACA. There are a number of individuals and organizations (e.g. licensed producers, social service agencies) that currently provide, and have years of experience and expertise with these additional services and therefore, there is no need for Navigators to duplicate existing services. By allowing Navigators to focus on their role

within the HBX as explicitly outlined in the ACA, the Navigator Program will be more successful while simultaneously containing costs.

Role of Navigators in SHOP Exchange

While Navigators have a clear role in the individual market including outreach to underserved and vulnerable populations, explanations of insurance affordability programs and public programs, the role of Navigators within the small business market is less clear. Given the additional complexities involved in the small group market, we recommend that the role of Navigators in the small group market be limited only to the Outreach/Education functions and that the Enrollment functions only be provided by licensed producers. For example, SHOP Outreach/Education Navigators could be involved in reaching out to targeted small businesses or industries that don't currently offer coverage or which may be eligible for small employer health insurance tax credits. The Enrollment functions however should only be provided by a licensed producer who can advise the employer on all aspects of offering employer-sponsored health insurance including financial analysis, contribution modeling, industry benchmarking, employee communications, legal liabilities, and other compliance responsibilities. For small employers who do not have an existing relationship with a broker, the HBX SHOP should provide a list of licensed producers from which the small employer can choose to establish a relationship.

Navigator Training Programs and Certification Requirements

States currently regulate insurance through the actions of state legislatures and state departments of insurance. State legislatures set broad policy for the regulation of insurance, and establish and oversee state insurance departments, regularly review and revise state insurance laws, and approve regulatory budgets. State insurance departments oversee producer activities and licensure as part of a comprehensive regulatory framework designed to protect insurance consumer interests, regulate insurers and insurance transactions, and provide additional consumer protections.

The fundamental reason for government regulation of insurance is to protect American consumers. State systems are accessible and accountable to the public and sensitive to local social and economic conditions. State regulation has proven that it effectively protects consumers and ensures that promises made by insurers and licensed insurance professionals are kept. Insurance regulation is structured around several key functions, including company licensing, producer licensing, product regulation, market conduct, financial regulation, and consumer services.¹

For these reasons, state departments of insurance are the appropriate entity to oversee and certify or license navigators operating in the exchanges. This is further supported by the Guidance on FFEs from CCIIO which states:

“HHS expects States (even those not participating in the plan management Partnership model) to play a primary role in areas of traditional State responsibility, with an FFE assuming a primary role in oversight in areas that fall outside the scope of States’

¹ NAIC, *State Insurance Regulation: History, Purpose and Structure*, http://www.naic.org/documents/consumer_state_reg_brief.pdf, p. 2

regulatory authority; are Exchange-specific; or where Federal funds are involved. An FFE will coordinate its oversight and management activities with State regulators to streamline processes and reduce duplication of effort to the extent possible.”

HHS intended navigators to be individuals or entities with ties to the local community; state regulatory agencies are better able to connect with the local communities to select and certify or license those individuals or entities that will adequately support the local social and economic conditions.

The traditional responsibility of states within the department of insurance is to license insurance companies, producers, agents, and others. Navigators will be intimately involved with consumers seeking guidance as to whether they qualify to participate in an exchange. This will involve the disclosure of private details such as social security numbers, tax returns, income, and personal health conditions. To ensure consumer protection, and the protection of the information shared with the navigator, a certification or licensure process should be implemented by each state within the department of insurance.

