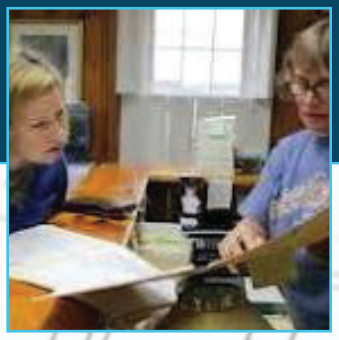
District Of Columbia Health Benefit Exchange Navigator Program Analysis

The Role of Navigators in the District of Columbia Health Benefit Exchange



THE CRIDER group
Innovative Partners for the 21st Century

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Definitions

Affordable Care Act (ACA) is the comprehensive health care reform law enacted in March 2010. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name "Affordable Care Act" is used to refer to the final, amended version of the law. These laws include provisions for the establishment of state-based Health Insurance Exchanges.

Assister is an individual who provides services to the public by assisting with the eligibility determination and/or enrollment. This user group includes Navigators, Agents/ Brokers, community outreach representatives, and other authorized representatives.

Centers for Medicare & Medicaid Services (CMS), previously known as the **Health Care Financing Administration (HCFA)**, is a Federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process, and clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments.

Children's Health Insurance Program (CHIP) is jointly financed by the Federal and state governments and is administered by the States. Within broad Federal guidelines, each State determines the design of its program, eligibility groups, benefit packages, payment levels for coverage, and administrative and operating procedures. CHIP provides a capped amount of funds to States on a matching basis. Federal payments under title XXI to States are based on State expenditures under approved plans effective on or after October 1, 1997.

DC HealthCare Alliance (Alliance) is a DC-funded program that provides community-based health care and medical services to DC residents ineligible for Medicaid with household incomes at or below 200 percent of the Federal poverty level. The Program was established by the Health Care Privatization Amendment Act of 2001, effective July 12, 2001 (D.C. Law 14-18; D.C. Official Code § 7- 1401 *et seq*).

Department of Health Care Finance (DHCF) is the District of Columbia Government agency responsible for administering publicly-financed medical assistance benefits,

including Medicaid services under Title XIX, the Children's Health Insurance Program, the Immigrant Children's Health Program, and the DC HealthCare Alliance.

Department of Insurance, Securities and Banking (DISB) is the District of Columbia Government agency responsible for regulating financial-service businesses in the District by administering DC's insurance, securities and banking laws, rules and regulations. DISB's primary goal is to ensure residents of the District of Columbia have access to a wide choice of insurance, securities and banking products and services, and residents are treated fairly by the companies and individuals that provide these services.

Enrollment Broker is an independent organization that assists individuals in choosing and enrolling in a health plan. In the District, Policy Studies, Inc. is the enrollment broker that DHCF contracts with to assist Medicaid beneficiaries in choosing and enrolling in a Medicaid managed care plan.

Exchange Authority is a new quasi-governmental organization responsible for operating the District's Health Benefit Exchange.

Federal Financial Participation (FFP) is that portion paid by the Federal government to states for their share of expenditures for providing Medicaid services, administering the Medicaid program, and certain other human service programs.

Federal Poverty Level (FPL) is a measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits

Health Benefit Exchange (HBX) is a new transparent and competitive insurance marketplace where individuals and small businesses can buy affordable and qualified health benefit plans. Exchanges will offer a choice of health plans that meet certain benefits and cost standards.

Medicaid is a state-administered health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities and, in some states, other adults. The Federal government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their program, so Medicaid varies state by state and may have a different name in other states.

Medicare is a Federal health insurance program for people who are age 65 or older and certain younger people with disabilities. It also covers people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). The program provides protection with an acute care focus under four parts: (1) Part A covers inpatient hospital services, post-hospital care

in skilled nursing facilities and care in patients' homes; (2) Part B covers primarily physician and other outpatient services; (3) Part C covers Managed Care; and (4) Part D covers prescription drug coverage.

Navigator is a critical function created by the Affordable Care Act to to help people who get health insurance through their state Exchange learn about their options and assist with enrollment.[1]

Office of Health Care Ombudsman and Bill of Rights (OHCOBR) was established by the Council of the District of Columbia to provide assistance to uninsured consumers regarding matters pertaining to their health care coverage. The mission of the OHCOBR is to ensure the safety and well-being of District consumers through advocacy, education and community outreach.

Producer is the term given to an individual or a 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.

Qualified Health Plan (QHP) is an insurance plan that is certified by an Exchange, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Exchange in which it is sold.

Quasi-Government Agency is an agency or instrumentality of the District of Columbia Government with an independent governing body. (See "Exchange Authority")

Stakeholder is an individual or entity with a vested interest in any or all of the policy decisions related to the implementation of a Health Insurance Exchange in the District of Columbia.

I. Executive Summary

The debate over health care as a privilege or a right was in many ways put to rest in 2010 when the Patient Protection and Affordable Care Act became the law of the land. The goal of the Act was to reduce the number of Americans without health insurance and to make insurance more affordable and accessible to the average American.

Since its inception there have been many who have been very critical of the law and believe that the law goes too far. Just recently, the Supreme Court upheld the law paving the way for the full implementation of one of the law's primary features, Health Benefit Exchanges in every state. The Exchange is a marketplace through which consumers and small businesses will purchase health insurance. In recognition of the complexity of insurance for the millions who for the first time will have to make decisions about insurance, the Act requires that each Exchange establish a Navigator Program to provide a myriad of education, outreach and enrollment services for potential Exchange participants.

The Crider Group was engaged by the DC Department of Health Care Finance (DHCF) to solicit stakeholder input, conduct literature reviews, and research Navigator developments in other states in order to provide the District with an analysis of options and recommendations for the establishment of the Navigator Program for the District of Columbia Health Benefit Exchange.

The Crider Group obtained stakeholder input through an online survey and focus groups. The online survey was developed to address a number of key questions about the roles, types, training, structure and funding of the District's Navigator Program. The survey tool used open-ended questions which enabled respondents to provide comprehensive and diverse answers. The survey was widely disseminated and received 134 responses, evenly divided between individual consumers and representatives of organizations.

The Crider Group also conducted six focus groups for advocates, diverse consumers, small businesses and Producers. The focus group participants provided a variety of useful insights about the Navigator Program for the District. We also researched activities in a number of states to determine how they were thinking about implementing the requirements for Navigators and also to determine best practices that might work in the District of Columbia. All of the data and findings from the survey, focus groups and state research assisted in our considerations of what the District might do.

The unique aspects of the District of Columbia landscape and the District's plans for its Exchange must be factored into the design of the Navigator Program. The growing number of people moving into the District make the city more economically and culturally diverse than ever before. Insurance coverage in the District is divided between the uninsured, the insured and those covered by public programs such as

Medicaid, CHIP and the Alliance. Only seven percent (7%) of the District's population is uninsured in large part because of the District's creation of the state-only funded Alliance program and DHCF's decision to take advantage of the ability to move individuals into Medicaid who met the expanded eligibility criteria.

There are a number of "assisters" that currently perform some functions that are similar or interconnected to the activities that Navigators will perform. These entities include the Enrollment Broker who assists Medicaid managed care participants in selecting health plans, Medicare counseling programs, social service organizations, the DC Ombudsman's office as well as the 12,000 insurance Producers who are licensed to do business in the District. Understanding the roles, relationships and the impacts of Navigators on these assisters was an important part of our Navigator analysis.

The Description of Current Operations section of this report describes the eligibility determination process that is currently used for Medicaid, Alliance, CHIP and other public benefits. This is important for determining how Navigators will interface with the eligibility determination flow once the Exchange is operational and the Exchange provides the portal to all health and human services benefits. This section also discusses the current private insurance market and Producer requirements.

The Exchange Environment Section of the report describes the District's recommendations for the structure of its quasi-governmental Exchange. It also describes the projected size of the Individual and small group Markets that the Exchange will serve. The market recommendations which are proposed to help offset the District's small size have implications for aspects of the Navigator Program.

The Affordable Care Act and associated regulations (45 CFR 155.210 and 45 CFR 155.260) delineate the Federal requirements for Navigator Programs, leaving states sufficient leeway to design programs to meet their specific needs. The Navigator Program Design section of this report discusses the mandates for the Navigator Program and then discusses options for the areas where the District does have latitude to customize its program. The report discusses and makes recommendations on the role of Navigators, participation of insurance Producers in the Exchange, Navigator training, licensing and certification, funding, compensation and sustainability.

In the conclusion of the report, The Crider Group offers recommendations for the options that are discussed in the previous section. The recommendations are:

1. We suggest that the role of Navigators be limited to the functions identified in the Act initially. Since community based organizations (CBOs) are required to be one of the Navigator entities, additional services such as case management and social service support are currently being provided by some of these entities. These

entities are best qualified to continue to provide these services and are already trusted by the community to do so. Additionally adding these services to the Navigator functions will not only result in duplicated services but is also likely to increase the cost of the Navigator Program.

2. The analysis and research support that there are advantages to having different Navigators performing different functions although they could be in both the Individual and the SHOP Markets. The construct that will probably serve the District's needs best is to have one type of Navigator that provides outreach and education and another that supports the enrollment function. Both types of Navigators should be available in the Individual Market, however, there may be less of a need to have the education and outreach Navigators available in the SHOP Market.
3. The District would also benefit from allowing Navigators to target their services to specialized populations. Allowing Navigators to specialize in serving specific populations would allow Navigators to serve populations they are comfortable with and reduce the "learning curve" related to serving populations they are not familiar with.
4. We believe that Producers should continue to be compensated by carriers. Producers should not be forced to serve in the Individual Market if they choose not to do so.
5. The options for training can be varied based on the functions the Navigators perform. For the Enrollment Navigators, it is recommended that they undergo a comprehensive training program that results in a certificate. There should be a core curriculum and then specialized courses that focus on topics such as tax credits and subsidies. This course could be developed and offered by a Community College or by a community based training organization. For the Education and Outreach Navigators, the training would be based on the services they provide. The courses could be offered as part of the orientation program by the Navigator entities and would be repeated as often as needed to ensure proficiency.
6. We identified two (2) potential options for funding the Navigator Program. One would be through fees levied on professional licenses and insurance carriers. Another option is a "sin" tax levied against unhealthy foods and beverages. While the community does not like taxes, there may be less resistance to taxes on snack items and cigarettes since they are linked to unhealthy outcomes.
7. There were many models discussed related to the compensation of Navigators. The best model seems to be a hybrid model that is a combination of block grants and enrollment-based compensation. There could also be an incentive built in that recognizes performance.
8. The best way to sustain the Exchange is to make sure that Producers will participate. If the rules governing the Exchange are flexible and maintain compensation and operations for the Producers similar to how they operate and are compensated today, it is highly likely that they will bring business to the Exchange which will help ensure the viability of the Exchange.

II. Introduction

The primary goal of the Patient Protection and Affordable Care Act, later amended by the Health Care and Education Reconciliation Act of 2010 (ACA), is to decrease the number of Americans without health insurance. A major feature of the bill is the creation of Health Benefit Exchanges, virtual marketplaces, through which consumers and small business owners will make insurance purchases, including many employers and individuals who are first time purchasers of insurance. The functions mandated by the ACA for the Navigator Program must be flexible enough to meet the needs of this diverse population.

Under the Act, States have a choice in how they will implement the requirement to have a Health Benefit Exchange. Rather than participate in the Federal exchange, the District decided early that it wanted to create and manage its own Exchange. Using a variety of consultants to assist in developing its options and plans, the District has moved quickly to understand the requirements for implementing an Exchange including gaining an understanding of the demographic characteristics of the District's residential and business communities; identifying options to ensure sustainability of the Exchange in the District; developing plans to overhaul the District's eligibility and enrollment system to ensure its ability to use this system as the primary portal to the Exchange; identifying the District human service programs that would also be impacted by the change in the eligibility and enrollment system and ensuring that those programs would also be available through the Exchange portal as appropriate; creating an interface with the Consumer Assistance Program and the Ombudsman office for the District; and analyzing the requirements of the Navigator Program that is a mandatory requirement of the Exchange.

On January 17, 2012 the DC Council passed The Health Benefit Exchange Authority (Authority) Establishment Act of 2011[2] which included the requirements to:

1. Establish the Health Benefit Exchange Authority as a quasi-governmental entity;
2. Establish the Authority governing board; and
3. Study the design and operation of the Authority's Navigator Program.

The Crider Group was engaged by the DC Department of Health Care Finance to carry out the legislative mandate to study the design and operation of the Authority's Navigator Program. This report is the compilation of the results of the analysis completed to meet this mandate.

III. Background Research

A. Introduction

To assist the Authority in determining the best model(s) to implement for its Navigator Program The Crider Group was asked to 1) conduct research to determine models used by other states, 2) solicit opinions from key stakeholders, 3) consider impact on current programs and operations in the District and 4) offer options and make recommendations for the operation of the Navigator Program in the District of Columbia. Prior to beginning the research phase of the project, The Crider Group met with staff from the Department of Health Care Finance (DHCF) and the Department of Insurance, Securities and Banking (DISB) to determine their desired outcome for the study and report. The discussion resulted in a set of specific questions to be addressed by the report. Specifically the questions to be answered included, but were not limited to:

- What is the role of Navigators?
- How should Navigators differ from brokers?
- How will Navigators be involved with Medicaid and other public programs?
- What are our current consumer assistance programs/staff? How should the Navigator Program interact with and/or build on the current consumer assistance programs/staff?
- How will the Navigator Program be funded? How will grants be distributed?
- What certification/licensure and training should be required for Navigators?
- What entity will be in charge of Navigator certification/training grants?

In addition to the questions identified above, the analysis should also include a discussion of options used by other states and, where appropriate, transitions between Navigators and eligibility workers and Producers.

B. Methodology

The Crider Group solicited stakeholder input in a number of ways, including an online survey conducted through Survey Monkey and focus groups with consumers, Producers, advocates and small businesses. We also requested written comments in addition to or in lieu of answering the survey questions. In addition to the stakeholder research, The Crider Group conducted literature searches to research Navigator proposals and plans from other states as well as other research documents developed by academic and research organizations. The questions for the survey were developed to solicit opinions on key open issues. After finalizing the questions, the survey was submitted to DISB and DHCF for their review and approval. Once the survey instrument was approved, we recruited volunteers to test the survey so we could determine any additional changes that were needed either to the tool or to the

instructions that respondents would receive. After making adjustments based on the results of our testing, we launched the survey. The survey was available for a total of 8 weeks. Respondents were also able to submit white papers, relevant research and additional comments via email to a special mailbox set up on The Crider Group website servers.

1. SURVEY RESULTS

The survey was disseminated through the Executive Office of the Mayor's Office of Communications, the Ombudsman's office, and the HRIC subcommittees. Additionally, the survey was posted on the DC Health Reform website (www.healthreform.dc.gov) and a link to the survey was included in the first health reform newsletter distributed electronically to over 800 subscribers. We received 134 responses to the online survey. Respondents were not required to identify themselves, although a question did allow us to identify that about half of the respondents completed the survey as a representative of an organization, while half responded as individuals/consumers. The survey was written in an open-ended manner to allow respondents to provide as comprehensive a response as they desired. As such, we are generally unable to quantify percentages of responses for one choice or another as you would find in a Likert scale survey. The paragraphs below provide the survey questions and a sampling of the responses:

In addition to the formal survey and focus groups, we also engaged in less formal discussions with additional stakeholders including researchers, lobbyists, health care consultants and association members.

1. Describe how you would design a training program for Navigators?
   a. General information about health insurance and how it works
   b. Information and explanation on total cost of plan products
   c. Customer service and how to talk to people they serve
   d. Information on the most frequent diseases seen within the populations served
   e. How to collect baseline data and data reporting, prepare documents for outreach and marketing, assess program effectiveness
   f. Knowledge of the populations to be served including literacy levels, languages, income levels
   g. Specialized training as needed to meet the needs of populations with special needs

Respondents also felt that training should 1) be modular; 2) be ongoing; 3) be based on customer feedback; 4) take advantage of learning tools appropriate for the populations to be reached; 5) incorporate the ideas of stakeholders; 6) be goal oriented with desired outcomes and expected competencies identified; 7) be based on train the trainer approach; 8) lead to certification or licensure; 9) be based on existing infrastructure

readily available such as community health workers, Producer or industry partners, and community based organizations that currently work with the populations to be served; and 10) allow for role play and case studies and other relevant exercises that could demonstrate readiness to perform the required functions of Navigators.

2. **What if any existing programs in the DC Metropolitan region provide a good model for the Navigators in the District? Why?**
   Respondents listed the Citywide Patient Navigation Network, DC Screen for Life, Legal Clinics across the city including David A Clark Law School at the University of the District of Columbia and the Health Insurance Counseling Project of GW, Healthy Start Community Consortium, Nueva Vida Foundation Program, Families USA, AARP, Community Health Worker Program, MS Society programs and programs offered by the Department of Human Services as programs that could be models for developing the Navigator Program.

3. **How do you think the Navigator Program should be structured in the District to ensure that Navigators are successful in carrying out their roles?**
   Respondents were given the list of functions to be carried out by the Navigators and asked how the program should be structured. The responses to this question were very broad and ranged from the identification of organization models to funding and monitoring and oversight options. There were many respondents who thought that the Citywide Patient Navigation Network provided the best model for the Exchange's Navigator Program. Others thought that the Navigator Program should build on the existing social and community based organizations to ensure the ability to reach constituents. One respondent recommended a Coordinating Council that would include many leaders representing the audiences to be served by the Navigator Program. Some respondents were concerned about conflicts of interest on the part of the Navigator and offered suggestions that would mitigate against the potential for abuse of the system and incentives which favored one plan over another one. A number of respondents talked about training needs and identified many of the same subject areas identified in question one (1).

4. **What skill sets and experiences should Navigators have?**
   Responses to this question often mirrored the training needs identified in question one (1). Most respondents discussed the need for Navigators to communicate effectively, to have knowledge of the communities served, to understand and be able to communicate information about health reform, Medicaid, CHIP, and private insurance, and be compassionate, have patience and have integrity. Several respondents discussed the need for Navigators to adhere to Cultural and Linguistic Appropriate Service standards.

5. **Are there current training programs that could be used or built upon to train Navigators for the D.C. Exchange?**
   Nearly three-fourths of respondents to this question said yes and cited the training program for the Citywide Patient Navigator Network, the DC Ombudsman's office, Community Health Education Program, peer specialists certification training program offered for the Department of Mental Health, and companies that currently provide insurance industry training courses. One respondent offered a full curriculum framework that included core courses and a practicum.

6. **Should there be different types of Navigators for the different types of participants (i.e., individuals, small business employers) in the Health Benefit Exchange?**
   Eighty percent of respondents felt that there should be different types of Navigators for different participant types believing that such separation would lead to better service to both the individuals and the SHOP participants. Some respondents thought that there should be a core curriculum that all Navigators were provided followed by specialized training addressing the specific needs of the Individual and the SHOP Markets. At least one respondent felt that a small percentage of Navigators should be cross trained to work in both markets to ensure strong coordination between the Individual and SHOP Exchanges especially when the markets are interconnected in cases of ineligibility for employer or part time workers.

7. **What process should be used to certify Navigator skills and knowledge? Should all Navigators be required to meet the same training, certification and/or qualification standards?**
   There was almost unanimous agreement that Navigators should receive training that leads to some type of certificate or certification program. Respondents did not believe that Navigator training should be the same as that for Producers, but most felt that there should be a standard curriculum that included testing to assess proficiency and recertification. There also appears to be general consensus that Navigators should receive specialized training to meet the various needs of the target populations. However, even those who believed that there should be specialized training felt that there should be some core or basic training that all Navigators should receive. Some respondents also felt that the training should be interactive and include both instructor led and hands on training.

8. **How should the Exchange ensure that Navigators provide information in a manner that is culturally, and linguistically appropriate and effective to meet the needs of the diverse populations served by the Exchange?**
   The majority of respondents offered opinions about training requirements that should be in place to make sure that Navigators are knowledgeable about the

cultural and ethnic differences of the populations likely to enroll in the Exchange. Some of the respondents felt that the City should administer a needs assessment to determine the cultural and linguistic needs of the population to be served. They also felt that the Navigators should reflect the composition of the communities that they outreach. Community based organizations were identified by several respondents as examples of knowing how to successfully serve culturally and linguistically diverse communities.

