RESOLUTION

EXECUTIVE BOARD OF THE DISTRICT OF COLUMBIA
HEALTH BENEFIT EXCHANGE AUTHORITY

To establish an In-Person Assistor (IPA) program, including goals, target populations, grant making structure, duties, conflict of interest rules, language and cultural competency requirements, training requirements, performance metrics, and an evaluation component.

WHEREAS, the Health Benefit Exchange Authority Establishment Act of 2011, effective March 4, 2012 (D.C. Law 19-94; D.C. Official Code § 31-3171.01 *et seq.*) ("Act") created the District of Columbia Health Benefit Exchange Authority ("Authority"), an independent authority of the Government of the District of Columbia, and its governing Executive Board;

WHEREAS, § 3(b) of the Act (D.C. Official Code §31-3171.02(b)) includes in the Authority's purposes, reducing the number of uninsured, educating consumers, assisting individuals and groups to access programs, the premium assistance tax credits, and the cost sharing reductions;

WHEREAS, § 8 of the Act (D.C. Code §31-3171.07) authorizes the Executive Board to create additional advisory boards to consult with on insurance standards, covered benefits, premiums, plan certification, internet technology system development and any other policy or operational issue within the Board's purview;

WHEREAS, on December 12, 2012, the Executive Board established the Consumer Assistance & Outreach Advisory Committee to focus on designing and implementing the Navigator and In-Person Consumer Assistance programs, consumer outreach efforts, and other issues as requested by the Executive Board or Authority staff;

WHEREAS, on February 2, 2013, at the recommendation of the Standing Advisory Board, the Executive Board appointed to the committee consumer advocates, a small business, a producer, a health insurance carrier, a provider organization, someone with expertise in reaching individuals with disabilities, and others;

WHEREAS, the Consumer Assistance and Outreach Advisory Committee met on February 26th, March 13th, March 27th, April 10th, and April 15th of 2013 to discuss the goals, target population, grant making structure, duties, conflict of interest rules, language and cultural competency requirements, training, performance metrics, and evaluation component of an IPA program;

WHEREAS, on April 5, 2013, the Centers for Medicare & Medicaid Services within the U.S. Department of Health and Human Services, promulgated a notice of proposed rulemaking establishing Navigator and non-navigator assistance personnel standards including conflict of interest, training, and certification standards (78 Fed. Reg. 66 (5 April 2013). pp. 20581 – 20597);

WHEREAS, on April 10, 2013, the Consumer Assistance and Outreach Advisory Committee and Producers Advisory Committee met in a joint meeting to discuss the overlapping roles of an IPA and a producer in the individual and small group market;

WHEREAS, the Consumer Assistance and Outreach Advisory Committee reached a series of consensus recommendations on April 15, 2013 that included recommendations from the joint Consumer Assistance and Outreach Advisory Committee and Producers Advisory Committee meeting;

WHEREAS, on April 17, 2013, the Marketing and Consumer Outreach Working Committee deliberated on these recommendations and unanimously voted in favor of them; and

NOW, THEREFORE, BE IT RESOLVED that the Executive Board hereby approves the consensus recommendations regarding the establishment of an IPA program that are in the attached document titled In-Person Assistor Recommendations to the DC Health Benefit Exchange Board, Consumer Assistance and Outreach Advisory Committee dated April 15, 2013.

I HEREBY CERTIFY that the foregoing Resolution was adopted on this **___18th___** day of **_April____**, 2013, by the Executive Board of the District of Columbia Health Benefit Exchange Authority in an open meeting.

______________________________ ______________________________

Khalid Pitts, Secretary/Treasurer Date
District of Columbia Health Benefits Exchange Authority

In-Person Assistor Recommendations to the DC Health Benefit Exchange Board

Consumer Assistance and Outreach Advisory Committee

April 15, 2013

IPA Program Goals

The District's IPA program will aim to:

1) Reduce the number of uninsured individuals in the District through a) raising awareness of coverage options; 2) facilitating enrollment in qualified health plans (QHP) and insurance affordability programs; and c) promoting the retention of coverage.
2) Develop a highly knowledgeable IPA workforce who can educate consumers on their full range of health coverage and access options and teach consumers how to understand and use health coverage.
3) Coordinate with related programs and entities, serving as a one-stop shop with the ability to provide warm hand-offs to other health and social services.
4) Take an evidence-based approach with clear measures of success.

IPA Target Population

The IPA program should be focused on uninsured and hard-to-reach populations. Outreach efforts should be focused on both individuals and small groups who would be eligible to use the DC Health Benefit Exchange, though IPAs will serve all those interested in enrolling in QHPs and insurance affordability programs.