Similar certification and licensing standards are already in place for programs that operate in a similar manner as the exchange and require “navigators” to appropriately enroll consumers. For example, in Illinois, the Senior Health Insurance Program (SHIP) utilizes volunteers as SHIP counselors to assist seniors with questions related to Medicare coverage, focusing mostly on Medicare supplemental insurance plans, Medicare prescription drug (Part D) coverage including plan selection and enrollment, and Medicare Advantage plans including plan selection and enrollment. Counselors also refer non-seniors to state agencies for assistance with health care coverage issues, conduct information and training sessions for seniors and community groups in the state, and conduct webinars and “train the trainer” sessions. These volunteer counselors use the federal Medicare website as their main resource, and the Illinois Department of Insurance operates a toll-free hotline to support SHIP counselors. The duties of the SHIP volunteer counselors are very similar to those expected of navigators in the exchange, but these counselors are certified by the Illinois Department of Insurance. In order to be a certified SHIP counselor, an individual must:

- Complete a five-day initial training course that includes homework;
- Pass a test at the end of the initial training;
- Pass a pre-screening process prior to initial training to ensure they are not certified to sell insurance (SHIP counselors are prohibited from receiving any payments from insurers);
- Complete retraining every six months;
- Complete 12 hours of continuing education each year; and
- Complete an annual on-line recertification test as of Spring 2012

Based on this program and other existing consumer-assistance programs in the state, Health Management Associates drafted the Illinois Navigator Program Design Final Report² for the Illinois Department of Insurance in June 2012 providing a model for the navigator program,

² *Illinois Navigator Program Design Final Report*, Health Management Associates, <http://www2.illinois.gov/gov/healthcarereform/Documents/Health%20Reform%20Implementation/IL%20Navigator%20Final%20Report.pdf> (2012)

including navigator certification requirements. The certification requirements suggested in this report included:

- Complete a one-time background check;
- Complete initial Navigator training program that covers both the Exchange and insurance affordability programs;
- Pass initial training exam;
- Attend retraining every 12 months. As an alternative, retraining could be required less frequently but the department may wish to add a continuing education component to ensure Navigators have access to, and knowledge about, the most current developments related to the Exchange and/or insurance affordability programs; and
- Pass a recertification exam

The Illinois Department of Insurance is still accepting comments on this report; however, it is also of note that although Illinois has not submitted an exchange blueprint to HHS, at this point Illinois is expected to establish a partnership exchange, but is expecting to maintain the authority to certify navigators within that exchange as supported by this final report creating a model for the development of a state certification process for navigators.

Other states are also moving forward with plans to regulate navigators. Iowa has enacted a law to license navigators,³ and Maine⁴ passed legislation to certify navigators; neither state has passed legislation to create an exchange and both are expected to either participate in a partnership or an FFE. The Maine statute requiring the certification of navigators requires an individual:

- Is at least 18 years of age;
- Has completed and submitted a disclosure form, which must be developed by the superintendent and which may include such information as the superintendent determines necessary, and has declared under penalty of refusal, suspension or revocation of the navigator certification that the statements made in the form are true, correct and complete to the best of the individual's knowledge and belief;
- Has submitted to any criminal history record check or regulatory background check required by superintendent by rule;
- Has not committed any act that would be a ground for denial, suspension or revocation of a producer license
- Has successfully completed the certification and training requirements adopted by the superintendent
- Has paid any fees required by the superintendent

Although states like Iowa and Maine have not passed legislation creating a state exchange, other states that have passed exchange legislation, like Maryland, are also in the process of exploring certification requirements for navigators. Maryland enacted a law⁵ requiring certification of navigators and has begun the rulemaking process. The action that has been taken to certify navigators and ensure that the state is arbiter of their qualifications is appropriate. These states

³ 2012 Iowa Acts 672

⁴ 24-A Me. Rev. Stat. Ann. § 2188 (2012)

⁵ Md. INSURANCE Code Ann. § 31-113 (2012)

will have a state-based exchange, partnership exchange, or FFE operating in their state on January 1, 2014 and, in compliance with PPACA, will need navigators to aid consumers when open enrollment begins on October 1, 2013. Therefore, the timing is appropriate for states to begin enacting legislation requiring state certification or licensure of navigators so that the rulemaking process may begin to provide specifics from the department of insurance for the regulation of navigators operating within any type of exchange. This will allow navigators to complete the certification or licensing process and the required training during the summer of 2013 to ensure that qualified navigators are available to aid consumers when open enrollment begins that fall.