9. **Since the District cannot use Federal grant dollars to fund the Exchange, how should the Navigator function be financed? Are there certain sources that should not be used to fund the Navigator Program? If so, what are they and why shouldn't they be used?**
   The answers given to this question can be grouped into the following categories: 1) require providers to pay for it, 2) require insurance companies to pay for it, 3) recruit funding from some of the District's "natural partners," 4) tax on tobacco and unhealthy food stuffs, 5) a surtax on all DC residents, 6) Medicaid and other government programs (anywhere but cuts to social service programs), and 7) local and national philanthropists.

10. **Should existing health insurance Producers participate in the Exchange? If so, how?**
    Approximately 57% of the respondents believe that Producers should participate in the Exchange. Many respondents expressed concern for the system if Producers are not included. There were also respondents who said that Producers should participate in the Exchange, but felt that their participation should be limited to the SHOP.

11. **Should Producers be allowed to work as Navigators? If yes, identify and explain any limitations that should be placed on the participation of Producers?**
    The majority of respondents to this question felt that Producers should not be allowed to work as Navigators. The potential for a conflict of interest was the reason given most often as why Producers should not be Navigators.

12. **What relationship should there be between Producers and Navigators?**
    The consensus was that the Producers and the Navigators should be resources for each other. While there were some respondents who felt that there should not be any relationship between the two most felt that the Producers could be good resources to the Navigators. Those who felt that there should not be any relationship seemed concerned that the Producers would exert inappropriate influence over the consumers. Some respondents cited the neutrality of the Navigator implying that a relationship between the two could lead to the loss of impartiality by the Navigators.

13. **What, if any, impact could the Navigator Program have on Producers in the District? For example, what impact could the Navigator Program have on the existing health insurance distribution system?**
    Many respondents saw a positive impact by having both Producers and Navigators in the Exchange. They thought that access would be increased and the price of insurance could go down. They also saw more opportunities for education and outreach to consumers.

14. **What other information and issues should be considered in designing the Navigator Program?**
    Since this was a "catch all "question, the responses were quite varied. Some respondents used this question to continue to advocate for strong training and certification. Others reminded us again of the need to have both Navigators and Producers. Still another advocated for the use of best practices from examples across the country.

In addition to the responses to the survey, we received one position paper. A copy of the survey questions and summary of responses and respondents are included in Appendix 1.

C. Focus Group Results

The Crider Group conducted focus groups for advocates, Producers, African immigrants, English speaking consumers, Spanish speaking consumers, and small businesses. A total of 54 individuals participated in the focus groups. The Focus Group Guide we used to conduct the groups is included in Appendix 2.

Date	Focus Group	# of Participants
June 18	Advocates	11
June 19	Producers	13
June 21	Spanish Speaking Consumers	9
June 21	English Speaking Consumers	8
June 26	African Immigrants	6
June 29	Small Businesses	7

1. ADVOCATES FOCUS GROUP

The participants in the focus group for advocates represented social service organizations, health clinics, and associations. Most of the advocates appeared to have some knowledge about Navigators and their roles in the Exchange environment. The advocates had clear opinions about what made a good Navigator Program and

offered guidance on training and certification, quality mandates, and inclusion of CBOs who currently serve the consumers who may come into the Exchange. They thought that there should be different roles for Navigators based on the audiences the Navigators are working with. Some of the advocates talked about the importance of trust, standards of conduct, and integrity to the success of the Navigator Program. The advocates identified the potential for confusion in the system because of the existing health Navigators (Cancer, HIV etc.), and the need to distinguish between the two roles. They also saw opportunities for collaboration between these existing health Navigator entities and the Navigators to be used for the Insurance Exchange program. While conceptually the advocates did not have a problem with Producers participating in the Exchange, they thought that the roles and functions should be seamless to the consumer and that there should be collaboration to make sure that the consumers had a positive experience. Also, they had concerns about vendor neutrality and expressed some concerns that having Producers in the system would decrease trust and neutrality. When asked how they would develop the system to make sure it is done right advocates wanted to make sure that: CBOs were completely involved; the system is user friendly; the system is a transparent, collaborative process; and that the program is introduced early.

2. PRODUCERS FOCUS GROUP

The Producers described the Exchange environment as a market place whose purpose is to fill orders and steer clients to purchase insurance in the Exchange. Producers were passionate about the role they play in the current insurance environment and were concerned that the use of Navigators would not fully provide the level and types of services currently provided by Producers. These services include but are not limited to 1) advising clients about insurance options; 2) assisting clients in deciding their insurance choices based on their specific health insurance needs; 3) assisting in resolving complaints and problems between clients and insurance carriers; and 4) assisting clients with full benefit packages offered by employers. Producers were also concerned about the instability that could be created in the marketplace if the usual and customary services provided by Producers were no longer available to employers. They described the marketplace as delicate and cautioned against shutting down the private marketplace to small business owners. Producers believe that if Navigators are going to be providing what is viewed as the same or similar services as those provided by producers, then Navigators should be licensed, educated and subject to the same Errors and Omissions insurance as Producers. They also acknowledged that while their primary market is businesses they also serve individuals but may not be as well positioned to serve the populations currently served by the CBOs. They felt that there could be successful collaborations between Producers and CBOs, especially for the Individual Market.

3. CONSUMERS

The Departments of Health Care Finance and Insurance, Securities and Banking felt strongly that the voice of actual consumers should be heard on the issue of Navigators. To that end we offered 3 focus group sessions for consumers. The focus groups were held with English speaking consumers, with Spanish speaking consumers and with African immigrants. Consumers were given $25.00 gift cards to Target for participating in the group. The consumer focus groups were very informative and provided insight into the concerns of consumers for health care reform and the Exchange. It also provided clarity into why the role of CBOs in the Navigator Program is viewed as critical.

All consumer groups discussed in detail some of the problems that they currently face when going through eligibility determination. One participant in the English speaking group described the process of going to the service center and waiting for hours for eligibility determination or resolution of a problem. This same experience was echoed by the Spanish speaking consumers. Both the English speaking group and the Spanish speaking group had senior participants who talked about the level of concern that the "new program" has created. The concern seems to be more related to the uncertainty of the changes that will be made in how they get insurance. Those insured with Medicare were particularly vocal about the unknowns for them and whether or not the process will make things better or worse for them. In the Spanish speaking group one participant expressed great concern that his or her current health plan would go away and that they would not have the money to pay for insurance if their insurance is taken away.

Spanish speaking and African immigrant participants spoke at great length about the need for Navigators to be culturally diverse and to understand that immigrant groups are not monolithic. One participant passionately spoke of the need to recognize that a Spanish speaker from Venezuela has a different culture than a Spanish speaker from Mexico. We heard repeatedly from the African immigrant group about fear of underrepresentation for them and the harm that comes to them as a result of being one of the newest and least understood immigrant groups in the city. These same sentiments were evident in some of the survey responses as well, making it imperative that the Navigator solution developed by the City carefully consider the needs of the immigrant population in the District and recognize that the mandate to be culturally and linguistically appropriate must be viewed in a much broader context than it usually is.

The consumer groups also spoke passionately about the need to provide adequate education about the basics of insurance. One participant in the Spanish speaking group spoke eloquently through the interpreter about the ineffectiveness of having insurance available to a group of people who have never had insurance before, without a great effort to reach them before the insurance is available to explain what

insurance is, why it is important and the benefits that accrue to them by having insurance. There seemed to be agreement from other consumers as well in both the English speaking and the African immigrant group that some pre-enrollment education and outreach activity was important to reach consumers who will be new to the insurance market. As the District develops its Navigator Program, it should be prudent in including avenues for pre-enrollment supports for consumers. All consumer groups identified the need for Navigators to have customer service training and to be transparent, empathetic and open to helping people.

Consumers felt that Navigators should be evaluated using satisfaction surveys. They offered that the surveys should be provided over the phone and be limited in the number of questions asked. The evaluation should assess language proficiency, knowledge about the program components, Navigator responses to questions asked by consumers; and general treatment of the consumer. The consumer participants also emphasized the need to accommodate those who cannot read and write and expressed a preference for human, not "robot," assisters in person and by phone.

4. SMALL BUSINESS

Small business owners were eager to hear the plans for the Exchange and the Navigator Program and their impact on the small business community. The majority of participants were opposed to the idea of a consolidated marketplace that forced them to make all purchases through the Exchange. They raised questions about whether the Exchange rules would apply to companies that already purchase insurance for their employees and whether the Exchange rules would only apply to those businesses that would be making purchases for the first time. Participants also expressed concern that they would be forced into a risk pool that would result in higher premiums for them.

When asked how the Exchange should be designed to encourage the participation of small businesses, respondents felt strongly that the program should make sure that their offerings were not changed—that they had the same options after the Exchange as they do now. Another participant said that they should not be mandated to participate but encouraged to participate. While she did not offer any specific tactics that could be used with the group she was very concerned that forcing them into a consolidated marketplace that changes how they currently operate would be problematic.

The small business group was not homogenous in their views about participating in the Exchange. One participant indicated that she did not see any difference in the number of choices that would be available through the Exchange in that their choices are limited now. She said that she is not given a wide choice of insurance plans, but rather a choice of 2 or 3 plans that were best suited for her employees. Another

participant was less concerned about the role of the Producer but was more interested in whether his employees would be able to get insurance through the Exchange and the impact on his cost for participating in the Exchange. There were two small business owners, who were also Producers, who talked about the disadvantages of participating in the Exchange and indicated that small business owners could take the penalty and allow their employees to go through the Exchange to purchase insurance as uninsured individuals.

The conversation with small business owners demonstrated the need to provide more support and education to this group to combat the misinformation that they have received as well as to develop a more trusting relationship with them to lead them to participate in the Exchange. Small business owners may also need support as many of them will be first time group insurance purchasers. As such, the Navigator training program that is developed and the outreach that is performed by Navigators and Producers must include support for small business owners to help them understand the benefits that accrue to them if they choose to purchase insurance, given that they are not mandated to. Additionally, small business owners may need to have education support for their employees.

D. State Survey

To inform the decision making regarding implementation of the Navigator Program for the District of Columbia, we researched states to determine how they were thinking about implementing the requirements for Navigators and also to determine best practices for this important feature of the Exchange. A summary of the findings are presented below and the full report is found in Appendix 3.

- Roles and Responsibilities of Navigators—some states have identified creative ways to implement the requirements of the Navigator Program. A few states have chosen to have a tiered approach to the Navigator functions, with one type of Navigator performing outreach and education activities and another performing the enrollment functions. Other states have split functionality between Navigators who serve the Individual Market and Navigators who serve the SHOP Market. States have sought to minimize or eliminate any competition between Producers and Navigators by initiating referral systems that respect the roles that each play.
- Navigator training, certification and licensing—most states are requiring an initial training curriculum which includes eligibility rules; insurance program requirements including tax credits and premium subsidies; requirements for ongoing training that may or may not be tied to certification. While Navigators cannot be required to be licensed as Producers, some states are requiring either a special Navigator license issued by the state or certification. At least one state requires that Navigator entities be accredited.

- Producers—the treatment of Producers in the Exchange varies by state. Some states provide for Producers to participate in the Exchange provided they take specific Exchange training. Some states plan to allow Producers to sell both inside and outside the Exchange and to continue to be paid directly by carriers. Other states have chosen to pay brokers a commission based on a monthly per contract fee, a per enrollment fee, or a fixed monthly compensation fee.
- Funding—the Federal legislation requires states to implement a grant program to compensate Navigators. States are responsible for determining how their grant programs will work. Some states have opted for a fixed compensation amount for each application submitted. States that are using a tiered approach for Navigators are contemplating tiered funding based on outreach education and enrollment efforts. Some states have also implemented incentive payments for state identified standards.

One state is considering a model with many interesting features is Nevada. The Nevada model contemplates two types of Navigators. The first type, Enrollment Navigators will be responsible for providing a physical location and tools necessary to assist with education and enrollment in Qualified Health Plans. Enrollment Navigators[3] will:

- Staff physical locations including mobile enrollment stations to facilitate enrollment into the Exchange;
- Explain eligibility requirements for purchasing insurance through the Exchange, Medicaid, and other public programs;
- Assist consumers with understanding insurance terms such as premium, deductible, co-insurance;
- Answer questions about insurance and enrollment;
- Assist the consumer in resolving disputes; and,
- Provide unbiased explanations about the coverage provided.

Enrollment Navigators must be certified by the insurance department as insurance consultants. The primary focus of training will be on using the web portal that is the gateway to the Nevada Exchange. The Enrollment Navigators will be recertified annually and must take a recertification test and be in good standing with the Department of Insurance to maintain their certification.

The second Navigator type in the Nevada model is the Education Navigator. The Education Navigator will be responsible for uninsured and underinsured populations and will educate these populations on the requirements of the ACA and the Exchange. The specific functions include:

- Reviewing eligibility for purchasing insurance through the Exchange and for Medicaid, CHIP, Medicare and other public programs;

- Explaining to consumers the different methods of purchasing insurance through the Exchange;
- Explaining the benefits of purchasing insurance and how having insurance benefits families and individuals;
- Explaining commonly used insurance terms such as deductible, premium and co-payments;
- Providing written documentation about the plans offered to the consumers, and sending documentation showing enrollment in the plan and the date that coverage starts; and,
- Assisting with dispute resolution.

Education Navigators in the Nevada model will receive training offered through the Exchange and will be certified by the Exchange. Like the Enrollment Navigators, Education Navigators will be recertified annually.

Both Navigator types in the Nevada system will be compensated through grants provided through the Exchange. These elements of the Nevada exchange are attractive and could easily be incorporated into the Navigator Program designed for the District. The Nevada Consumer Assistance Advisory Committee Report is included as Appendix 4.

IV. District Of Columbia Landscape

Many aspects of the District of Columbia are unique. Therefore, designing a Navigator Program for the District of Columbia must reflect the size and demographics of the population, as well as the insurance market, the small uninsured population, and the proposed integrated health and human service solution and Exchange structure that will serve the District's public and commercially insured markets.

A. District of Columbia Demographics

The District population has been growing over the last decade but has experienced record growth since the 2010 Census. Most recent estimates put the District population at over 618,000 residents. Three in four of the newcomers to the District are between the ages of 18 and 34[4]. At this growth rate, the District's planning director projects that the District's population could reach 700,000 before the end of the decade[5]. Once nearly 70% African-American, the District has seen a steady decline in the African American population and an increase in the percentages of Caucasians, Asians and Hispanics. According to 2010 Census data, African-Americans account for barely 50% of the population, while Caucasians account for 38%, Hispanics for 9% and Asians 4%. The District has also experienced significant immigrant growth, primarily from El Salvador, Vietnam and Ethiopia. There are about 250,000 households in the District. Almost half are householders living alone. About 42% of households have children under the age of 18 and over half of those households were headed by a female. Significant differences in health care services, access and status can be seen in the District's eight political wards, with Wards 7 and 8 tending to lag behind in many economic and health indicators. Census data estimates that about 10% of the city's adult population is gay, lesbian or bisexual. About one-third of residents are functionally illiterate, a high rate due to the number of immigrants who are not proficient in English. However, District residents are also highly educated, with nearly half of DC residents having at least a 4-year college degree and 25% a graduate or professional degree.

B. Insurance Coverage

The District enjoys some unique employment and insurance characteristics. The District has a very high percentage of its workforce employed by the Federal and District of Columbia governments. It is expected that government workers are less likely to change their insurance coverage as a result of the presence of the Exchange. A number of workers in the District are residents of other states (Virginia, Maryland and West Virginia) who commute to the District for the jobs.

Mercer's Background Research[6] on the District insurance market provided the following insurance coverage characteristics for District residents:

Employed Sponsored:	Military:	Direct Purchase:	Public Sector:	No Coverage:
322,000	10,000	22,000	204,000	42,000

Mercer's[7] research showed that 74% of employers in the District offer insurance coverage to their employees. Small employers in the District are more likely to offer insurance than small employers nationwide. Over 55% of District employers with less than 10 employees offer coverage.

The uninsured population is very small, only 7%, due to the District's progressive and generous public health insurance programs.

1. PRIVATELY INSURED RESIDENTS OF THE DISTRICT OF COLUMBIA

Nearly two-thirds (64.4%) of nonelderly District residents have employer-sponsored insurance in the District. Sixty-one percent of insured adult residents work full-time.

Among insured residents, nearly 10 times as many work in a firm that offers insurance. Nearly half of insured residents work in a firm with more than 50 employees, as compared with only 17.6% of uninsured residents.

2. PUBLIC INSURANCE PROGRAMS

a) Medicaid Fee For Service

About one third of all District residents have some level of Medicaid coverage. Of these, one quarter (26%)[8] receive coverage through the Fee-For-Service Medicaid program. Individuals eligible under SSI (those who are aged, blind or disabled) are covered under Fee-For-Service.

b) Medicaid Managed Care

Three-fourths of Medicaid beneficiaries are covered by managed care programs.[9] Families in the District that qualify for publicly funded insurance are covered under managed care in the Healthy Families program (Medicaid) and the DC Healthcare Alliance, which is paid for with 100% District of Columbia funds. In 2011, the District acted to take advantage of the opportunity to expand Medicaid eligibility and moved many individuals from the Healthcare Alliance program to the DC Healthy Families program. Currently, the DC Healthcare Alliance program serves primarily those individuals who are not eligible to participate in Medicaid (largely immigrants) and is offered through the Medicaid Managed Care providers under a separate contract with the Department of Health Care Finance.

Approximately 16% of Medicaid enrollees in the District are identified as privately employed.[10] About half of all privately employed workers with Medicaid are either in the arts, entertainment and food service industry or in the health and social services industry. About 25% are in trade (retail) and temporary and service firms.[11]

As inferred from the Mercer Background Report, the District's decision to place Medicaid enrollment within the Exchange should improve the continuity of coverage and administrative efficiencies. It will also make outreach and education of consumers much easier and may aid in capturing more of the uninsured into various health insurance coverages – a goal which relates to Navigators. We understand that initially for the first year of the Exchange's operation the enrollment functions for those Medicaid consumers will remain the responsibility of Policy Studies Inc., the current Medicaid Enrollment Broker for the District of Columbia Medicaid and Health Care Alliance programs.

c) DC Healthcare Alliance Program
The DC Healthcare Alliance was originally created to meet the health care needs of the uninsured in the District of Columbia. Originally created as a stand-alone partnership between the District government, a private managed care company and a public provider of primary care services, the Alliance was subsequently integrated into the managed care program. The Alliance is funded out of 100% District of Columbia funds and offers a full range of health care services for its members. Benefits include: inpatient hospital care, outpatient medical care (including preventive care), emergency services, urgent care services, prescription drugs, rehabilitative services, home health care, dental services, specialty care, and wellness programs that include mother and baby care.

d) Children's Health Insurance Program
The DC Children's Health Insurance Program (CHIP) was incorporated as a Medicaid expansion instead of a separate program. Under the CHIP program children whose family income is up to 300% of the Federal Poverty Level (FPL) are given all services that they are entitled to under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

3. UNINSURED IN THE DISTRICT OF COLUMBIA

At seven percent (7%), the District enjoys the second lowest rate of uninsured residents in the Nation. The 2009 Report, Uninsurance in the District of Columbia, prepared by The Urban Institute[12] , found that: 1) Uninsurance rates were highest among nonelderly adults (18-64), with nearly 8% uninsured at the time of survey and 13.4% uninsured during the prior year; 2) Uninsured residents are more likely than insured residents to be male (about 2/3 of uninsured are male; 3) The uninsured are

most frequently non-Hispanic black, rather than other races; 4) Family income is strongly associated with insurance status; 5) More than half of the uninsured live in families with incomes under twice the Federal poverty level (FPL); 6) Insured residents are more likely to have completed some college than uninsured residents, and they are also only half as likely to be non-citizens; 7) The uninsured are more likely to be relatively new to the District; about twice as many uninsured as insured residents have lived in the District for less than a year; and 8) The uninsured are not evenly distributed geographically in the District and are more likely to live in Wards 1, 4 and 7 and less likely to live in Wards 2, 3, 6 and 8.