The uninsured have been described in a report by the Urban Institute titled, "Uninsurance in the District of Columbia: A Profile of the Uninsured, 2009," by Barbara A. Ormond, Ashley Palmer, and Lokendra Phadera. In addition to the groups outlined in the Urban Institute profile, the committee believes the IPA program should emphasize outreach to the LGBT community and those who would have difficulty filling out the online application, such as those with limited literacy or limited English proficiency and those who do not have easy or regular access to a computer or the Internet. The committee notes that the prevalence of uninsured individuals varies by region, and seeks innovative strategies for reaching the target populations where they live and work. IPAs' target populations should include reaching out to and educating uninsured and "hard-to-reach" employer groups (that have similar characteristics to target group individuals) 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.

Grant-Making Approach

The Committee recommends that the DC Health Benefit Exchange issue an open call for proposals that allows applicants to submit proposals based on the populations they currently serve and their existing areas of expertise. While the call for proposals will not include a specific requirement that organizations jointly apply, it should encourage cooperation and sharing of best practices. The grantees should meet regularly and take a coordinated approach to meeting the goals of the program.

Duties

Federal guidance outlines the following duties for Navigators and IPAs:

- 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.

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 groups. 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.

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.

Conflict of Interest

The Committee notes strong federal requirements related to conflict of interest for Navigators and recommends that IPAs be held to that standard.

The Committee does not propose to add further conflict of interest requirements beyond the federal standards. The Committee believes that the DC Health Benefit Exchange should provide clear legal guidance to potential grantees about how to comply with the rules. Grantees should sign an affidavit stating that they have no known conflict of interest, including a financial or non-financial interest (past, present, or anticipated) that could prevent them from providing impartial information to consumers. The DC Exchange should monitor IPAs by tracking enrollment patterns and conducting consumer satisfaction surveys that include questions related to the quality and impartiality of the advice they receive from their IPA.

Language and Cultural Competency

It is a high priority of the committee to have IPAs with strong language and cultural competency skills. Potential grantees should be asked to specify how they will provide culturally and linguistically competent services. Successful grantees should be able to show previous experience and existing relationships with targeted groups.

Training

Adequate training will be critical for the success of the IPA program. The committee recommends that training include information on the following:

- Affordable Care Act;
- Eligibility and enrollment rules and procedures, including information related to premium tax credits, tax implications of enrollment decisions, and changes in income and eligibility that could take place during the year;
    - How to use the online enrollment portal and how to complete paper coverage applications;
- How to help consumers weigh the range of QHP options including the quality, cost and overall value of available QHPs (including qualified dental plans);
    - Basic information on how insurance works and various terms consumers will need to understand;
    - Essential Health Benefits;

    - Provider networks;
    - Understanding notices sent by the DC Health Benefit Exchange and health plans;
    - Coverage renewal;
    - Managing coverage transitions and special enrollment periods;
- Medicaid/Alliance;
- Needs of underserved and vulnerable populations, including
    - immigrants;
    - those with limited proficiency in English;
    - those with disabilities; and,
    - those with particular health conditions, such as HIV/AIDS or MS, who may be looking for unique features in a health insurance plan;
- Culturally and linguistically appropriate approaches, services and materials;
- Ensuring physical and other accessibility and usability for people with a full range of disabilities;
- How to comply with requirements that information be offered in "plain language," including how to present oral and written information in a clear and understandable way;
- Outreach and marketing approach and protocols;
- Means of appeal and dispute resolution;
- Conflict of interest;
- Privacy and security;
- Protocols for hand-offs with other relevant groups including: Medicaid/Alliance, DC Ombudsman, DISB, call center, producers, and other IPAs; and
- SHOP-specific training.

The committee recommends that individual IPAs be required to pass a practical, skills-oriented competency exam in order to be certified as an IPA. IPAs should receive continuing education and be re-certified annually. Training modules (including continuing educations) should reflect information collected through the performance metrics, lessons learned and shared challenges among IPA grantees. The core training curriculum should be offered at regular intervals so new employees can be trained in a

timely way. During the application process, potential grantees should provide information to verify that they have qualified staff who are capable of completing the training and passing a competency exam. The Committee notes that IPAs that will focus on providing outreach to small groups may need additional specialized training related to the unique needs of those buying in the small group market.

Performance Metrics

The committee recommends the following performance metrics:

- Number of applicants enrolled;
- The rate of completed enrollments relative to applicants assisted;
- Time taken to complete various types of applications;
- Outreach activities and follow-up completed;
- Number of referrals (or enrollments) made to Medicaid;
- Number of referrals to social services programs such as the Supplemental Nutrition Assistance Program (SNAP) or the Women, Infants and Children (WIC) program;
- Number of referrals to producers;
- Number of applicants in various target populations assisted and enrolled;
- Outreach method: how consumers were contacted;
- Site of service;
- High scores on customer satisfaction surveys;
- High use of the web portal;
- Rates of continuous coverage;
- Enrollment patterns (to ensure consumers are not being steered to one plan or another); and
- Accuracy of the applications submitted.

The committee recommends that information collected on performance metrics be shared regularly with grantees so they can refine their approach and learn from one another.

Evaluation

The committee recommends a thorough, independent evaluation of the IPA program, including an initial or interim after the first open enrollment period