States may look to the creation and adoption of the NAIC producer licensing model act as a template for regulating navigators in order to avoid the argument that vastly different navigator regulations across the states will be a hindrance. PPACA directed HHS to coordinate with NAIC on a number of regulations to be developed as a result of the PPACA. HHS should also look to the NAIC for guidance on the regulation of navigators with the development of a model act for the certification or licensure of navigators, or by amending the producer licensing model act to include regulation of navigators.

To ensure consumer protection, the regulation of navigators should include:

- Provisions requiring the department of insurance to develop certification and training programs for navigators prior to an exchange becoming operational in the state
- Certification or licensure requirements such as
 - An age requirement of 18 years of age
 - Fingerprints and a criminal and regulatory background check
 - Verification that no act has been committed that would be ground for denial, suspension or revocation of a producer license
 - Successful completion of training and education requirements to be developed by the state department of insurance
 - Payment of fees

To ensure consumer protection and to prevent the conflict of interest that may occur if navigators are able to act as insurance producers, the regulation of navigators should also include:

- Provisions affirming that only a licensed insurance producer may sell, solicit, or negotiate the sale of insurance, including QHPs via an exchange
- Provisions affirming that any individual, including a navigator, who engages in the activities defined in state law as selling, soliciting or negotiating insurance, including QHPs via an exchange, must obtain a producer license
- Provisions recognizing that licensed insurance producers may enroll an employer or individual in a QHP offered through an exchange or facilitate enrollment in a QHP
- Provisions to ensure that licensed insurance producers other than insurance producers employed by or affiliated with a navigator, are compensated at market rates for QHPs sold inside and outside the exchange.

The role of the navigator is to determine the eligibility for individuals or groups to participate in an exchange. According to the exchange rule, it is the role of the agents and brokers to assist

qualified individuals, qualified employers, or qualified employees enrolling in QHPs.⁶ Only a licensed agent or broker may sell, solicit, or negotiate health insurance. Agents and brokers are able to earn compensation for the enrollment of individuals or employers into the exchange; navigators are not able to enroll consumers nor are they able to earn compensation for the enrollment of consumers in to the exchange. Therefore, it is important to protect the relationship between the agent or broker and the navigator by expressing what is already a part of the NAIC producer licensing model act – only a licensed insurance producer may sell, solicit, or negotiate health insurance.⁷

The Guidance for FFEs as well as the CCIIO Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges⁸ repeatedly declare the intent of HHS to work in collaboration with states to ensure the best, most effective experience for the state and its residents. The navigator program is essential to the success of an exchange in any state, and the traditional role of state departments of insurance should be recognized as the appropriate resource to provide the most effective oversight for the certification or licensure of navigators. Regardless of the type of exchange that will be active in each state on January 1, 2014, states should begin the legislative process to certify or license navigators that will operate in the exchanges to ensure the best, most effective training process is required of navigators before consumers utilize these services during open enrollment beginning on October 1, 2013.

* * * *

We greatly appreciate the opportunity to provide input on these important issues. We look forward to working with you, your colleagues and District policymakers to more fully define the respective roles of both Producers and Navigators and to ensure the success of the District's HBX. Please let us know if you have questions or seek additional information.

Sincerely,

William Brockman
President, National Association of Insurance and Financial Advisors - Greater Washington, DC

Joel Pitt
President, Greater Washington Association of Health Underwriters

CC: Bonnie Norton, DHCF
Brendan Rose, DISB

⁶ 77 Fed. Reg. 18309, 18449 (Mar. 27, 2012)

⁷ NAIC Producer Licensing Model Act, MDL-218 (2000)

⁸ *Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges*
<http://cciio.cms.gov/resources/files/hie-blueprint-081312.pdf>, p. 3