Survey[13] findings also showed that:

- Nearly 70% of uninsured people stated that they were uninsured because the cost of insurance was too high;
- Lack of access to employer-sponsored coverage plays a role in many of the other reasons. Twenty-eight percent (28%) said they were not offered coverage at work;
- 33% had changed jobs and 4% did not have employer-sponsored insurance because the person who had access to such coverage was no longer part of the family due to divorce, separation or death;
- Only 8.1% said they did not need insurance and 19.1% did not know how to get insurance;
- Many of the uninsured were likely eligible for public programs offered by the District. However, many uninsured adults indicated that they either were not aware of public insurance programs or did not know how to enroll – 55% and 32.4%, respectively; and,
- Only 5% of uninsured adults indicated that they would not be inclined to enroll in a public insurance plan, even if eligible.

About half of the District's uninsured population below 200% of FPL is under the age of 35. This group is often referred to as the Young Invincibles.[14] About half of these individuals would appear to qualify for coverage under the District's existing programs. Mercer's report raises the question of what incentives would compel the young and uninsured population to obtain coverage. A well-designed Navigator Program which includes Navigators who can reach and relate to this population segment will be very important for the District's Exchange.

C. Consumer Assistance Resources

There are a number of agencies that currently provide consumer assistance and health counseling services to District residents in public health programs. In addition several other nonprofit social service organizations provide counseling and assistance in applying for public benefits, such as SSI, Medicaid and Alliance. Many serve clients

with limited English proficiency or other social and cultural barriers. Bread for the City, Mary's Center and La Clinca del Pueblo are good examples of these types of organizations.

1. MEDICAID ENROLLMENT BROKER

The Medicaid Enrollment Broker performs similar services to those envisioned to be performed by the Navigator. The District of Columbia has contracted with Policy Studies Inc., to be the Enrollment Broker for the Medicaid program. In addition to assisting enrollees in selecting a managed care plan, Enrollment Brokers also 1) educate enrollees about managed care; 2) educate enrollees about primary care providers and their role in the enrollees' care; 3) educate enrollees about the benefits and services available to them through the managed care organizations; 4) educate enrollees about EPSDT services; 5) ensure collection of health status information; 6) refer enrollees to the appropriate places for resolution of complaints; 6) facilitate enrollment into the managed care organizations; 7) reduce the number of managed care organization transfer requests; and 8) provide unbiased information about managed care plans participating with Medicaid.

Many of these functions are similar to the functions to be performed by the Navigator and could be duplicative in a system with both Navigators and Enrollment Brokers. The DHCF has determined that the Enrollment Broker will continue to provide these services for the first year of the Navigator Program. They will then determine if the Enrollment Broker program will continue or whether the services provided by the Enrollment Broker will be offered in other ways including but not limited to the Navigator Program. The chart below lists the services provided by the Enrollment Broker and shows how similar they are to the services to be provided by the Navigator Program.

Enrollment Broker	Navigator
Assist enrollees in selecting MCO	Facilitate selection of a QHP
Educate enrollees about managed care, role of the PCP, benefits and services	Conduct public education activities to raise awareness about the Exchange
Refer enrollees to appropriate place for resolution of complaints	Provide referrals to ombudsman or other appropriate agency for resolution of complaints and grievances, or questions about health plan
Facilitate enrollment into MCO	Facilitate enrollment in a QHP

Enrollment Broker	Navigator
Provide objective unbiased information	Provide information and services in a fair, accurate, and impartial manner, acknowledging other health programs
Educate enrollees about EPSDT	N/A
Ensure collection of health status information	N/A
Reduce number of MCO transfer requests	N/A
	Provide information that is culturally and linguistically appropriate to meet the needs of the population served by the Exchange

2. STATE HEALTH INSURANCE ASSISTANCE PROGRAM[15]

GW Health Insurance Counseling Project (HICP) is the District's state health insurance assistance program (SHIP). The HICP serves District residents who have Medicare or are 60 years or older. HICP relies on a small, but very experienced staff to respond to 3,000 to 4,000 calls per year. During the school year, the program uses GW law students working under the supervision of the program director. HICP goes to neighborhoods across the city to help District seniors understand Medicare, Medicaid and private health insurance. Information sessions are held in senior centers, churches, libraries, schools and health fairs, among other locations. These sessions help individuals resolve problems with private health insurance and public health programs to obtain public benefits and secure access to healthcare. The HICP also provides telephone help lines and legal representation. All of the services are provided free of charge. The District of Columbia Office on Aging receives funding from CMS and, in turn, funds the program in DC. CMS named HICP the highest performing program of its kind in the country.

3. OTHER OUTREACH AND ADVOCACY SERVICES

There are a number of community based organizations and community health centers that provide various outreach and advocacy services for District residents. The following discusses two of those programs.

a) **Mary's Center**[16]

Mary's Center provides Entitlement Benefits Assistance through its Bilingual Health Access Program (BHAP), which "works in partnership with the city's Office of Public Benefits to help families apply for disability benefits, Medicaid, food stamps,

Temporary Assistance for Needy Families (TANF) and the District of Columbia's Children Health Insurance Program." The center's "staff gathers and translates all necessary documents for enrollment and helps families complete their applications in a timely manner. Outreach workers spend numerous hours in community settings educating the public about the advantages and the process of enrolling in public benefit programs." The BHAP staff speaks Amharic, English, and Spanish.

b) **La Clinica del Pueblo**

La Clinica del Pueblo has a patient support services department that plays a critical role in helping to break down the barriers to health care faced by low-income patients, uninsured and underinsured Latinos and other individuals in need that come to La Clínica. Services include: HIV case management; entitlements assistance; and housing assistance, referrals for food, clothing, medicine, and medical equipment. The Patient Support Services Unit staff educates and enrolls eligible clients into Medicaid, Medicare and other programs, and helps patients apply for pharmaceutical company assistance programs. In addition, the Unit provides direct health education services targeting mostly patients with diabetes, overweight and obesity problems. Patients with or at risk of chronic diseases such as diabetes and/or obesity have the opportunity to attend cooking classes, support groups and exercise sessions that help them to improve their health and to adopt healthier life styles.

4. DC OMBUDSMAN OFFICE

The mission of the Office of Health Care Ombudsman and Bill of Rights is to ensure the safety and well-being of District consumers' health care services through advocacy, education and community outreach. The Health Care Ombudsman and Bill of Rights Program was legislated by the Council of the District of Columbia, and the Office of Health Care Ombudsman and Bill of Rights was established in 2009 to counsel and provide assistance to uninsured District of Columbia residents and individuals insured by health benefits plans in the District of Columbia regarding matters pertaining to their health care coverage. Their Health Care Outreach/ Education Services' efforts include education on insurance coverage, managed care, and consumer's rights to medically necessary health care by an insurance company. The office makes presentations to community, provider and advocacy groups[17].

5. DISB CONSUMER DIVISION

The Department of Insurance Securities and Banking's (DISB) Consumer Division handles complaints for commercial insurance. It does not handle Medicare or Medicaid complaints. The Consumer Division does not conduct outreach or assist consumers with locating appropriate health care for themselves or their families.

V. Description Of Current Operations

A. Eligibility Determination

Under the current program, eligibility for Medicaid, Alliance, CHIP and other public services is determined by the Department of Human Services. Anyone desiring one of the public services presents an application to an Economic Security Administration (formerly Income Maintenance Administration) service center and provides supporting documentation to support his or her eligibility for services. The ESA reviews the application and documentation provided and if complete determines for which program the applicant is eligible. If the application is incomplete the ESA contacts the applicant and identifies the additional information needed for completion.

If the applicant is eligible for Medicaid, a determination is made as to whether the applicant is eligible for Medicaid Managed Care, the Health Care Alliance, or the Children's Health Insurance Program. If eligible for any of these programs, the applicant is referred to the Enrollment Broker who will assist the applicant as needed in selecting a health plan. If the individual is eligible for the Fee for Service Medicaid program, the applicant is issued a Medicaid card and provided with contact information for the Medicaid program should they need help or have additional questions.

When the Exchange is fully implemented it is envisioned that the eligibility workers will continue to make eligibility determinations. The eligibility determination flow once the Exchange is operational and the Exchange provides the portal to all other services is discussed later in this document.

B. Insurance Producers

The private insurance market is comprised of 1) insurance carriers who provide various plans; 2) insurance Producers (brokers and agents) who sell insurance to businesses and individuals; and 3) purchasers (both individuals and business consumers) who purchase insurance directly from insurance carriers or indirectly through Producers.

A total of 12,293 individuals and entities are licensed accident, life, sickness and health Producers in the District of Columbia, distributed among the three jurisdictions as follows [18]:

- 1,051 D.C. resident agents and entities;
- 7,083 Maryland resident agents and entities;
- 4,159 Virginia resident agents and entities; and,

The DISB licenses and regulates insurance carriers and Producers who do business in the District of Columbia. DISB's intent is to protect consumers from unfair practices.

DISB requires that each candidate who applies for licensing as an insurance Producer must submit proof of satisfactorily completing a pre-licensing course of instruction through an approved pre-licensing provider for the District consisting of at least 40 hours of pre-licensing education at the time of the scheduled insurance license examination. Every candidate for license must take the appropriate insurance license examination within one year of completing a pre-licensing course.

An insurance Producer seeking to renew a license must complete at least 16 credit hours of approved continuing education (CE) within the two calendar year period preceding the expiration of the license. A Producer seeking to renew a license for more than one line of authority must complete at least 24 credit hours of approved CE within the two calendar year period preceding the expiration of the license. The Producer must complete six insurance credit hours related to each major line of authority. No more than half a Producer's CE requirement may be satisfied through courses sponsored by an insurance company.

Any applicant who passes the examination to become a resident or nonresident insurance Producer must submit to fingerprinting and a background check through the DC Metropolitan Police Department prior to being granted a license.

VI. Exchange Environment

The District through the various subcommittees of the HRIC engaged key stakeholders in discussions about the organization of the Exchange. The discussions have reflected a divided community on how the Exchange should be structured. While considering the opinions and concerns of the stakeholders, it is up to the Executive Board of the HBX to determine the structure that is in the best interest of the District of Columbia. Some of the fundamental considerations for determining the structure of the Exchange included:

There were six (6) subcommittees to the HRIC:

- Insurance;
- Health Service Delivery
- Communications
- Eligibility
- Operations
- Information Technology

Most subcommittees included external stakeholders

- Size of the Individual and SHOP Markets;
- Ability for the Exchange to sustain self-sufficiency;
- Efficiencies gained by including eligibility and enrollment for public sector programs through the Exchange;
- Ease of operation and oversight of the Exchange; and
- Size and comparability of the risk pools inside the Individual and group markets.

A. Organization and Governance of the Exchange

The Insurance Subcommittee of the HRIC was charged with the responsibility for determining how the Exchange should be structured. The options included 1) having separate Exchanges for individuals and small businesses; 2) having one Exchange for both small businesses and individuals; 3) merging the risk pools of the Individual Market and the Shop; and 4) having a consolidated marketplace where all purchases by individuals and small businesses must be made through the Exchange.

The Insurance Subcommittee has recommended that there be one Exchange, a consolidated market place, and merged risk pools. This model will provide a greater possibility for the sustainability of the Exchange. As discussed previously, the uninsured population of the District is so small that an Exchange that is comprised of only the uninsured in the District will likely not survive. Additionally, unlike other states where the majority of individuals working in the state also reside in the state making them candidates for the Exchange in their state of residence, in the District there are more than a million people who commute into the District each

day for work. These individuals, some of whom are employed by small businesses, are not eligible to participate in the District's Exchange and therefore are not available to increase the number of people who could be available to the HBX. Having a consolidated marketplace with merged risk pools also has the potential of reducing the cost of coverage for individuals since there will be more people over whom to spread the risk. However, this option is unattractive to business owners in that they will be subject to, what is perceived to be, the higher risk exposure of the individual and previously uninsured population.

There are also downsides to this option. This option may reduce the attractiveness to Producers of participating in the Exchange—if restrictions are put on their ability to sell inside or outside of the Exchange.

B. Projection of size of post ACA marketplace

Per Mercer's Background Report[19], there are approximately 19,100 District residents (12,800 uninsured and 6,300 direct purchasers) that would be primary candidates for coverage through the Exchange. Some employers with many low income workers may decide that it makes more sense financially to terminate coverage and have their employees seek subsidized coverage through the Exchange. Many uninsured or those with direct purchase coverage who also have household income above 400% of FPL might purchase insurance through the Exchange.

According to Mercer, the segment of the population that creates the greatest uncertainty is the small group employers that could receive coverage through a SHOP Exchange. Mercer identified approximately 125,000 individuals enrolled in fully insured small group coverage in the District in 2010.[20] Mercer found that in Massachusetts there were sufficient numbers of small businesses available to participate in the SHOP Exchange, however many chose to remain outside of the Exchange. Therefore based on the Massachusetts experience Mercer raised concerns about whether or not there would be a robust market for group coverage purchased through the District's Exchange.

Mercer analyzed two options for the Exchange model in the District neither of which contemplated a consolidated marketplace. However, based on the needs of the District as discussed above, the best option for the District was determined to be a market consolidation model where insurance for both the Individual and SHOP Markets would be purchased.

C. Proposed Eligibility and Enrollment Processing

With the implementation of the HBX, the HBX portal will be the doorway through which all eligibility determination will occur for all public benefit programs and all insurance products will be offered through the Exchange. Access to the portal will be designed to accommodate a diverse group of users, who will vary in their understanding of the eligibility rules, understanding of the insurance products and services, and comfort using technology for applying for benefits as well as making plan selections through the Exchange. As such, the District will provide access to the Exchange portal through a variety of means including through Economic Security Administration Centers, by the use of computers and other technology, through community partner sites, mail, and in kiosks located strategically across the District.

When an individual applies through the service center, by phone or by mail an ESA worker will receive the application and process to determine eligibility for public benefit programs. When it is determined that the individual is eligible for Medicaid, the Alliance or CHIP, the ESA worker will route the individual either to the Fee For Service program or to the Enrollment Broker for selection of a managed care plan.

If it is determined that the individual is not eligible for a public benefit program, and is uninsured and should go through the Exchange for insurance selection, the ESA worker will refer the individual to the Navigator Program. Upon receiving the referral the Navigator will discuss with the individual the purpose of the Exchange and educate the individual to insurance products and services.

An individual who submits an application through the online portal will essentially go through the same process. After entering information needed to determine eligibility the individual will be directed through the appropriate "entrance" for either the public benefit programs or the Exchange. For those individuals who meet the requirements to obtain insurance through the Exchange, they will be directed to the webpages that explain insurance choices including the availability of tax credits or subsidies. An individual may request the help of a Navigator at any point during this process.

The Navigator system must be developed to accommodate requests for assistance at various points in the eligibility and enrollment process. As such, it is highly recommended that Navigators be available at select ESA service centers and/or have a "hot line" that goes directly to the Navigator office for help and support. Additionally, the website for the HBX could include an option

for “live chat” with a Navigator so that an individual who needs help in making a selection of an insurance plan or who does not understand what he or she is to do can access a Navigator immediately. The website should also provide telephone numbers for contacting Navigators.

Individuals who have coverage through their employers will access the HBX portal to make a selection of a plan based on the choices available to them. Even if the employer is working with a Producer, an individual employee may still choose to ask for help through a link to Navigators on the website.

VII. Navigator Program Design

A. Navigator Program Regulations

The Affordable Care Act and associated regulations (45 CFR 155.210 and 45 CFR 155.260) spell out some requirements for state Exchange Navigator Programs, while leaving leeway for states to design programs to meet their specific needs. A state Exchange must establish a Navigator Program under which it awards grants to eligible public or private entities or individuals to carry out the duties defined for Navigators. The ACA specifies the roles of Navigators to help individuals, families and businesses to make decisions about and enroll in available health coverage options.

1. ROLES OF NAVIGATORS

The minimum duties that Navigators must provide are listed in 45 CFR 155.210:

- Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange
- Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs
- Facilitate selection of a QHP
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the PHS Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint or question regarding their health plan, coverage or a determination under such plan or coverage
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the ADA and section 504 of the Rehabilitation Act

2. CONFLICT OF INTEREST AND TRAINING STANDARDS

Exchanges are required to develop and disseminate a set of standards to be met by all Navigator grantees that are designed to prevent, minimize and mitigate any conflicts of interest, financial or otherwise, that may exist and to ensure that anyone who functions in the role of a Navigator has appropriate integrity. Exchanges also must develop and publically disseminate a set of training standards to ensure expertise in:

- The needs of underserved and vulnerable populations
- Eligibility and enrollment rules and procedures

- The range of QHP options and insurance affordability programs
- Applicable privacy and security standards

3. TYPES OF NAVIGATORS

The ACA envisions that different types of Navigators will be needed to help people get coverage through the Exchange. An entity that provides Navigator services must demonstrate that it has existing relationships, or can establish relationships with employers and employees, uninsured and underinsured consumers or self-employed individuals who may potentially enroll in the Exchange. The regulation (45 CFR.155 210) spells out that an Exchange must give a Navigator grant to a community and consumer-focused nonprofit group and also must give a Navigator grant to an entity in one of the following categories:

- Trade, industry and professional association
- Commercial fishing industry organizations, ranching and farming organization
- Chamber of Commerce
- Union
- Resource partner of the Small Business Administration
- Licensed agents and brokers
- Other public or private entity or individual that meets the requirements (i.e., Indian tribes, tribal organizations or state or local human service agency)

The regulations clearly state that a Navigator must not be a health insurance issuer; a subsidiary of a health insurance issuer; an association that includes members of, or lobbies on behalf of, the insurance industry; or receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP or a non-QHP.

State Exchanges will use grants to fund groups that provide Navigator functions. Further, the Act specifies that Navigators cannot be funded using Federal exchange dollars. The law does not specify how Navigator Programs compensate individuals who function as Navigators; however it provides clear conflict-of-interest protections. Navigators cannot receive any direct or indirect payments from health insurers and, as noted above, insurers are prohibited from being Navigators.

4. ROLE OF AGENTS AND PRODUCERS

A state Exchange may allow agents or brokers to enroll individuals and employers in any qualified health plans in the individual or small group market as soon as the plan is offered through an Exchange and to assist individuals in applying for premium tax credits and cost sharing reductions for plans sold through the Exchange. It should be noted that an agent or broker cannot perform eligibility determinations as part of

enrollment through the Exchange. An individual can be enrolled in a QHP through the Exchange with the assistance of an agent or broker only if the agent or broker ensures that the individual receives an eligibility determination through the Exchange website.

B. Navigator Program Options

Beyond the above regulations, CMS recognized that it is best to leave most Navigator Program design decisions to states to implement programs to meet their specific needs. In the District of Columbia it is recommended that the Health Benefit Exchange will be the gateway for determining eligibility for all insurance products. As such, any discussion of the role of Navigators and the structure of the program must contemplate the diverse needs of public consumers receiving Medicaid, CHIP and the Alliance as well as the needs of the private consumer who may be an employer, employee or individual needing information on tax credits and cost sharing reduction benefits. In designing how the Navigator Program should be implemented in the District, the following issues were considered:

- Roles of Navigators
- Role for Producers in the HBX
- Education and training requirements for Navigators
- Certification/Licensing
- Coordination with Consumer Assistance Program
- Funding for the Navigator Program
- Compensation for Navigators

1. ROLES OF NAVIGATORS

The Act does not limit the Navigators' functions, so exchanges can design programs that involve more pre or post enrollment, as well as other added-value functions. A recurring opinion that was expressed by focus group participants, survey respondents, and models in other states is that pre and post plan selection support would be needed from Navigators. The discussion of post enrollment support included the need 1) to assist individuals and coordinate movement between the marketplaces, from insured to uninsured as a consumer's circumstances change; 2) to provide help to individuals and small businesses who need assistance with applying for tax credits and cost sharing reductions after their eligibility for insurance through the Exchange has been established; and 3) helping individuals resolve issues related to claims, coverage and denial of services. Services such as case management could be provided anywhere along the spectrum as needed by the consumer.

The obvious benefit to having Navigators perform additional support services such as case management would be the ability to minimize the need for consumers to

go to various places to receive the help they need. Additionally, since Navigators will include community based organizations, consumers may be accustomed to receiving those services from the CBOs already and have established trust relationships with these entities that will facilitate their acceptance and enrollment into the Exchange. Conversely asking Navigators to do some of these support services may duplicate services already provided in the community and may increase the cost of Navigator Program operations.

The role of the Navigator can also be examined in terms of the scope of responsibility they should assume. For example, will Navigators be allowed to select markets that they will work in and consumers that they will serve; or should Navigators be required to serve anyone who presents in the Exchange. One advantage of allowing Navigators to serve selected markets includes the ability to take advantage of the specialized expertise that organizations have developed in serving special populations, such as business owners, the homeless, and diverse cultural and linguistic communities. The disadvantage of not requiring Navigators to serve all consumers in the marketplace is the increased risk that consumers with specialized needs may fall through the cracks.

Additionally, the roles may be defined by having Navigators specialize in enrollment or education and outreach. If Navigators are separated along functional lines, it allows them to maximize current expertise or trusted established relationships, such as educating consumers of specific cultural backgrounds or consumers with unique health challenges or doing outreach to the Homeless or to Young Invicibles. Some Navigators may be very effective working at counseling, education and outreach yet may not feel they can develop sufficient expertise in required enrollment areas such as tax credits and premium subsidies. Likewise other Navigator entities may be able to address the Enrollment functions, but may not have the specific experience or skill sets to work with clients who present with complex needs in addition to their need for insurance. The separation of functions may increase the administrative burden and require more diligence in monitoring and oversight.

2. PARTICIPATION OF INSURANCE PRODUCERS IN THE EXCHANGE

There has been great speculation about the role and necessity of the Producer community after the Exchange becomes operational. In particular, the Navigator role is viewed by some as a threat to the ongoing relevance of Producers. We heard from the Producers and small business owners a concern about disrupting the existing relationship between Producers and the small business community by introducing Navigators. Yet, the Federal rules require that Navigators are available in both the Individual and the SHOP Exchanges. It is imperative that the right balance be struck between these competing interests. The District realizes that the sustainability of the Exchange relies on the presence of small businesses in the Exchange. The RAND

Corporation and the Urban Institute both presented 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[21,22].

One of the key decisions impacting Producers is related to how they will be compensated in the Exchange. As previously discussed Producers are compensated by the carriers that they represent to small businesses and individuals. One option is to allow Producers to continue to receive compensation from carriers for products sold inside and outside the Exchange. However, one concern that has been expressed is the potential for steering consumers to carriers where the Producers have the potential for an unfair financial benefit. It is highly unlikely that such steering could occur, particularly since most Producers are appointed to all carriers in the marketplace.

Producers could be paid by the Exchange a fixed fee for each contact or enrollment facilitated. This arrangement would only be attractive to the Producers if the level of compensation they were accustomed to continued under the Exchange compensation model.

Another issue for the Exchange is whether the Producers would be required to operate in both the Individual Market and the SHOP. If Producers are forced to participate in both the Individual Market and the SHOP, they may not be equipped to address some of the problems that individuals in the market may face. Producers could be allowed the choice to participate in either the SHOP or both the Individual and SHOP Markets (or the unlikely choice of only participating in the Individual Market). Allowing Producers to choose their markets would minimize negative feelings often associated with mandates or loss of choices.

3. NAVIGATOR TRAINING

The issue of Navigator training generated a lot discussion and differing opinions. The topics to be covered, the length of training and how training should be obtained were all points of differentiation between consumers, advocates, Producers, business owners and those who responded to the survey. The Producer community felt strongly that if the Navigators will do the same things as Producers, then Navigators should be required to mirror the training that Producers are required to undergo to receive their licensure. Consumers and advocates were much more interested in requiring Navigators to have training on cultural differences, languages usage, information about immigration, and customer service skills and training. There was universal agreement that Navigators should be trained on insurance and how it works, tax credits and cost sharing information, and co-payments and deductibles. Some commenters believed that the training should be interactive and provide for a post training evaluation to assure that Navigators meet minimal levels of knowledge.

One question related to training is where training should occur. Should Navigator training be developed as a certificate program offered through an academic or workforce development setting such as the University of the District of Columbia Community College. The disadvantage to this approach is that training in an academic setting may be more expensive and require a longer length of study. Also, training offerings through the community college could be constrained by the academic calendar giving you fewer opportunities to offer training during the year. Additionally, the lead time required to establish an academic based training program may not allow for quick implementation of the program unless planning for this type of training begins relatively quickly. At the same time, consumers may feel that training provided at an academic setting ensures a certain level of proficiency and knowledge.

Alternately training may be provided in a non-academic community location and be offered by trainers with specialized knowledge and expertise. Community based training could be located at various locations across the District including at the offices of the Navigator entity. If a "train-the-trainer" approach is used then it is likely that Navigators could be provided training whenever there was a turnover in staff or an identified need to refresh Navigators on topics related to their functions.

4. NAVIGATOR LICENSING/CERTIFICATION/OVERSIGHT/REGULATION

The Affordable Care Act is very clear that Navigators must meet the licensure and certification mandates of the State in which the Navigator Program operates. At the same time, the regulations prohibit mandating licensure of community based organizations as brokers or agents while mandating that at least one of the Navigator entities be of this type. States may develop a new Navigator licensure program, a Navigator certification credential, or a formal, but non-credentialed, education and training program for Navigators.

Most of the survey and focus group respondents felt that there should be some type of certification program for Navigators. They felt that a certification gave them more of a guarantee that those persons as Navigators would have the in-depth knowledge of the programs and services that would be required by the Exchange. Most respondents felt that the certification should come from the District government and should be earned through a comprehensive training program. Even within the groups, there was not a consistent feeling about the length of time the training to certification should take with the responses being as little as 40 hours to as much as 8 months.

To receive certification, all Navigators would need to pass a written test showing they possess the knowledge and skills necessary to function as a Navigator. The test could be administered by the Exchange, which could be the certification entity for Navigators.

Each Navigator entity could have a training and continuing education coordinator who will be responsible for ensuring only properly trained and knowledgeable Navigators are performing these functions. Training may be developed by Exchange staff, provided in conjunction with existing community college or workforce development programs in the District, or contracted out to other entities to develop and deliver to District Navigators. Internal development by the Exchange staff would be resource intensive, given the many other responsibilities of the staff during the start-up period of the Exchange. As noted above, relying on existing community college or workforce development programs ensures the expertise, but may have negative cost and time consequences. Given the growing demand states will have for navigator training, CMS may provide model training guidelines and consulting firms may crop up to assist states in meeting this need cost effectively.

5. FUNDING FOR NAVIGATOR PROGRAMS

Each state has the responsibility to identify funding to support the Navigator Program. Since there is not Federal funding available to support the program the State has to raise money to support the services of the Navigators. Additionally, the law requires Navigators to be available in October 2013 when the Exchange enrollment begins.

There were five options identified to support the Navigator Program. Each is discussed below.

1. Identify traditional partners who will donate funds to support the Navigator Program. The District may have partners who would be willing to provide start-up funding for the Navigator Program. If it is possible to raise funds in this manner, the District would have to ensure that the funds are restricted to the use of the Exchange and not made available to support other activities that are related to the Exchange. While the HBX is organized as a quasi-governmental entity it is still subject to the Home Rule Act and other laws of the District of Columbia. An analysis would have to be completed to make sure that donations could be accepted on behalf of the Exchange and restricted to the Navigator Program. There should also be an assessment of any restrictions that may face organizations under the purview of the Mayor and the Counsel when receiving donations for sources outside of government.
2. Charge a fee to insurance carriers to participate in the Exchange. This option may be a viable source of funding for the Exchange and part of the fees collected could be used to support the Navigator Program. The insurance community may oppose any mandate that requires them to support funding an Exchange that they may or may not support. Also, the HBX authority would have to determine the ability to have this "tax" collected on behalf of the Authority and not subject to the fluctuations in the District's budget.
3. Residents of the city could be asked to pay a small fee/tax to support the Exchange. Most individuals are resistant to any kind of tax or increase in tax. If the tax/fee could

be offset by tax breaks it may be more palatable to the residents of the City.

4. Designate a certain portion of professional licensing fees to support the Navigator Program. The District currently collects licensing and registration fees from several professionals. A portion of these fees could be collected to support the Exchange generally and the Navigator Program specifically. Those subject to the tax will be unhappy to see a fee increase. A challenge may be resistance to an increase in licensing fees, in light of any recent increases. This tax could be restricted to health professions.
5. A final consideration may be to implement a "sin" tax on tobacco, alcohol, and unhealthy food to support the Navigator Program. With the current disdain for unhealthy lifestyles, a tax on those items that put us most at risk for having health problems may be palatable.

6. NAVIGATOR COMPENSATION

The ACA includes rather prescriptive language that entities assuming responsibility for Navigator functions be paid using grants, however, the Exchange can consider various methodologies for determining the compensation model for the grants. The state scan revealed a wide range of models being considered. One compensation option is based solely on Exchange enrollment and would involve a fixed fee per completed application or enrollment contract. This compensation model may incentivize Navigator entities to over emphasize the enrollment of easy to reach consumers at the expense of outreach and education to more difficult populations. Although a way to balance this is to vary the fee based on the type of enrollment, recognizing that some categories of enrollees might be more time consuming or more challenging than others.

Another compensation option would be to pay Navigator entities with a global or "block grant" type of compensation, where they would be paid monthly or quarterly based on the global amount. The amount would be determined by the proposed outreach, education and enrollment activities for the time period. The advantages of this option is that is recognizes that outreach and education are as important as enrollment in building the Exchange and rewards Navigators for these activities. The challenge is the difficulty in quantifying these activities and evaluating performance.

A variation of these compensation options is a hybrid model where Navigators are paid a global or block grant amount for the outreach, education, consumer assistance referrals, training, etc. and also paid on a per enrollment fee for the number of completed Exchange enrollments. This flexible model allows the Exchange to work with different types of Navigator entities and to compensate them based on how their proposed activities support the Exchange. The downside of this hybrid is the increased complexity, contract oversight and performance monitoring required by the Exchange.

VIII. Conclusion

The Navigator Program will be a critical component of the District's HBX. The choices for how this requirement of the Exchange is to be implemented are many and will be varied throughout the Country. The Crider Group's task was to look at the issues and to identify the best choices for the District of Columbia. In having completed the research and critical analysis, we have reached some conclusions that we believe are best suited for the District and its stakeholders. Those options are identified below.

1. What functions should Navigators perform? Should their role be expanded to include additional functions?

During the focus groups and on the survey we asked participants/respondents to identify the functions that Navigators should perform. Many of the additional functions identified are services such as case management and social service support that are currently provided by community based organizations. The advantages of having Navigators perform additional services include:

- Enhances the ability to address needs of new entrants into the insurance market that have not been identified or supported;
- Increases the resources available to provide support services to those who need them;
- Reduces the possibility of individuals who may have the need for wrap around and other support services getting "lost through the cracks"; and,
- Provides one stop opportunities for individuals with diverse social service and other needs to receive the services they seek.

On the other hand many of the community based organizations that are likely to apply to become Navigators currently provide the services that may be needed by new entrants into the insurance marketplace. The Navigator Program should not disrupt or compete with the traditional services that community based organizations provide. Additionally, community based organizations have developed the specialized expertise necessary to identify and secure the services needed. Navigators, other than community based organizations, would have to develop this specialized expertise. Finally, adding these services to the Navigator functions will not only result in duplicated services but will also likely increase the cost of the Navigator Program. While many states have decided to expand the role of Navigators, we recommend that the District limit the role of the Navigator Program to those functions identified in the Act. If after a period of time, the District believes that a gap in services exists or identifies additional services that are not duplicative of services already available to District residents, the function of the Navigators can be expanded. Also, delaying

the expansion of Navigator functions will allow the District to determine the true cost of operating the Navigator Program and ensuring that there is sufficient funding to support the mandate functions before requiring more.

2. Should there be different Navigators serving the SHOP and Individual Markets?

The analysis and research support that there are advantages to having different Navigators performing different functions although they could be in both the Individual and the SHOP Markets. For example, CBO's may not be familiar with tax credits and subsidies and may not be well suited to work with small business owners. At the same time Producers may not be well suited to work with the uninsured population that also present with a myriad of other social needs.

Allowing Navigators to serve specialized populations would allow them to 1) reduce the "learning curve" related to developing the specialized expertise needed to serve special populations, such as business owners, the homeless, and diverse cultural and linguistic communities; 2) take advantage of the specialized expertise that Navigators may have in outreach, education, and/or enrollment; and, 3) reduce the need to have Navigators perform some of the services that are traditionally performed by Producers.

There are also disadvantages of having Navigators perform different functions. These disadvantages include possible 1) increased administrative burden of monitoring and providing oversight and 2) increased potential that consumers with more specialized needs may fall through the cracks.

The construct that will probably serve the District's needs best is to have one type of Navigator that provides outreach and education and another that supports the enrollment function. The rules would not prohibit Navigators from providing both functions, but would not require that they provide all services. Both types of Navigators should be available in the Individual Market but it is likely that there would only need to be Enrollment Navigators in the SHOP Market.

3. How should Producers be compensated in the Exchange?

We performed a great deal of research to identify the best option for compensating Producers in the Exchange. After focus group discussions, survey analysis and research into the practices of other States, we believe that the best option for the District is to allow Producers to continue to be compensated as they currently are. They should also be allowed to operate in both the internal and the external markets if they choose to do so. It will be very difficult for the District to sustain its Exchange if the small business community does not participate through the Exchange. We heard from small business owners a willingness to pay penalties and not participate in the Exchange

if their current relationships do not continue. While small business owners were not uniform in this opinion, the majority of them seemed to share this perspective. 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. Also, small business owners may face situations where they already have existing insurance products for their existing workforce, but would face different rules if they start another business enterprise that meets the small business definition. Producers can be helpful to them in managing the transitions or managing multiple insurance products for existing employees, new employees and new business enterprises.

4. What should the training program look like?

The options for training can be varied based on the functions the Navigators perform. For the Enrollment Navigators, it is recommended that they undergo a comprehensive training program that results in a certificate. There should be a core curriculum plus specialized courses that focus on topics such as tax credits and subsidies. This course could be developed and offered by a Community College or by a community based training organization.

For the Education and Outreach Navigators the training would be based on the services they provide. The courses could be offered as part of the orientation program by the Navigator entities and would be repeated as often as needed to ensure proficiency. Both options should require participants to pass a test to demonstrate their proficiency and learning.

In addition to the responses received from the survey and focus group participants, the literature was replete with suggestions for training requirements. Considering all of the responses from stakeholders and the review of the literature the table below contains a sample of the training program and relevant topics[23,24].

Topics	Education and Outreach Navigator	Enrollment Navigators
Insurance basics	X	X
Eligibility and process for tax credits		X
Premiums, tax credits, cost sharing reductions, deductibles and co-payments		X

Topics	Education and Outreach Navigator	Enrollment Navigators
Customer service standards	X	X
Selecting plans and provider		X
Consumer rights	X	X
Cultural Linguistically Appropriate Standards	X	X
Access standards for individuals with special needs	X	X
Grievance and appeals procedures	X	X
Patient protection and confidentiality requirements	X	X
Referral resources	X	X
Reporting requirements	X	X
Conflict of interest standards	X	X
Ethics training	X	X

The research did not produce a clear preference for training locations. However, it may be more practical to offer training for Navigators in the community rather than in a formal academic setting. This is especially true for the diverse Navigators that would come from community based organizations and may have language and other barriers that make formal academic environments less practical and accessible for them.

6. How should the Navigator Program be funded?

We identified two options for funding the Navigator Program. One would be through fees levied on professional licenses and insurance carriers. Another option is a "sin" tax levied against unhealthy foods and beverages. While the community does not like taxes, there may be less resistance to taxes on snack items and cigarettes since they are linked to unhealthy outcomes. The advantage for these tax options is the likelihood that these fees could be set at a level high enough to fund the operations of the Exchange. The biggest disadvantage is that most consumers are adverse to taxes and will not want to pay more taxes even to fund the Exchange.

7. How should Navigators be compensated?

There were many models discussed related to the compensation of Navigators. Based on the feedback we received from focus groups, the survey and from state research, the best model seems to be a hybrid model that is a combination of block grants awarded to entities and enrollment based compensation. The hybrid model does not place more value on outreach and education over enrollment or vice versa. Rather it recognizes the value of each role.

IX. Appendices

Appendix 1

Question 1	The Health Reform law lists the following roles for navigators: • Outreach and education to raise awareness about the Exchange • Distribution of fair and impartial information on qualified health plans (QHPs), availability of premium tax credits, and cost sharing assistance • Assistance in selecting a QHP • Referring to consumer assistance agencies • Providing information in a manner that is culturally and linguistically appropriate to the population served and ensures accessibility and usability of Navigator tools and functions with individuals with disabilities What, if any, additional roles should Navigators play in the District? Please describe.
Respondent ID	**Respondent Answer**
1	From initial point of screening services followed through to suspicious finding or a confirmed cancer or serious disease diagnosis, patients who are "navigated" to QHPs should be monitored to ensure they are able to access timely, coordinated, standard-of-care treatment and support services throughout the cancer or chronic disease treatment continuum, particularly populations currently experiencing disparities in care. Navigators also should be required to document the socio-economic patterns, including income and age of patients that receive their services. It is imperative that Navigators go beyond "insurance navigation" and embrace "systemic navigation," that encompasses all the options available to patients outside the services provided by QHPs. It is not enough that Navigators provide a soft referral to consumer assistance agencies, but rather a "warm referral" to consumer assistance agencies is essential for a holistic healthcare environment in which the patient can progress.
2	Train the trainers of the DC profit and non-profit agencies which can be part of the navigrators. Use TV, radio, Metro transportation for free information publication. All should be helpful for DC minorities, ethnic, aging and disability groups.
3	There will have to be very specific strategies around community engagement to underserved communities of the District.
4	Many consumers are not aware of the variations in quality and value that are present in our current health care system, which leads them to rely largely on cost comparisons alone when making health coverage and care decisions. By providing clear information on the importance of both quality and cost (i.e. value) to both the individual's own economy as well as the system as a whole, Exchanges in general, and Navigators in particular, can play a powerful role in improving quality and reducing costs across the board, contributing to the overall system transformation that the Affordable Care Act and other programs and initiatives were designed to achieve. Even for consumers who have health coverage and are familiar with the process of choosing amongst various coverage options, the concepts of quality and value are not familiar. So we predict that for many millions of new consumers entering the health insurance system through the Exchanges, knowing what information is available and then using it to their best possible advantage will be even more challenging. Thus we cannot stress how important it is that the Navigators demonstrate an understanding of both quality and cost measures and data (at the health plan level but also at the provider level if this is available in D.C.), and can translate how to use those data to the consumers seeking their assistance, so that they can choose the highest-value plan for their individual and family needs.

5	The knowledge and ability to provide individuals with information on programs outside the Exchange (eg low income benefits, home healthcare etc)
6	Providing support services to Early Care and Education Programs that make sure all families in the city receive timely, high quality medical services.
7	Make sure that the stakeholder know about all of the various health insurance program. Provide a generic list of hospitals.
8	Beside the existing role, perhaps the role as facilitator and intermediary, when necessary and prescribed.
9	Assisting consumers navigate the service network through assistance in getting to them, provide working contacts for qualified health plans, and make the choices appropriate to their needs.
11	No additional roles
12	care coordination
13	The Health Reform law provides an opportunity to leverage existing resources to best serve people in the District. At its core, patient navigation is about removing barriers to care to increase access, especially for the underserved. The DC Cancer Consortium and the GW Cancer Institute have implemented an innovative network of cancer patient navigators who work in a variety of health settings to assist individuals across the cancer continuum, from screening to diagnosis to treatment to the post-treatment phase. Barriers already being addressed include finding transportation assistance, connecting patients with health insurance, identifying co-pay assistance, coordinating care across the fragment and complex health care system and providing psychosocial support, to name just a few. These navigators play a critical role in connecting patients to additional support and resources and focus on providing services in culturally and linguistically appropriate ways. Coordinating this patient navigation effort with Health Reform implementation related to the Health Exchanges helps to best use existing resources and meet multiple goals at once.
14	side by side comparison of qhps
16	Incorporate patient navigation and add specific services for cancer patients, such as providing information about recommended screenings.
17	Better patient preparedness. Improve collaboration among health professionals. More efficient use of medical involvement with patients. Identification of service gaps. We help patients to 'NAVIGATE' the health care system. Too often patients are lost in the system after screening because of missed appointments, financial problems and other barriers, that we are to bring down.
18	Supply information but Public Assistance programs. ie. TANF, Food Stamps and Medical Assistance.
20	Providing access to licensed agents who will advocate and advise on behalf on individuals and employers in the District of Columbia
22	There should be a mandate that there is a navigator in all FQHC of couse that would include community health centers, health care for the homeless programs public housing primary care programs. Navigators tools and functions fit these settings

23	Besides all of the roles describe above. The Patient Navigator is the "liaison" between patients and all the barriers they have to overcome, when looking for medical services. Speaking for our Community I can state, that we have helped many patients to crossed the barrier, of language, economical issues, psychological problems, administrative obstacles, etc, that patients still come back to us looking for help. The resources are out in the Community and in the Counties, but, our people not always have the opportunity to access them. Having a navigator has made their life's a lot easier, specially when they face a Cancer diagnoses.
24	Navigators will need a basic knowledge of who provides healthcare in the district and which plans they accept.
25	Foot Soliders to the various communities that are sometimes unreachable. Serve as translators for the various Dialects that sometimes become an impediment to understanding & grasping the message that is being sent.
26	Patient navigation is an intervention employed to reduce health disparities and improve quality of life. In cancer it is applied across the continuum from outreach to screening, diagnosis, treatment and post-treatment. Each navigator plays an integral part of the continuum based upon their educational and professional background. Navigators assist with addressing barriers such as language, finances, scheduling, insurance, education, psychosocial screening and distress, referrals and escorting patients to doctors visits. They help patients to understand and recognize the psychical, emotional and spiritual aspects of patient-centered care and address tough issues such as end-of-life care and ethical behavior.
29	Patient navigators, specifically, should continue to play the role of provide ongoing outreach, education and resolution to the barriers that prevent residents from getting the care that they righfully deserve.
30	I think the Navigators should create or identify the concept of ONE Stop Shopping for services. The problem is that there will be multiple agencies providing fragmented services. Refer them here, help them sign up and apply for services there, provide education and training somewhere else. Enough already. The Navigator should insist on meeting ALL of the customer's needs in one place at one time. IF they have to come to an agency for information that agency should also be able to provide the customer with all the information necessary to make an informed choice so that when they leave that agency they are insured.
32	Possibly consumer reports-style information on health info resources online, to help citizens get reliable health info.
34	The city's implementation of the Health Reform law requiring navigators to assist patients with insurance-related questions is laudable. Fortunately for the District, the DC Cancer Consortium and the GW Cancer Institute have pioneered a remarkable network of cancer patient navigators to assist patients at risk for, diagnosed with or in treatment for cancer to access timely quality care through the Citywide Patient Navigation Network. These existing navigators - who are housed in community organizations, primary care clinics, and cancer centers - remove barriers to care including transportation and financial obstacles, linguistic and communication barriers, medical mistrust, system fragmentation issues, dependent-care concerns, and employment concerns, while providing social, practical and emotional support. Existing navigators often help patients access health insurance options and patient co-pay assistance, as well as other kinds of patient support programs and resources. Maintaining this critical network of patient navigators in the District to work in tandem with highly trained insurance specialists to navigate District residents should be a top priority for the District.
35	- link eligible individuals to Medicaid - offer information about other public health and wellness programs applicants may be eligible for/interested in

36	UnitedHealthcare supports initiatives that will encourage the enrollment of as many consumers as possible in Medicaid and Exchanges. Broad participation will help to dramatically reduce the number of uninsured and promote a balanced risk pool, thereby promoting the long-term success of Exchanges. Navigators should be one important component of what should be a broad outreach and education effort to help consumers become insured. Given the tremendous influx of new consumers, Exchanges should preserve already established relationships and points of entry for coverage. Health care coverage is a complex decision and individuals and small employers have traditionally relied on advisors to help guide them through the process. We believe that the evolving health care system should retain the highest level of quality regarding health care purchasing assistance, and that clients should have the option to preserve their relationship with an agent/broker.
37	It should comprised of the population of the community who needs to be informed. For example, culturally diverse, broad economic levels, persons with disabilities, veterans and additional important those who have worked in the community with a community based organization(s) who understand the law.
38	Letting the D.C. Government know where there are gaps and problems in the system.
39	- knowledge of specialists treating chronic conditions - to be sure that QHPs recommended to consumers include specialists on the plan(s). - knowledge of drugs used to treat certain conditions - to be sure consumer will have adequate coverage through particular QHPs.
40	As part of Navigators' duties to facilitate enrollment in health coverage and maintain expertise in eligibility, enrollment and program specifications, the District should ensure that Navigators have extensive and current knowledge of the District's Medicaid, CHIP and DC Health Care Alliance programs, as well as the Basic Health Program (if the District chooses to establish BHP) and are able to assist District residents in applying for coverage through these programs. Many of those enrolling in coverage in 2014 will be eligible for public coverage programs. Navigators should be able to help all newly eligible and uninsured populations enroll in coverage. This will support the District in creating a streamlined enrollment process for consumers by making Navigators a single entry point for any consumer seeking assistance with enrollment. We believe that it is important to avoid shuffling consumers between entities that provide consumer assistance, if referral to another navigator is needed to provide assistance with the appropriate program, the District should ensure that a system is in place to follow up with the consumer to ensure that they receive services. It is also essential for Navigators to be able to provide assistance with enrollment in both private exchange plans and public coverage programs because when assisting potential Exchange consumers, Navigators may find that the consumer is eligible for a public program or their eligibility for public health insurance programs has changed during the course of the year because of a change in income or household composition. Helping consumers maintain coverage through renewal or change in coverage should be one of the core responsibilities of Navigator entities. As part of Navigators responsibility to educate consumers about premium tax credits, Navigators should inform consumers about the reconciliation process for premium tax credits and how decisions about the amount of the tax credit that a consumer takes up front will affect the reconciliation process if they have a change in income. Navigators should be able to refer consumers for assistance with problems that may arise in using premium tax credits or in the reconciliation process for assistance resolving these problems at through the federal agency that oversees premium tax credits. The Navigator programs should also have the capacity to help consumers to enroll in other health care affordability programs or public benefits or to educate consumers about these programs and refer them to an entity that can help them determine their eligibility and enroll in the program. Navigators may also assist with post-enrollment activities, such as helping consumers access care by answering questions about how to use coverage and how to access providers, connecting consumers with case management entities, medical and health homes, and educating consumers about the importance of preventive and routine health care. Navigators will be a critical source of information about how enrollment systems are working for consumers. The District may consider establishing a formal process for these entities to provide feedback to the Exchange and Medicaid and CHIP agencies about what's working well for consumers and what needs improvement to inform further policy development and refinement.

41	Helping individuals determine if they qualify for federal subsidies to purchase insurance through the exchange. Providing individuals resources to deal with complaints or concerns related to the exchange.
42	Quality customer service; a knowledge of the industry/reform law that can be easily explained to residents
45	The scope of responsibilities for navigators as defined by the Affordable Care Act appears to be sufficient. The process and approach to the aforementioned responsibilities will be more important for achieving success in the exchange. Ultimately, navigators should have a focused role of objectively assisting in the eligibility and enrollment process by providing information and answers to questions about the benefits available through the exchange. Questions about benefits and claims after enrollment should be handled by issuers.
48	On line QHP information Hearing process if any
49	Since the Secretary has not yet established standards for the navigator program, it is not clear whether each entity receiving a navigator grant must perform all five functions, or if, for example, a state might provide some navigator grants that are just for outreach and others that are for enrollment. "Facilitate enrollment" has also not yet been defined—so a navigator might, for example, help someone complete an enrollment application but not execute it, or a navigator might put consumers in touch with exchange staff who then finalize the enrollment process. Responsibilities of the program at-large (the Exchange) should include: (a) Identification of target populations and factors that can facilitate delivery of outreach services using data on uninsured residents and small businesses eligible for coverage through the Exchange (e.g., analysis of survey data on geographic location, language, ethnicity, etc. of uninsured); (b) Assessment of existing resources and administration of grants to organizations best suited to reach targeted groups based on data on target groups and the applicant's ability to reach and engage them; (c) Development of educational materials for use by grantees (navigators) for target populations; (d) Provision of training to grantees (navigators) on responsibilities and protocols, including use of referral networks; (e) Development of outreach strategies in coordination with grantees (navigators) and other partners; and (f) Monitoring and evaluation of education and in-person enrollment assistance provided by grantees (navigators).
50	Ensure everyone is aware of what they are entitled to. Sometimes people are not aware of what programs they are entitled to.
51	Navigators should also distribute information, etc. about participating qualified dental plans.
52	None
53	Work as a liaision for complaints or if the insurance company does not fulfill its duties Serve somewhat as an ombudsman, as an impartial viewer of health insurance
54	In addition to assistance in selecting a QHP, the Navigators could provide support and basic education on what health care is how to use a health plan. One of the topics that could be covered, for example, is when to go to an emergency room, doctor or urgent care center. The information could be conveyed through health coaches that are assigned to enrollees.
56	Navigators should be trained to interact with special needs groups and others who may need to have particular care and focus.

Question 2	What, if any, existing programs in the DC Metropolitan region provide a good model for Navigators in the District? Why?
Respondent ID	Respondent Answer
1	Currently, DCCC funds two signature programs to help control cancer and improve quality of life, including palliative and end-of-life care in the District. These programs--Citywide Patient Navigation Network (CPNN) and DC Screen for Life--offer the best models for Navigators in the District to implement the Health Reform Law. CPNN helps cancer patients overcome barriers to timely and appropriate care as they transition between health care institutions and support services. A "wiki" helps navigators share information about resources and personnel. A total of $3.4 million has been used to support the creation of the program, which is administered by a local university's cancer center. The network is comprised of 34 patient navigators at 44 partner sites. So far, more than 10,000 cancer patients and caregivers have received navigation and cancer resource awareness services as part of the program. CPNN also connects the general public with its resources by interfacing with the DC Cancer Consortium's phone line (202) 585-3210, which is administered in partnership with the American Cancer Society. Increased resources for outreach and education to raise awareness about the existence of these services will help to reach DC residents in populations where diagnoses and mortality are disproportionately high.
2	There are many, For example: Legal Aid Society for DC; Legal clinics at Catholic University, George Washington University, UDC David A. Clark School of Law housing and Consumer Clinic, University Legal Services, .Health Insurance Counciling Project of GW, AARP Legal Council for the Elderly, DC Health Care Finance's Ombudsman , Apple Seed, ETC. I can supply more if you don't have a comprehensive list. All of the above have clients with Health Care problems and trusted in the community due to established services on policy as well as client advocacy. Also Ed Lazere's Fiscal Policy Institute. Iin addition, there are DC focused foundations providing funding to further DC health care policies. They have lists of grantees specially funded for these purposes. Furthermore, DC Primary Care Association is involved in policy and DC clinics with clients.
8	Potential learning can be derived from GWU Hospital's program, which has a track record and meets the needs of a similar urban and socio-economic demogrraphic.
9	DC Department of Mental Health Peer Specialists Program.
11	Many community based organizations in the city do community based engagement
13	The Citywide Patient Navigation Network (CPNN) is an innovative model for patient navigation. Through CPNN, navigators are not only in cancer centers but also in primary care settings and at community organizations. These navigators participate in regular communication and training to ensure they are aware of available resources. This model can be expanded beyond cancer to best meet the needs of DC residents.
14	no good models. bad model - let DC Council and/or Mayor be involved in selection and supervision of navigators
15	DC Healthy Start Community Consortium- goal is to reduce infant mortality rate. They do this with health promotion sessions in the community, through monthly meetings of parents. Advocates for Justice and Education-work with the family support staff to assist the family in identifying and prioritizing their needs. Promoting information that will aid families in obtaining appropriate services.

16	Cancer patient navigation, through the citywide patient navigation network. "Network Navigation" for cancer patients is an innovative model of navigation that has been pioneered in DC. It is not the same as health care insurance navigation. Both must be addressed under DC Health Care Reform. Navigators help secure health insurance and support resources, offer relevant cancer-related education, and empower patients to seek the best possible care. From initial point of screening services followed through to suspicious finding or a confirmed cancer diagnosis, patients are able to access timely, coordinated, standard-of-care treatment and support services throughout the cancer continuum, particularly populations currently experiencing disparities in care. The long-term objectives of the DC Cancer Plan regarding navigation are to: Continue to provide a safety net for individuals across the cancer continuum through the provision of patient navigation that includes community organizations, primary care and screening sites, and cancer centers. Provide cancer educational opportunities to raise awareness and support appropriate cancer screening practices across metropolitan DC. Increase the proportion of patients diagnosed within 30 days of adverse finding. Increase proportion of patients who begin treatment within 30 days of diagnosis. Increase number of patients receiving survivorship information and support, using local data as a baseline for evaluation.
17	The Nueva Vida Foundation is a role model of patient navigation. Created by the founder of this Clinic, Doctor Elmer Huerta continues the legacy of helping Latinas and families with Cancer. Their willingness and disposition to help the Community,with health education, mental health services, cancer resources, physical barriers. social barriers, set the example of a well coordinated patient navigation services.
18	I do not know of any.
20	Maryland high risk program offers full coverage and competitive rates for individuals unable to obtain health insurance in the private market
22	Our Program under CCAHEC just because we have the best navigator ever and CPNN because of the networking capabilities
23	The Nueva Vida, program is one the best practices of patient navigation in the District. They have served the Latino community in so many levelsand for many years. They are a wonderful source of patient referral when it comes to Cancer, when it comes to education , when it comes to provide mental health, when it comes to serve the community. They promote health, while they help patients. I loved the program dearly, it was created by Doctor Elmer Huerta, but, still continues his legacy in helping Latinas and families with Cancer.
25	The George Washington City Wide Navigation Program will be a good refernece point since it is in it's second year. It involved major stakeholders in the healthcare industry in the District. Produced measurable results.
26	The DC Citywide Patient Navigation Network is an example of a good model for navigators. It employs navigators in various settings across the district who deal with distinct patient populations and provide services based on their educational and professional background as well as the needs of the population. It is a program that evolved out of the National Cancer Institute's Patient Navigation Research Program that studied the cost-effectiveness of patient navigation and the improved quality of life for those who were navigated. CPNN has been extremely successful in building a collaborative network of navigators across the city who have impacted hundreds of lives in the District and improve the quality of care especially for the underserved. In addition, navigators meet once a month for training and to discussion strategies that they can use to improve their services and better assist patients.
27	DC Cancer Navigation Network UDC Community Health Worker training program
29	The DC Screen for Life Program is an excellent model for Patient Navigators because they have played an integral roles in ensuring that all DC residents touched by the program received quality education, information and screenings throughout the continuum of care.

30	none
31	MS Society National Capital Chapter
32	I don't know.
34	The Citywide Patient Navigation Network is an excellent model for navigation in the District. Housing navigators where patients seek care and support - from reputable community organizations, primary care organizations like Unity clinics and DCPCA clinics, and from tertiary care centers - is efficient and effective in helping patients access quality medical care. Since July 2010, the Citywide Patient Navigation Network has assisted over 1,900 individuals through patient navigation and reached over 9,000 individuals through community outreach and education. Expanding the existing network to additional clinics for other top morbidities in DC could assist an even broader range of patients.
37	Families USA, Family Voices of the District of Columbia Inc., AARP in collaboration with the DC Ombudsman office. Each organization participates in various advisory boards and various coalition group meetings throughout the city. They each also have a level of expertise and effectiveness which is needed to reach and educate the community about the new system. Based on our organization, FVDC Inc., we specialize on providing resources, supports and referrals for the special healthcare needs and/or disabilities community 0-26 years of age, but we have extensive collaboration and partnerships with other organization that cover the next age group of the community we serve.
38	The GW Health Information Insurance Counseling Program.
40	We would recommend consulting with Kim Bell (kinectick@gmail.com) who has developed and directed community health worker programs and training in the District. Ms. Bell worked with the University of the District of Columbia to get community health workers certified and working in clinics and hospitals. We would also recommend consulting with the following organizations to learn about their health outreach, education and consumer assistance programs: Family Support Collaboratives, DC Action for Children, DC Primary Care Association, Capitol City Area Health Education Center, Unity Health Care, University Legal Services, Bread for the City. Navigator entities will want to develop relationships with and offer services at sites where consumer and vulnerable uninsured populations receive other services, such as the Department of Employment Services, with which Howard University Medical center currently contracts to perform outreach for preventive care screening, and the Department of Motor Vehicles, shelters, soup kitchens, charities, mortgage assistance programs and veterans programs.
41	None that I know of.
43	The National Capital Chapter of the National Multiple Sclerosis Society provides excellent information the the constituents they serve in the greater Metropolitan Washington area. Not only do they provide links to information and programs available through their organization, but they also provide networking operations for providers of various services. Despite having a relatively small staff, they serve thousands of members and hundreds of organizations.
45	There are many community organizations that provide outreach and resources to help increase awareness about social assistance programs. Most of these "community assistance programs" are culturally and linguistically aware and have a strong understanding of the local area and its existing support networks. Other examples of potential partners include 211 (National Capital Region) - the call center could serve as a conduit for sending potential exchange enrollees to the appropriate channels, and CoverageforAll.org which can provide a quick assessment of individuals and advise them on their health coverage options.
48	The Department of Human Services Programs because they have professional staff that is highly experience in providing accurate information and services. The staff dmonstrate

49	Community-based organizations assist with enrollment in Medicaid and CHIP in many states. Community-based organizations and volunteers provide Medicare counseling and assist with plan enrollments as part of the federally funded State Health Insurance Assistance Program (SHIP). Medicaid and CHIP agencies in some states enter into agreements with community-based organizations and other entities to help people enroll in Medicaid and CHIP. In some states, the enrollment assister helps the person enroll only in the public program, and then plan selection takes place later; but in other states, such as New York and California, the facilitated enrollment counselor, or "application assister," also helps the person enroll in a plan. Grant agreements between the state and the community-based organization require the counselor to provide unbiased information. See http://www.healthyfamilies.ca.gov/EEs_CAAs/Forms.aspx#CAA_Agreement online for more information about California's agreements with enrollment entities for its Healthy Families (CHIP) Program. A wide range of organizations can become Healthy Families enrollment entities, including community-based organizations, health providers, tax assisters, insurance brokers, and others. The entity must use "certified application assistants" who have taken a five-hour, web-based training course and passed an exam. In addition, they must sign a code of conduct that requires them to wear an identifying badge; not accept money; not recommend one plan over another; not coach an applicant to omit income information, for example, on an application for benefits; as well as other requirements. Violations can lead to termination of certification for the assister and termination of the agreement with the enrollment entity. In Medicare, SHIP counselors assist Medicare beneficiaries with enrollment in Part D drug plans and provide counseling on Medicare, Medicare Advantage, and Medicare Supplemental policies. SHIP counselors regularly assist Medicare beneficiaries in using the medicare.gov online tools to compare and enroll in drug plans, but under CMS guidance, only the beneficiary, the beneficiary's legal representative, or someone authorized under state law can actually execute the enrollment request. As of 2009, about two-thirds of states had established certification programs for SHIP counselors and additional states were in the process of developing programs. Certification requirements often include training, competency testing, and a period of supervision by a mentor before the SHIP counselor is permitted to counsel alone. Currently, however, there is no national SHIP certification program; states design their own training and certification requirements. A related program, the Senior Medicare Patrol, is a nationwide network of volunteers that helps Medicare and Medicaid beneficiaries detect fraud. The Administration on Aging funds a resource center for the state-based patrols that provides national training materials. Upon completion, volunteers take an assessment test and receive a certificate of completion. Community Health Access at DCPCA as a Model: This initiative is focused on recruiting, training, and identifying employment opportunities for a new category of front-line health care workers who serve as links between residents and health and social services in their communities. This program includes the Capital Health Careers as well as the Community HealthCorps program – the largest health-focused, national AmeriCorps program that promotes health care for the United States' underserved populations. DCPCA partnered with the University of the District of Columbia Community College (UDC-CC) to pilot the Community Health Worker (CHW) certificate training program. After concluding a successful pilot in February 2011, DCPCA and UDC-CC enrolled 26 students in the first official CHW certificate training program in May 2011 and 24 CHWs were received certificates in December 2011. The next cohort began in February of this year, creating an opportunity to build the field of CHWs in the District for future employment. The program marks the first ever certificate program for CHWs in the District of Columbia provided by an academic institution. Moving forward, DCPCA will work with UDC-CC and other community partners to create a system for integrating more CHWs into the health care delivery system.

49 *(cont)*	Additionally, Capital Health Careers is a three-year grant program funded by the U.S. Department of Labor under President Barack Obama's American Recovery and Reinvestment Act. DCPCA is a Capital Health Careers partner and responsible for coordinating partner activity, designing data collection tools, and overseeing the successful collection of program data for federal reporting purposes. The goal of Capital Health Careers is to train and place 550 health care workers over the three year period. The program pays for participants' tuition and upgrades their skills in an array of allied health fields, including 50 CHWs. At the end of the second year, the program has already enrolled more than 445 individuals into the Capital Health Careers training programs. Contact Shari Curtis at DCPCA for more information scurtis@dcpca.org 552-2311. DCPCA has also been a partner in the DC City-Wide Cancer Navigator project. The goal of the DCCC-CPNN is to create an effective and sustainable city-wide program that provides reliable, high quality, coordinated, integrated, respectful, and compassionate patient support for screening through diagnostic resolution, and from diagnosis through the transition from active case or to palliative or end-of-life care, facilitating each patient's access to appropriate support mechanisms. Navigation is a patient-centered, culturally tailored intervention to help individuals navigate through the complex cancer healthcare labyrinth from screening to survivorship or end-of-life. The skills of cancer navigators, or other like chronic disease patient navigators, are easily transferable to that of the role of an insurance exchange navigator. Visit http://dcpnavigatorrp.wikispaces.com for more information
50	Department of Human services. Because we already deal with the public and are aware of their needs.
51	DentaQuest currently offers products in the commercial market that are distributed through brokers and agents to both employers (large and small) as well as individuals. The DC exchange should consider the extent to which producers can play an approriate role in educating consumers and facilitating the purchase of qualified health plans and qualified dental plans through the exchange.
52	Department of Human Services- Agencyhas been providing Medicaid/alliance,
53	Ombudsman. The person serves as an impartial referee to solve problems and issues.
54	Birth centers, such as the Birth Center in Alexandria, VA. The center provides comprehensive care to mother and child to ensure that both are safe and healthy during and after a pregnancy. While the work of a birth center and the Navigators is not exactly the same, there are a number of things, such as the education and support piece, that could be incorporated by the Navigators.

Question 3	How do you think the Navigator Program should be structured in the District to ensure that Navigators are successful in carrying out the following roles: • Outreach and education to raise awareness about the Exchange • Distribution of fair and impartial information on qualified health plans (QHPs), availability of premium tax credits and cost sharing assistance • Assistance in selecting a QHP • Referring to consumer assistance agencies • Providing information in a manner that is culturally and linguistically appropriate to the population served and ensures accessibility and usability of Navigator tools and functions with individuals with disabilities
Respondent ID	Respondent Answer
1	We believe the current CPNN should be the model for structuring the District's overall Navigator Program for all chronic diseases.
2	Convene a focus group of all relevant DC agencies with health care and poverty clients and advocacy experience to develop appropriate structure and outreach materials for possible clients. It is essential that local organizations be directly involved in developing the program as they have for years worked on health care needs. Involve DC government commentities such as the ANCs, Neighborhood Councils.
3	The Navigator program should take advantage of, and build upon, the various existing social and community based organizations, and additionally establish non-traditional community based tools to engage constituents.
4	Navigators should be required to meet the Office of Minority Health (OMC) Culturally and Linguistically Appropriate Services (CLAS) standards, which provide a framework for what it means to deliver services sensitive to diverse populations. The 14 standards include elements such as whether the organization makes available timely services to interpret communication from members/consumers that don't speak English. We also suggest looking to the NCQA Multicultural Health Care Distinction Program, which creates a roadmap for health plans and providers to meet and even exceed OMC CLAS standards. Other issues to consider regarding the structure of the Navigators: The District should conduct detailed analysis of the service area to identify the populations with the highest need for assistance, and avoid awarding Navigator grants to entities that may not be skilled in reaching out to the needs of the community. This analysis should look for geographic concentrations of the target audience as well as other characteristic of the likely eligible population including race/ethnicity, language, age, income, etc. It should also examine the entity's track record of success reaching this or similar populations. Navigators should be required to collect and report on measures that assess Navigator performance and hold the programs accountable both during open enrollment, as well as throughout the year. We believe that at least one of the types of entities serving as Navigators in D.C. be a community or consumer-focused non-profit. Finally, we strongly urge that the D.C. Exchange institute strong conflict of interest policies. It is critical that Navigators be prohibited from serving as active health insurance agents/brokers in any health insurance market, and that they do not receive compensation from any health insurance issuers, inside or outside the exchange, during their term. Exchanges should monitor referral and enrollment patterns of all Navigators funded entities to ensure that conflicts of interest are not influencing Navigator activity.
5	The District needs to put a monitoring plan in place which includes regular audits and site visits. Additionally, a hotline should be set up for residents so they can report fraud and other concerns. This hotline should be managed by an impartial entity that also is audited and receives site visits.
6	Establish a Coordinating Council to guide the implementation of the Navigator Program. Make sure this Council includes as many leaders who represent the audience of the Navigator Program and who are able to make sure families and employees in Early Care and Education programs benefit from this program.

8	The structure should be developed as a collaborative entity,together with educational,consumer agencies, with representatives from each QHP,community and local-federal organizations. .
9	Participants shall undergo basic and continuous training and must have access to support stuructures that can help them continue to be effective.
11	This might be a good program for many of the CBOs to implement since they already have networks in their res[ective communities
13	The key role described – navigating patients to insurance options – is a critical role already being carried out by existing patient navigators. To address the need related to the Exchange, DC could leverage and expand the Citywide Patient Navigation Network, through which the navigators are already familiar with and implementing many similar activities. Patient navigators responsible for assisting patients through the health care system could be trained on the Exchanges so they can be a resource for patients and answer basic questions. New Exchange Specialists could be hired to work directly with patients for more complex questions or to work with the navigators with which patients already have a relationship and level of trust. The patient navigator role becomes more important to address the final bullet related to providing culturally and linguistically appropriate information and support. The Citywide Patient Navigation Network patient navigators are trained in cultural competency and can assist with ensuring the final aspect is achieved.
14	must have major representation of consumers should focus-group every proposed communication with a culturally and educationally varied panel
15	Focus on all diseases that affect the underserved communities of Wards 5-8.
17	We should continue the one-to-one contact..The patient navigation program must be structurally formed in a way that every navigator has a place in any health care system. With a certificate of training. like the one I have from the Patient Navigator Institute in Harlem NY, each navigator will be able to conduct their services with a level of education, bringing the title of Patient Navigator to high standards of recognition and value for the Community we served.
18	They should be employees of the exchange or a non-profit organization. They should not be employed by Health Care Providers.
19	There must be safeguards in place for consumer protection, so that Navigators are thoroughly trained on what they are talking about and are held responsible for mistakes and misinformation. Some of the worst mistakes I've seen made in the purchase of insurance were not caused by scam artists but rather by well-intentioned but incompetent "helpers" (such as a Property and Casualty Insurance Agent helping a client with health insurance questions even though they don't know what they are talking about). Rigorous training, testing and certifications for Navigators (such as what health and life insurance brokers now must undergo) is one of the most valuable consumer protections DC can provide its citizens. Also, some system must be put into place to help correct bad advice that is given by Navigators, no matter how well-intentioned. This could take the form of requiring E&O insurance (something HHS doesn't seem in favor of), requiring Navigator-sponsoring organizations such as Families USA etc. to take out and maintain a bond, like contractors must, or by otherwise having someone be ultimately accountable. In addition, the Dept of Insurance, Securities and Banking should keep track of Navigator complaints or problems and have the power to revoke the license (certification?) of a particular Navigator or even an entire Navigator program if bad practices are systemic. Also, do laws need to be written that hold Navigators accountable if they do dishonest acts, such as help clients lie on their enrollments to qualify for a particular program, rate or subsidy? Also, we need rules to make sure Navigators don't hire sub-contractors out to do their job. If there are problems with voter registration/petition signature fraud in the District, we should expect Medicare/insurance enrollment fraud as well, and should have structures in place to help prevent an abuse of the system.

22	The should obviously be placed in facilities that have cancer treatment programs and also those places I listed in question 4. With navigators in our hospitals especially in Ward 8 at UMC I think it would be plus for the people who live there and it would benefit UMC in bringing more people back, it would give it a more cohesive tie to the community knowing that such a person or program exists. It would bring some of those insurance dollars to a hospital that is lacking and an embarrassment with it finacial mismangement
23	In order to sustained the Program it is necessary to regulate it and the health community needs to be educated as what a Patient Navigator is and what they can delivered. We ere not -many times- nurses, social workers,nurse practitioners, insurance specialists, etc. but we can deliver the same results as they do and better.. We should not be a treat to the people listed above. We are here to minimize the time between an abnormal finding and resolution. We can be all of the above and more to many patients, specially for those culturally experiencing disparities in health.
25	Training Program that deal with Cultural competency for healthcare providers & the Patient Navigators. Involving Key Persons in the Community. Making sure that there is a good representation in all the Wards in the District.
26	Patient navigators are not simply insurance agents and only work with patients to assist them with finance and insurance matters, that is one of the services that they can provide, if needed, but not the only. Patient navigation is much more boarder and encompasses several other facets of patient-centered care than assisting with insurance matters. It would therefore be limiting for the navigator program to be set up in such a way. It would behoove the District to create a position specifically related to the health exchanges and insurance assistance that is separate from the patient navigator, as their roles are much greater. It would then help to have a training for all patient navigators in DC, i.e. CPNN navigators, to be informed of the changes in Medicare, Medicaid and the Health Exchange and receive information on who can assist their patients further in the process. Part of the navigator responsibility is to connect patients with services and refer patients when applicable and this would be a good collaborative use of patient navigators in conjunction with trained experts on the health exchanges whose job is solely to assist with insurance. Limiting the scope and practice of patient navigation to health insurance would be an extreme disservice to patients quality of life and major setback for the field of patient navigation.
27	Training and certification (brief but comprehensive) Training should be offered to unemployed individuals who are from under-represented groups in health care and DC Wards that experience health disparities Ideally trainees would be paid a stipend to encourage long-term unemployed individuals to be able to participate Navigators should have experience being "uninsured" Program reports should be given to ANCs twice per year and be accessible via website
29	The Navigation Program should be inclusive of Patient Navigators, specifically suppported by the District to, in addition to raising awareness about the Healthcare Exchange and providing fair and impartial assistance, continue to be an advocate for the residents.
30	All of these essential aspects of the Navigator program needs to be provided at one time in one place.
31	Use media, social networks, libraries and established civic resources (churches, rec facilities, etc.) to get out the word and stage events in the community where people can easily get to them.
32	* Diverse frontline staff (culturally/linguistically) comprised of phone and Internet service reps qualified to answer consumer questions. * Research and evaluation staff to gather, analyze and write-up/present information on QHPs etc. * Small management team
33	Outreach/tabling at community events in each ward; maybe farmers' markets too

34	The Insurance Exchange will require highly trained individuals to navigate patients to appropriate qualified health plans, answer questions about tax credits and connect patients to appropriate agencies for support. Providing this information in a cultural and linguistically appropriate way to all residents of the District will be a challenge. The DC Navigator Program would be well served by leveraging the existing Citywide Patient Navigation Network to provide culturally competent, tailored and effective navigation services to District residents. The Department of Health Care Finance could invest in several "Exchange Specialists" to then educate existing patient navigators across the city regarding commonly asked questions about the Exchange. This way, the District's can leverage an existing network of highly trained navigators while ensuring that these patient navigators have ready access to a highly-trained specialist familiar with the intricacies of the the Exchange, the variety of Health Plan options, and important financial resource information. These Exchange Specialists would also be accessible for direct patient calls, but the volume of patients reached would be substantially increased by leveraging the existing network of navigators in the city. An ongoing investment in the Citywide Patient Navigation Network is also critical, possibly through linking tobacco sales tax revenue and junk food sales revenue to a fund that supports ongoing patient navigation assistance throughout DC.
36	Navigators should be independent and avoid any appearance of a conflict of interest. Such protections ensure consumers receive the appropriate and impartial assistance in selecting and enrolling in a health benefit plan. To achieve this standard, we believe that navigators should be individuals or entities who are not affiliated with, employed by, or in any way acting on behalf of any person or entity with a financial stake in a consumers' selection of a plan, including providers. They should be prohibited from paying Exchange premiums on behalf of a consumer. To the extent a Navigator may act on behalf of a consumer, the consumer should be required to provide authorization to an Exchange and/or health plan.
37	we believe our families and persons diagnosed with special healthcare needs would want to know how and who would be providing their continue needs of services. The insurance world is a bit hard to navigate at times, so most people either do not use their services to the fullest or possibly fall in the range of using public services such as Medicaid, such a program you do not need a high level of knowledge to manuever.
38	There should be people trained to provide assistance, but the program should also do a train the trainer program so that they are enlisting many others, on the model of the Winter Heating Program.
40	The Navigator program should be structured as a competitive grant program that requires potential Navigator entities to apply for state funding and official designation by the state to conduct navigator duties. The District should require applicants to provide a detailed plan outlining how they will conduct Navigator duties and the populations they will serve. It is very important that the District assess the need for Navigator services and identify target populations prior to awarding grants to ensure that the overall Navigator program will serve all consumers who may be eligible for coverage though exchanges. As part of the needs assessment, the District should conduct research on consumers preferred methods of receiving assistance through surveys, focus groups and other studies. It is important that the District engage stakeholder in the process of developing the Navigator program, including guiding principles for Navigators that are centered around a duty to the consumer, preventing conflicts of interest, accountability, and providing impartial, fair and objective information to consumers. To ensure that these goals are clearly articulated to the public, the District should engage in public education about Navigators and brand the program so that consumers know how to recognize Navigators and what services they provide. The District should ensure that once the Navigator program is established there are formal avenues for stakeholders to provide ongoing feedback and that as part of program oversight and data collection, the District creates a feedback

40 (cont)	loop between Navigator entities, the Exchange and the Medicaid programs that entities can use to inform the District about how the program is working for consumers and areas where improvements can be made. As part of program evaluation, the District should also develop performance metrics that measure the reach and impact of Navigators, the accuracy and quality of services provided, and consumer experience. The certification process for Navigators should allow for removing Navigator credentialing if an entity is found to be in violation of standards, steering consumers to specific plans or providing fraudulent information.
41	It should not be solely housed within a DC government department. It should either be a quasi-public set up, or it should be based out of a foundation.
42	Navigators should be accessible in a variety of avenues including in-person assistance, over-the phone assistance, as well as live on-line chats for those who go through the portal. A knowledge of the system, law, as well as solid customer service skills is key.
43	Ensuring that the information provided is written in plain English, with easy-to-understand comparison guides.
44	It should be clear how each insurance provider serves children with disabilities and allow their families to make choices according to how insurance covers necessary therapies and services for children with special needs.
45	Navigators need to be knowledgeable enough in health and dental insurance to provide useful education. Currently the dental insurance model uses brokers to provide education to the business community. We provide some training to brokers via meetings and printed/online materials on specific areas of dental insurance, but brokers are already licensed and have a strong knowledge base in many types of insurance products. Using a combination of navigators and existing broker channels to deliver services to exchange enrollees appears to be the most efficient approach to delivering support to enrollees. The model for a Navigator program could be as follows: - Navigators serve as the outreach component that informs eligible populations about the exchange and explains the benefits they can receive based on income, job status, etc. With the help of broker resources or carrier plan information, Navigators can help the enrollee make a decision about health coverage. Navigators should receive foundational training in ancillary benefits such as dental, vision, etc., since there are key differences between medical and dental plans (both from a plan design perspective and based on HHS rules that apply specifically to stand-alone dental plans). Navigators should also be the "expert" in public assistance and exchange programs/ systems. - Brokers can assist with questions about insurance and plan comparisons since they are better versed in understanding insurance products and plan designs. Producers also have online tools and additional resources/expertise regarding health insurance products that navigators might not have immediate access to through exchange systems. (We can provide plan design, rating, and other information to navigators to help them advise enrollees about our products). - Additional models could involve assigning individual and family enrollment to Navigators and small group (SHOP) enrollment to brokers/producers. Ultimately, a collaborative partnership between navigators, brokers, and public program employees where information is shared freely and openly will likely yield the best results for the exchange.

49	An issue brief was developed in New York; "Framework For A Navigator Program In New York City" http://www.nyc.gov/html/hra/downloads/pdf/HRA_NYC_Navigator_Program.pdf The Navigator program should build on the IT infrastructure of the DC RHIO to establish and maintain citywide referral database enabling public and private organizations engaged in assisting consumers with health insurance to provide referrals to other resources as needed. This referral system should leverage existing resources regularly utilized to ensure callers are directed to the appropriate navigator or health care resource. It is important that the Navigator Program establish a referral resource to enable grantees to assist consumers who need assistance not provided by navigators. The Navigator Program should provide trainings on the referral database and protocols to ensure navigators uniformly and consistently provide referrals for consumers most appropriately served by other entities and ensure a "no wrong door" pathway to health insurance help. For example: (a) Referrals to ESA/Medicaid may be necessary for residents unable to enroll in public coverage through the Exchange. (b) Many residents may be ineligible or exempt from coverage in the Exchange; navigators should facilitate access to coverage or care for these residents through referrals to external partners, such as to providers that offer free or low-cost care, such as DCPCA member safety-net primary care providers. (c) Building on the above, referral systems will also need to address coordination among other new resources created by the ACA. For example, the ACA specifies that navigators should refer residents who have grievances, complaints or questions about their coverage, including persons in need of help appealing a decision by their health plan, to the appropriate Ombudsman / Consumer Assistance Program or State Agency.
50	All of the above.
51	Navigators should be licensed in the District in a same manner as producers. This will ensure that Navigators are providing appropriate and accurate advice to consumers.
52	Must have direct communication, with Consumer agencies.
54	I think health coaches should be used to carry out the roles listed above. Each enrollee would be assigned a health coach who they could go to when they have questions or concerns about how to effectively utilize their health plan. The coach would proactively reach out to enrollees to provide them with basic education about health care and health insurance.
55	All information should be available both online (searchable) and by phone. I don't think that in-person appointments are critical but could be helpful to some.
56	All of the above.
57	Yes, there should be quantifible results for the work the navigators do in the District. For example, if they are responsible for recertification, they should be required to prove member contact and result.In addition, navigators should be certified and trained Community Health Workers in order for the DC plan to receive more bang for their buck. a segment of the Navigators should be modeled after the Positive Pathways Program which provides support, education, and information for members with chronic diseases.

Question 4	What skill sets and experiences should Navigators have?
Respondent ID	Respondent Answer
1	Smith Center for Healing and the Arts offers a great program for Navigators. Collaboration with this DCCC member is recommended.
2	Experience working with DC diverse populations and needs, actively servicing persons with health care needs. Consult with Cheryl Fish Parcham of Families USA who has long experience as a direct care social workers, policy advocate and strong experience in training on Medicaid, Medicare and DC Health Care Ombudsman Program.
4	As noted earlier, Navigators should have the ability to communicate often complex information in a way that is understandable and meaningful to the consumers in the given community. Beyond the broad issues of health care quality and costs, there will be additional complexities involved in communicating and assisting consumers with the various subsidies and tax implications of their choices. Navigators must have the skills and experiences to make consumer accessibility a priority. Accessibility is the key to developing tools for outreach and education, marketing, consumer assistance activities, eligibility determinations and appeals, and enrollment (as well as renewal and disenrollment). While the Navigators won't necessarily be creating these tools, they will need to have the skills to use them in an effective way, as well as the recognition that consumer accessibility will take many forms, particularly for the diverse populations who will rely on Exchanges and whose needs have gone largely unmet in our current system. Navigators must be able to serve people with low English Proficiency (LEP), people with disabilities, people with low literacy and health literacy levels, and people from diverse cultural backgrounds. In addition, Navigators must have the skills and experience to serve consumers who may have limited or no experience interacting with the health insurance system or may lack reliable Internet access and need alternative doorways to the Exchange. For this reason, we believe that Exchanges should involve consumers in the design of all consumer-facing programs and materials through the use of focus groups and other active feedback mechanisms; Exchanges should consumer-test materials, including those created or translated in non- English languages, to ensure that the final products are accurate and understandable; and Exchanges should include users in the development of their websites and test the design to ensure its usefulness, accessibility, and navigability to consumers. Navigators should have the ability to as well to include consumers in the formation of their strategies and communications.
5	They should various skills based on client needs (social workers, lawyers). They should all have advanced degrees with years of experience in the field. Oversight should be by someone with experience working with DC resident healthcare.
6	Outstanding customer service skills. Ability to respond accurately to inquiries from the public about this new program.
7	Good people skills Knowledge of medical terminology and health care
8	social scientists, health care providers, educational and human resources professionals.

9	1. People skills - effective customer relations type of skills. They have to possess cultural competence with the ability to readily connect to all people with different ages, backgrounds, ethnicity, disabilities, etc. 2. Tact and diplomacy - needed in handling difficult situations and people. This is very important for consumers of services as well or more importantly, with those whom the consumers interact with to navigate or seek services. 3. Communication skills - ability to speak, simply, clearly, concisely, and positively to people. This can be applied in face-to-face interaction, telephonic, or in writing. 4. Flexibility and open mindedness - they have to be able to be "ready for whatever comes" so to speak and have the ability to make a lemonade out of a lemon in various situations. 5. Ability to multi-task - dealing with people and tasks in navigation requires handling various tasks at the same time. For example, the ability to speak to people and document to take notes at the same time, etc.
11	Basic technical skills Network or ability to communicate in their respective community Understanding of the law
12	knowledge of medicaid, chip knowldge of private insurance market
13	"The GW Cancer Institute has become a nationally recognized leader in patient navigation. In addition to participating as one of the 9 sites of the federally-funding Patient Navigation Research Program, the GW Cancer Institute's Center for the Advancement of Survivorship, Navigation and Policy offers several in-person patient navigation trainings. One of these trainings focuses specifically on patient navigator skills. Content for this training was developed based on the Institute's expertise and experience, reviews of existing training programs, a review of the literature and our participation as a co-convener of the National Patient Navigation Collaborative. The skills identified as being crucial for patient navigators include: • Demonstrate effective patient interviewing and information gathering techniques. • Learn strategies on how to effectively collaborative and work in a team environment. • Understand the cultural influences on patient care and strategies to enhance cultural competency. • Describe the importance of psychosocial support and develop strategies to assess and refer patients to appropriate resources. • Understand end-of-life issues, including the role of palliative care, and how to comfortably address them with patients. • Recognize patient navigator activities that cross professional boundaries. • Learn how to effectively discuss professional boundaries with patients. • Identify and develop strategies to overcome common barriers to health care. • Describe strategies for finding and assessing resources. • Describe key aspects of national health reform legislation and its impact on health care throughout the continuum. • Understand the basics of Medicare and Medicaid and how to assist patients with the insurance process. • Describe the role of the patient navigator in increasing patient awareness and understanding of clinical trials."
15	Knowledge of communities health and needs. What resources are available
16	Good communication and people skills, empathy, social work experience.
17	We should be able to improve patient lives. We must guide patients through the health care system with knowledge and responsibility.. The experiences that patients are facing with a Cancer diagnosis, should set the way to improve ourselves better for the next patient. To be created, resourceful, attentive, caring, sympathetic, energized and focus will benefit the outcome of the patients lives.
18	Knowledge of Health Care alternatives. People oriented.

19	They need to be able to listen, and then they need to know what they are talking about. It is not enough to know about what a "deductible" means, but they need to know about strength of networks, customer service, the ease (or difficulty) of doing business with each insurance companies, and must be able to listen to the stakeholder to understand their needs, budget, health history and aversion to risk. For example, HSA plans are very attractive price-wise, but they can be highly inappropriate for someone who does not have the liquidity (or discipline!) to set aside money each month for that rainy day. If a person does not actually set money aside in the HSA account and/or they are so unhealthy that they are draining the funds out as soon as they are deposited and a nest egg is never built up, these can be terrible plans for some them, even though perfect for others. There are a million examples of how a bad adviser can do someone wrong and mess them up. I think it would be very difficult for someone who is used to only doing medicaid enrollments, for example, to suddenly help people with all types of insurance. Helping make the right decision is far more complicated and nuanced than outsiders realize. Rigorous training will be necessary, and an insurance background would help a lot.
20	Navigators should have complete and in-depth knowledge of all aspects of health insurance including DC specific coverage requirements, understanding of what goes into how claims are determined and paid, the fine print of how out of network claims are paid, how coverage is affected for out of are employees, how premiums are affected and taxed based on the type of the employer's organization (LLC, C corp, Sub-S, etc), ability to determine what the employer's ultimate goal is for self and employees including plan design and financial ability
22	Navigators not community health workers should have a minimum of a college degree or 5 years experience working an underserved population in a hospital or clinical setting. The should know how to work with people in all stages in a cancer care continumum from outreach, screening, diagnosis,treatment and survivorship.They should know how to effectively collaborate with other navigators the community and clinicians and able to teach culture compentacy to those who are new and old working with an underserved population of people with cancer
24	Navigators need good communication skills and the ability to understand and explain compex issues and documents. Experience as a patient or caregiver would be a plus. Patience is going to be very important.
25	Compassionate Organized Ability to locate various resources for patients A member of the community of the patients that sre being served or at least someone who understands the community. Aware of the social, financial and culturalbarriers to care
26	For patient navigators (as defined earlier and not simply health insurance navigators) they should be competent in the following areas: Communication Working in a team environment Cultural Competency Psychosocial Support End-of-Life Ethics Health Reform Insurance Clinical Trials Evaluation
27	Experience being uninsured DC residents living in wards with >20% uninsured Ability to engage individuals of diverse backgrounds
28	Competency in all areas. Good computer skills, good speaking/reading skills, personal skills and know how to be polite.
29	Communications Caring Resourcefulness Persistent Analytical Diversity Creative
30	Social Work and Case management skills. Familiarity with health care and health services also.
31	Communications !!! Cultural sensitivity training. Training to understand the needs of different constituencies in need of health care - i.e., the needs of the elderly are different from a young mother, or someone with a chronic illness

32	Frontline staff: customer service skills; ability to write/communicate clearly; cultural/linguistic diversity Research staff: health information and research expertise Management team: leadership skills, famliarity with the health and health insurance fields
34	• Demonstrate effective patient interviewing and information gathering techniques. • Learn strategies on how to effectively collaborative and work in a team environment. • Understand the cultural influences on patient care and strategies to enhance cultural competency. • Describe the importance of psychosocial support and develop strategies to assess and refer patients to appropriate resources. • Understand end- of-life issues, including the role of palliative care, and how to comfortably address them with patients. • Recognize patient navigator activities that cross professional boundaries. • Learn how to effectively discuss professional boundaries with patients. • Identify and develop strategies to overcome common barriers to health care. • Describe strategies for finding and assessing resources. • Describe key aspects of national health reform legislation and its impact on health care throughout the continuum. • Understand the basics of Medicare and Medicaid and how to assist patients with the insurance process. • Describe the role of the patient navigator in increasing patient awareness and understanding of clinical trials."
35	- experience doing outreach to at-risk and hard-to-reach populations
36	Please see our response to question 11. In addition, identify Navigators that are able to provide service to non-English speakers. Further, Navigators should a high school diploma or GED at a minimum.
38	Interviewing skills, facilitating, brokering and problem solving.
39	compassion, patience, integrity (so as not unduly influenced by any QHP providers), good customer service skills, desire to keep learning
40	ACA regulations require that Navigators have current relationships, or can readily build relationships with consumers who are likely to enroll in Exchange coverage, are culturally and linguistically competent, have knowledge of eligibility and enrollment rules and procedures, and have expertise in QHPs and all insurance affordability programs. In order to effectively carry out navigators' duties, entities that are chosen as Navigators should have broad knowledge of health insurance concepts, eligibility and enrollment for public coverage programs. Navigators also should have the knowledge required to help families with mixed eligibility status for public coverage programs, immigrants, individuals who will be exempt from the individual responsibility requirement due to economic hardship, individuals and families who have changes in circumstance (such as income or household composition that may impact eligibility for public coverage programs and premium tax credits), individuals who have an offer of coverage through their employer that offers less coverage then is required in exchanges and may be eligible to receive coverage and premium tax credits through the exchange. To assist with the enrollment process, it is critical that navigators are well versed in HIPPA and IRS privacy and security protections and know how to use the online enrollment portal for exchanges and how to file paper applications. Navigators should have a separate enrollment portal to help consumers apply for coverage through exchange portals and will have to be well versed in this technology. In order meet requirements and most effectively serve consumers, Navigator entities should have outreach experience, be trusted sources of information in the communities they serve, have knowledge of consumer assistance resources, including those provided by states and those provided by nonprofit consumer assistance programs and the ability to spot problems in order to know when to refer consumers to these resources or refer problems with premium tax credits to the IRS.
41	Understanding of health benefits and needs Ability to help individuals determine which programs they qualify for (including Medicaid and CHIP) Excellent customer service skills Ability to discuss issues in layman and more technical terms Ability to provide culturally appropriate information

42	Subject matter expert industry knowledge; proficiency in using on-line systems; patience; ability to work with diverse residents (age, race, language, technology, etc)
45	General skills/experiences: strong customer service orientation, experience with diverse populations, understanding of local community resources, and familiarity with social assistance programs such as Medicaid. Health reform knowledge: rules applicable to stand-alone dental carriers and pediatric dental health benefits, tax credits, cost-sharing subsidies, premium subsidies, actuarial values, medal levels, and eligibility requirements for Medicaid, Exchange, or Individual (non-exchange) market products. The navigator should really serve as the expert with health reform related information. Insurance-related: Understanding of key insurance concepts from health and dental insurance products, knowledge of carriers and common plan designs, processes for using a dental plan, and a strong understanding of the rules that apply to stand-alone dental plans. Process knowledge: navigators should be versed in assessing prospective enrollees to determine eligibility. They should be process experts that know how to go through the entire application and enrollment process and they should understand how the exchange system works.
49	"One significant lesson that was learned from the field testing process has been the need to ensure that individuals have the following competencies/ capacities upon entry into the program: • Experience in the health or health related field • Experience in using the computer and demonstrated skill in on- line research • Demonstrate ninth grade Reading and Mathematics proficiency • Prerequisite courses in Medical Terminology and Anatomy. It is expected that as a result of successful participation in the CCDC/WDLL CHW training program, students will be: • Better prepared to support narrowing the health disparity gap facing the District of Columbia. • Able to use a variety of interventions to support clients including health education, nutrition education, chronic disease management, and HIV/AIDS counseling education with the necessary social and cultural skills. • Able to teach, build community capacity, and advocate for best and most promising practices in the community healthcare field"
50	knowledge of District and Federal policy and procedures. know of types of insurances know of the needs of the customers. Good attitude Good work ethnics Willingness to help people
51	Navigators need to have the ability to analyze consumer needs and understand multiple products in a potentially crowded market. Navigators should be licensed and be required to comply with continuing education standards.
52	Customer Service, Knowlegeable of all Health Insurance programs/ Services. computer savy, compassion to consumers needs. Experience in insurances coding and hospital entry billing.
54	Certification as a health coach or any other appropriate license or certification.
55	customer service - preferably from a human services/social services background
56	Great people skills, social media skills and of course, qualifications which would allow them to interact with the various ethnic groups across the District.

Question 5	Describe how you would design a training program for Navigators?
Respondent ID	Respondent Answer
1	The program should utilize training currently.
2	I would consult with Families USA Chery Fish Parcham who has been working on ACA nation wide even before its passage..
4	The Navigator training program should include modules on how to help consumers first understand the basics of how the health insurance system works, i.e. providing education related to terminology such as premiums, co-payments, deductibles, co-insurance, and other out-of-pocket costs. This educational support should also include a way to communicate and explain why the annual out-of-pocket costs for QHP1 is different from QHP 2. From there, they need training on how to assist consumers in how to apply the quality rating and how to understand and apply information on the total cost of plan products. This will ensure Navigators are equipped with the right tools to help consumers pick the highest value plan. We also strongly recommend that Navigators be required to re-certify, at least annually, to ensure that they have current knowledge and the most up-to-date information about the Exchange market and the Exchange's consumer tools. In early years, there could be changes in product offerings as plans settle into the market and changes in consumer tools which use information from plan experience to gauge performance. The Consumer-Purchaser Disclosure Project's hope is that over time, there will be more granular and robust quality and cost information available from which to calculate the health plan quality ratings; Navigators must be able to keep up with these changes and be able to inform consumers so that they can make the most value-oriented decisions.
5	I would start by gathering local service providers to provide training on DC resident issues and plan the rest of the training around the results from this experience.
6	Initial orientiation to the program Continuous professional development opportunities tied to internal and external customer feedback about the quality of service being provided and the impact of the program compared to what is expected.
7	I would design a program that would require electronic system
8	Beside the outline of the components you cited, there needs to be some input from the above mentioned professional to be integrated in the resources and partnerships, that would add value to the training and benefit the Navigator and client.
9	Have a training design work group composed of participants for the classes and providers in the Qualified Health Plans.
11	First the different communities should be researched to understand their learning styles, information needs, biases, etc. This should feed into a design and testing phase.
13	The GW Cancer Institute's Center for the Advancement of Survivorship, Navigation and Policy brings patient navigators together for a multi-day course for patient navigators to learn from other navigators, build their peer network and enhance their skills for navigation patients. We are launching an online training center to expand access to program content. As knowledge about Health Reform and the Exchange is critical for patient navigators, we are very interested in working with the District to create additional components on these topics to patient navigators will be better equipped to work with the Exchange to improve access to care.
15	Train them on the diseases that are affecting the communities they will serve. How to talk to the people they will serve. Know all resources available. Knowledge of medical terms, the body. Visit the different health centers, organizations in community. Training in completing health applications for clients.

16	Navigators should receive social work and communication training.
17	Since we are the constant link for the patient, with multiple details to be follow-up, like diagnosis, treatment and survivorship a program should be created with that in mind as it follows: It is neccesary to asses the need for implementation Looking for internal support (among navigators) Evaluate potential obstacles and work on solutions. Determine the scope of the program. Collect baseline data.for assestment and evaluation Implement program Get to know the other navigators Coordinate Patient navigator strategies of work Teach to prepare documents (i.e. postetrs, brochures,policies,proccedures and forms) Implement support systems, referrall processes and outridge strategies. Track responses, appointments, and other pertinent data. and finally asses program effectiveness. All of the above steps will be design to train the navigators in a much more effective way.
18	Not my expertise.
19	There should be a required set of classes, testing and continuing education. I would assume it would be most efficient to not only copy the system for licensing insurance brokers, but actually utilize that infrastructure.
20	Requirement of a license and a designation. The designation could be offered through an industry association such as the National Association of Health Underwriters.
22	Don't want to give away all of my good ideas in case you guys have not figured this out. However the training program should have two paths a Hospital setting and Community clinic setting. The training would differ in the amount of time the navigator going the community setting route would have to give learning how to assess the needs of patitients finding out what barriers are preventing the patients/clients to receiving timely adequate health care. There would be a section for both groups titiled understanding the clinical manisfestions of any chronic illness or cancer. This would include a section on the ability to translated medical terminology into lay language. and at the end of the day a newly mented navigator will know how to find, use and develope community and national resources
24	Various stakeholders in the system should be involved in setting up the program, explaining their point of view and making sure navigators are adequately trained
25	Look at the existing programs and find out what works and what did not work . Factor in the various groups of people in the District Address cultural beliefs, myths and religion od the various groups
26	I have experience developing and managing health care training programs on patient navigation and survivorship. Trainings should first begin with a goal and outline the objectives/competencies that navigators need in order to be successful. The program should be in-person to maximize interaction and promote networking amongst navigators. It should provide an overview of the field of patient navigation, the history behind patient navigation and where patient navigation is today. It can then go into their specific roles and responsibilities as navigators followed by specific session related to the Exchange, insurance, medicare, medicaid, cultural competency, communication, computer skills and referrals. It would be helpful to include patients or the population served when developing the trainings so that is it understood the needs of the population. The training would also benefit from the experience of navigators currently in the district and explore professional behavior, boundaries and how to interact with the community and deal with difficult situations.
27	Communications skills Professionalism Legal statutes Content expertise on each health plan Basic health education especially related to preventive care

29	If I had an opportunity to design a training program for Navigators, it would begin with allowing the navigator to first, have leader led training followed by being mentored into the role they will play to get the hands on experience.
30	I would design a program that takes into consideration the population likely to utilize these services will be elderly, and low income and non employed. The program material will be written in a language that is easily understood by a 5th grader. The directions should be colorful and simple. The customer should be able to complete the action in approximately 20 to 40 minutes after reviewing a video presentation or talking to a live person regarding important rules, regulations, and requirements for participating in the program.
31	See answer 6
32	Frontline staff: * expose them to a few examples representing a cross section of especially difficult customer calls and/or Internet inquiries....use this to get the Navigators to recognize the need for customer service & communication skills * Present a model of the customer service interaction and explore the skills * Present series of case examples and role plays which give opportunities to plan & use/apply the skills Research staff: * invite trainees to brainstorm the range of health/health finance issues of interest DC citizens * design a series of exercises which cause trainees to actually develop a research plan for gathering & analyzing info on the full range of health/health finance issues; * use the exercises to ensure that staff gain first-hand experience pursuing all sorts of issues they're likely to encounter
34	The GW Cancer Institute has an already-existing training program through its Center for the Advancement of Navigation, Survivorship and Policy. See http://www.gwumc.edu/caSNP/education.html#Patient. Our trainings are live multi-day courses that provide an opportunity for new navigators to learn from seasoned experts and to create a peer network for ongoing resource mining. We are currently supplementing content of our courses to include online modules. We would enjoy working with the District to develop training that includes Health Exchange information working with Exchange Specialists going forward.
35	- Since they should already have familiarity with the District's health needs and at-risk, uninsured populations, training will likely need to focus on the Affordable Care Act and the details of its implementation in DC.
38	I would seek assistance form Cheryl Fish of Families USA who has developed and implemented many training programs in the past.
40	Navigator training should aim to equip individuals and organizations that already have, or can easily develop contact with populations likely to be eligible for exchange coverage with the knowledge and skills needed to effectively educate and provide enrollment assistance to these populations. Training should therefore be uniquely suited to the competencies required of Navigators and accessible to a broad range of potential entities. Final regulations on health insurance exchanges prohibit requiring Navigators to be licensed as insurance agents or brokers. Agent/broker licensure is inappropriate for Navigators as it is unduly burdensome for potential Navigator entities, does not provide training in many of the areas that will be essential for Navigators and because the role of Navigators is to “facilitate enrollment” that will be conducted by the exchange, not to make recommendations about and sell insurance products. Navigator training should include a basic level of training required for all Navigators that includes curriculum on the basics of health insurance and how to communicate with consumers about health insurance concepts; qualified health plans and how to compare plan options; eligibility for cost-sharing reductions and advanced premium tax credits; eligibility for public programs; how to use the exchange enrollment portal, process enrollment documents and applications for tax

40 *(cont)*	credits; how to assess the level and type of assistance required and make appropriate referrals as necessary; the landscape of consumer assistance and community-based resources for health care consumers; how to ensure retention and seamlessness of coverage through changes in income or household composition and in the event that members of the same household receive coverage through different programs; coverage renewal; how to process exemptions from the individual responsibility requirement, how to help those without an adequate offer of employer-based coverage to seek coverage through the exchange; privacy and security standards for handling personal information and data; conflict of interest requirements and ethics; how to facilitate enrollment in other public benefits programs; cultural and linguist competency; assisting individuals with disabilities; and providing services to immigrants. This basic training should be supplemented by ongoing specialized trainings that address topics in more detail, provide updates on policy changes and effective strategies for Navigators and allow opportunities for peer-to-peer learning. The District may also choose to pursue a "tiered" structure for Navigators in which some Navigators perform niche roles, for example just public education or outreach and receive specialized training in a specific area. Training should also include testing to ensure that Navigators are at the level of familiarity with topics in the Navigator training that is necessary to perform their duties competently. Each Navigator entity should provide supervision to Navigators by staff that has expertise in private insurance and public coverage programs. These staff should be available to Navigators to trouble shoot difficult cases and conduct random evaluations of Navigator casework to ensure that it is meeting the needs of consumers.
41	Provide examples, or case studies, of different situations they are likely to encounter for individuals residing in DC.
45	Much of the training material can be supplied by key stakeholder groups (public programs such as Medicaid, broker groups, community assistance programs, insurance carriers, etc.). The initial training should take place well in advance of the first open enrollment period for the exchange, and navigators should be required to take continuing education courses to maintain their knowledge base (including ethics training). Also, some form of certification would allow enrollees to recognize that the person that is providing support has been adequately trained and is monitored for performance. The training program can be delivered through printed/online educational materials or recorded webinars.
49	At least five states have undertaken state certification programs and it is our thinking that a national certification will emerge over the next five years. In 2009, the US Department of Labor added Community Health Worker to its Standard Occupational Classifications (SOC) list. The development of an elevated and standardized curriculum for CHWs in the District of Columbia mirrors similar efforts in other areas of the country. The CCDC /WDLL CHW training curriculum was developed with guidance from consultants and researchers at the Brookings Institution, as well as the National Community Health Advisor Study, a policy research project of the University of Arizona funded in 1998 by the Annie E. Casey Foundation. Training programs across the country provided models from which DCPCA developed teaching methods and worked to create a feasible model for the use of practicum and work experience as components of training. These programs include Community Health Works, a project of San Francisco State University and the City College of San Francisco; Project Jumpstart, developed by the University of Arizona Rural Health Office; and the Minnesota Community Health Worker Project, a statewide initiative supported by the Minnesota Department of Health and Minnesota State University. The goals of the CHW training program are in summary: to provide interested participants within the District of Columbia with skills in community health outreach while providing culturally and linguistically appropriate services to the diverse community who may be at risk of illness, disability and death. A special effort has been made to adjust the curriculum based upon student and faculty review of each course. Each core course has been adjusted to include either a panel of experts

49 *(cont)*	from the field or the use of expert presenters to ensure relevance and direct connection to the current work environment. The current training offers an opportunity for low-income individuals who lack significant formal education to train for jobs that directly benefit their neighbors, while helping these potential Community Health Workers to attain career mobility within the larger health care and allied health fields. The CHW certificate is also aimed at addressing issues that impact disability, mortality and quality of life among minorities and vulnerable populations within the District of Columbia.
51	Navigators need to have an indepth understanding of insurance mechanisms -- risk, coverage, networks, claims processes, co-insurance, out-of-pocket costs, etc. Any training program should require Navigators to have a complete understanding of all products offer through the exchange including qualified health plans and qualified dental plans.
52	1. Mandatory customer service traning. 2.computer health care program training. 3.program provided Manuel. 4. Training Navigators to " Buisness Process"
54	If the Navigators are all certified health coaches they will all have a shared foundation from which a training could be built upon. The training would need to include a great deal of role playing exercises that would allow the navigators to learn how to interact with different types of people in different types of situations (i.e. educating and supporting a small business employer vs. an individual). The training would also need to cover health care and health insurance--specifically what it is and how it had evolved and will continue to evolve under ACA.
55	training should include reading and other learning first, shadowing/listening to experienced Navigators, then taking calls while supervisor is listening, then finally working alone information shared should always come directly from sources - not from Navigators memory
56	All training should be service oriented and public centric. It should not permit Navigators to deter users because of their use of "government speak." Navigator training should be designed to all those in training to adjust to the consumer and inspire the consumer to learn more and feel comfortable making choices about their health care choices.

Question 6	Are there current training programs that could be used or built upon to train Navigators for the DC Exchange?
Respondent ID	Respondent Answer
1	Yes. Smith Center and The George Washington Cancer Institute have developed training programs that could be replicated for the purpose.
2	Please consult with Maud Holt, Director of DC Finance Ombudsman Program.
8	Yes, as already mentioned, like the one at GWU Hospital
9	I designed the Peer Specialists Certification Training program for the Department of Mental Health.
13	As previously mentioned, the GW Cancer Institute's Center for the Advancement of Navigation, Survivorship and Policy is an established training center with existing programs for patient navigators. This course curriculum can easily be modified to include presentations on the Exchange. Additionally, we would be willing to work with the District to develop other necessary tools and resources.
15	I am not sure
16	Unsure.
17	Yes, they are. The Patient Navigation Institute in Harlem NY, is one of the programs to be replicated here in the District. Dr. Harold Freeman was a visionary in creating such a program, that can give us the tools to work with the diverse Community we have in the area. The trainees are there to teach, us how to build a better understanding of the patient needs; how to create a timely resolution of the patient diagnosis and how to be better trained in patient satisfaction. Other programs like the one offered by the University of Denver, Colorado or the one offered by The Smith Farm shall be look into.
18	Do not know.
19	There are private training/CE firms that are already in the business and could be easily used for this purpose. Also, Insurance companies hold CE classes. The Big "I" and NAHU also have excellent training programs.
20	Do not know
22	Yes there is CPNN and hopefully one day my program (ok I don't exist yet but working on it). Then there are the god fathers of navigation Harold P Freeman a and Steve Paterno from NCI get these two guys on board
25	Geroge Washington City Wide Patient Navigation Program George Town University program on Cultural Competency
26	There are several existing patient navigation trainings that exist, one of which is the GW Cancer Institute's Patient Navigation Training: From Outreach to Survivorship that trains CPNN navigators as well as navigators across the country. The University of Colorado also has a navigation training as well. These programs are well suited to incorporated the additional responsibilities of navigators.
27	UDC Community Health Educator Program
29	Smith Farm George Washington University
30	yes. many agencies offer training programs and should be able to tailor a program to accomplish the identified goals. Housing uses a similar Navigator approach with is less successful depending on who you speak with.

32	No doubt, but I'm not personally familiar with them. Some possible resources might include some of the patient support operations currently run by Blue Cross and other insurers, hospitals, employee assistance offices of large corporations, the Veterans Admin Health Service and the like.
34	Yes. The GW Cancer Institute is home to the Center for the Advancement of Navigation, Survivorship and Policy (caSNP). This nationally-renowned center provides patient navigation skills training and program development training for institutions nation-wide. The center also provides ongoing training support for DC navigators. Information about the Exchange could be added to the existing training curriculum and Exchange Specialists from the Department of Health Care Finance could present educational modules at these trainings for patient navigators. Alternatively, the staff of caSNP could work with the Department of Health Care Finance to develop resources and tools to answer navigator questions about the Exchange. Incorporating specialized information about the Exchange with an existing curriculum that covers core competencies of patient navigators would improve the quality and expertise of navigators in the District.
36	DCPCA has a health Navigator training program that has several components that could and would be applicable. In addition, FQHCs and Community clinics in the District help individuals determine whether they may be eligible for Medicaid or the city funded Alliance program and many are staffed with culturally and linguistically diverse staff. Since some of the new exchange eligibles may already be accessing these clinics, the clinics may be an efficient resource.
38	Cheryl Fish trains the DCHCF Ombudsman.
45	We can provide examples of materials that we provide to brokers/producers; however, broker and community assistance programs might have additional resources for a general training program. Also, current health and life agent educational materials or social program assistance (Medicaid) training documents could serve as good resources for developing a program.
49	The full Curriculum Framework includes a total of six core courses and a practicum. The practicum involves 3 units of credit and is designed to provide an opportunity for students to actually apply what they have learned through the application of outreach and clinical skills. In addition to the practicum course, many objectives, including action objectives, provide students with an opportunity to explore the CHW field in depth. The framework has been designed to include and assess both knowledge and skill acquisition. The specific objectives are purposefully designed to focus on hands-on and project learning as well as lecture and online research. A wide variety of methods are recommended for teaching the materials. It is critically important that skill and knowledge application be a central part of the learning experience for all students. Fieldwork as well as use of the latest technology to integrate application of knowledge is critically important. Instructors are encouraged to integrate a range of learning modalities into the lessons designed to meet the objectives within this framework. DCPCA has also began to convene a Community Health Worker Professional Network. Twenty-three local community health workers gathered at DCPCA on February 29, 2012, for a fourth meeting of the Community Health Worker Professional Network of the District of Columbia. Attendees watched two presentations -- one by Ms. Billie Tyler, BSN, RN, of the DC Community Coalition, about the XIX International AIDS Conference scheduled for July 22 - 27, 2012; and the other by Emily Oster, of Vertex Pharmaceuticals, Inc., about Hepatitis C. Shari Curtis, DCPCA Director of Community Health Access, served as our meeting facilitator and spoke of the importance of growing the network.
51	There are a variety of companies that offer insurance industry training courses.
52	customer services training is provided by Work force Development. courses provided through DCCC.
54	I am not aware of any.
56	unknown at this point.

Question 7	Should there be different types of Navigators for the different types of participants (i.e. individuals, small business employers) in the Health Benefit Exchange and SHOP?
Respondent ID	Respondent Answer
1	That is recommended to assist employers with the ramifications and benefits of choosing insurers for their employees and themselves.
2	Yes. The needs of these different groups would vary substantially and should be addressed by working with knowledgeable and experienced members of each category.
3	Yes, there are different issues specific to different types of participants.
4	We believe that there should be certain core capabilities that all Navigators can accomplish in terms of providing meaningful information to consumers. However, we do see there being value in having Navigators who can specifically work in the realm of SHOPs -- to assist both employers AND employees -- to ensure that the unique needs of these consumers are met. Those consumers purchasing coverage through the SHOPs will likely have different questions and information needs relating to eligibility, QHP options, and out-of-pocket costs which it may not be feasible for all Navigators will be able to meet. Thus it will be critical to make sure that there are some Navigators who can provide that information.
5	Absolutely. The navigators should have specialties. All should have strict guidelines and oversight
6	Yes. Navigators should have the qualifications and experience to serve th clients assigned to them.
7	No, the navigator should be required to know all types participants.
8	different demographics have different needs of resources and support; therefore, programs should be tailored or training for Navigators shoud exist for the various niches, enabling the programs to be versitle and meet the range of client needs.
9	This issue was raised during the workgroup meetings in the planning stage. We ended up having the basic curricullum, then the specialties will follow thereafter for the participants to build on their knowledge and skills from the core curricullum.
10	Yes
11	yes
12	It would make sense to equip the existing network of patient navigators with information to help with interacting with specialists to serve individuals. The specialists could also work with employers and others.
13	Yes
14	Yes, because the needs may differ.
15	Yes. as a matter of fact among the CPNN group we serve different Communities and different scope of patients.We all are different with different resources but have the same goal, to serve the public. Each medical setting, health care facility, provider offices and any small business requires different navigators. tailor to their needs. But I think after a good and conscious training we should be prepared to serve any type of organization whether private or public where our presence is required.
16	I would think not.

17	The need is definitely for individuals. I am not aware of any "under-served" businesses who would not be better served by an insurance broker, who are there for them not just through the moment of enrollment but through the life of the policy (which is typically many years). If Navigators started trying to compete directly against insurance brokers I think the consequences would be severe. First of all, it wouldn't be easy, as the current broker system is one of the best run, most cost effective and efficient parts of the current delivery system (if it wasn't, the carriers wouldn't use them and would do it themselves!). MAMSI tried for many years to "save money" by going direct to consumers and cutting out brokers, and they finally figured out they couldn't do it as well or as inexpensively as brokers can. So if the insurance companies themselves can't do it better for less money, then how could navigators/non-profits? Second, the government's role should always be to help the private sector do what it does best. It would be a perversion of the entire purpose of government to fund non-profits to compete with businesses, like they tried to do in Massachusetts. There were some painful mistakes made by MA and it would be a waste of taxpayer money to repeat those mistakes. The bottom line is there is room for both Navigators and Insurance Brokers to co-exist. While there is some overlap, I think those enrolled by Navigators still need Brokers during the life of the policy. I think it should be made easy, even recommended, for Navigators to also steer enrollees toward competent and honest insurance brokers once the enrollment is done. That would be the ideal consumer protection. If there is any doubt, just ask someone who had problems with their insurance coverage and had a broker to help be their advocate against the carrier. I would feel bad for anyone who bought insurance on their own and did not have a broker to help them when problems arise.
18	Absolutely. How one determines the needs of individuals/families and the needs of small business is very different. A small business must take into account not only the employees' needs but also the financial needs and company culture of the small employer.
19	DUH yea that is the beauty of navigation you tailor your navigator to fit into your organization be a hospital community clinic or homeless shelter.
20	I don't think their is a need for specialization in this field. However it is possible for insurance companies and/or the exchange to make things so complicated that specialization becomes necessary.
21	No. Everyone should be trained to deliver the same message. Of course, navigators from the different ethnic groups i.e Spanish, Africans, Caribbeans - all have to tailor their training to the people they serve.
22	Since individual insurance and small business insurance is different and can be complicated, it would help to have individuals trained in specific areas.
23	Trainees could choose a track for the target audience they are going to work with.
24	yes
25	yes
26	Absolutely - resources that can help answer the questions for an individual are very different from the questions an employer may have
27	I think this is mostly a staffing issue which should be based on utilization. There might be an advantage to setting aside a portion of the Frontline staff to support small business employers if the types of inquiries are consistently different from those received from the general public.
29	Yes. For navigation of patients, it would be optimal to leverage the existing network of patient navigators in the city and expand that network to other clinics and community organizations that reach high-need residents of DC. Exchange Specialists housed in the Department of Health Care Finance could answer questions from small business employers and other professionals seeking information about the Exchange.

30	Probably. Require very different knowledge sets.
31	UnitedHealthcare supports initiatives that will encourage the enrollment of as many consumers as possible in Medicaid and the Exchanges. Broad participation will help reduce the number of uninsured and promote a balanced risk pool, thereby promoting the long-term success of Exchanges. Given the tremendous influx of new consumers, Exchanges should preserve already established relationships and points of entry for coverage. If Navigators perform services on the SHOP Exchange, they should have training similar to brokers, based upon the type of service provided, and should have a good understanding of the small group insurance market.
33	Yes.
34	I believe that having navigators who are experts in individual and/or small group plans would be helpful.
35	It may be beneficial to designate different entities that specialize in providing services to the SHOP and individual exchanges. If the District takes this approach it is important to ensure that there is strong coordination between the individual and SHOP exchanges and that at least some Navigators can make connections between the two markets to serve both populations. These populations become interconnected, for example, when different members of a family have varying coverage needs and eligibility statuses, or when not all employees are eligible for coverage through their employer, such as in the care of part-time workers.
36	It could be helpul to provide different navigators for small employers and individuals.
40	Depending on the state or region's resources, separating the navigator programs for Individual and SHOP participants could lead to better service delivery. There are distinct differences in the two populations and there are elements of the health reform law that apply in the individual exchange that do not apply in the SHOP exchange. For instance, subsidies and cost-sharing do not apply in the SHOP, eligibility rules are different, and plan selection can be limited by a qualified employer in the SHOP. Some states have decided that it is better to separate the Individual and SHOP exchange navigator programs, for instance, the state of Maryland stated in their report to the Governor and General Assembly that it would be prudent to create two separate navigator programs since Individuals and Small Businesses have different consumer assistance needs. The alternative model could involve having one navigator for both Individual and Small Businesses and then leveraging the skills and expertise of other stakeholders where needed (e.g., Medicaid program employees, brokers, etc.).
45	yes, because there is a lot to information to know and to learn.
46	The exchange should consider the differences between participant types and relevant products in order to ensure that the Navigator program meets the needs of all.
47	No, one shop,concept is needed for this program.
49	No, I do not think this is necessary. Rather, I think every Navigator should be able to meet the needs of the different types of participants.
51	I would strongly suggest that.

Question 8	What process should be used to certify Navigator skills and knowledge? Should all Navigators be required to meet the same training, certification and/or qualification standards?
Respondent ID	Respondent Answer
1	The process of certifying Navigators should entail the 1) the development of a curriculum and 2) a skills training program.
2	Clearly you have a central core of information and after real consultation with different entities, they will help you make specific decisions.
4	We believe that the District should require all Navigators to meet the same level of training and certification criteria, and that -- reflecting our answer to question 10 above -- some Navigators be provided additional training to meet the needs of different types of participants. In terms of the process, we suggest that all Navigators participate in monitored role playing exercises. These life-like scenarios can help to-be Navigators identify knowledge gaps and get important feedback on their communication skills. Similarly, if the District uses a written or online test to certify Navigators, they could include vignettes asking test-takers to identify what they would do in certain situations. We cannot express strongly enough that the training, certification, and qualification standards should require the incorporation of value information at the front end, so that Navigators view this as their role from day one of the Exchange being operational.
5	A board should be put in place
6	Ongoing Performance based assessments to document Navigators skills and reaching goals in an Individual Professisonal Development/Performance plan.
7	Yes, they should received standardized training. I think the DC Primary Care Association has a navigator program or something similar.
8	Traning needs will differ, based on the organizational mission, socio/economic demographic and availability of resources. If it's determined that there are fundamentals that should apply, across the board, then certification can be called for, as well standards.
9	I found that starting from the basic certification was best as a first time initiative.
11	Yes they should be certified and all meet the standards
12	some kind of certification but less than that required for an insurance agent
13	Proficiency in core competencies is critical for patient navigators working with patients. At minimum, a skills-based course should be required for patient navigators. The GW Cancer Institute has already developed trainings (participants receive a certificate of completion) and would work in collaboration with the Department of Health Care Finance to update the course curriculum to respond to these additional responsibilities.
15	Tests on what they have learned
17	I do strongly believe so. We all should be trained and certificate as equals, that way the skills and knowledge we received will put as in a position of healthy competition and can turn into an effective work force. Certification must start from the bottom, meaning, as soon as a person is hire to help patients in need and with no formal health care education shall be enroll in the training program. The training will allow the new navigator to implement the program within her line of work or organization and then design the systems that will work better for her/his patients improving the quality and the consistency of the patient navigation position.

18	The Health Exchange Authority should set qualification standards and certify all Navagators.
19	This is a complicated question that may not have a clear answer until everything is up and running. Since Navigators do not appear to be responsible for the ongoing upkeep of the policies once the person is insured, there is a lot they probably don't need to know that an insurance broker has to know. I think that the basic insurance classes (including insurance law and ethics) can be identical, and a great deal of overlap in classes/requirements makes sense. I do not believe a Navigator needs to have the SAME training, certification or qualification standards as a Broker, but there should be a lot of redundancy between the two programs. Without question Navigators need to have some sort of license or certification... filling out a form for a permit would not provide adequate consumer protections. Brokers should be able to be Navigators if they want, but they should still have to register/declare themselves as such through DISB so it can be tracked. Brokers should probably be required to take some sort of CE class on Medicare and Medicaid enrollment in order to be a navigator. I do not know why a broker would be a navigator though since they can't collect a commission!!!
20	Certainly a minimum requirement is a must. Again, the needs of the individual policy is more directly related to the needs of one family unit. A Navigator that assists a small employer must have in-depth knowledge of FMLA, COBRA, Medicare, structure of organization (partnerships, LLCs, sole proprietors) and how benefits are taxed, etc.
22	Yes in an idea world all navigators should be required to meet the same training, there are a few programs that have national training as mention Harold Freeman in NY and the Ralph Lauren center and the Colorado training program but it is just a certification and the trainings differ dramatically(I know did both).I think navigators can and should attach themselves to established medical associations starting with American Society of Clinical oncology, ACS the CANCER CONSORTIUM are examples good parent organizations such as these,then each organization can set their qualification standards and we would fall under their umbrella also it would provide an excellent way to show confindence in their navigtors and where potential employers can go and look for navigators individual doctors hospitals clinics etc . As I think about this more it can be on the national level or better yet on the state level or if you live in DC on the DC level.
24	The DC Cancer Consortium or other objective community group shoud certify that Navigators have the requisite skills and knowledge to do their jobs successfully. All navigators should have to meet basic standards
25	Yes. Exceptions are for those who langugae is a barrier. For example, the French speaking or Spanish speaking Navigator should meet the same standard except their certification is in whatever language they speak if they do not understand English at all.
26	They should have to go through a training and then shadow a expert to demonstrate their knowledge and skill level. They should go through the same standard training with an advanced training or additional requirement based upon their specialization. Going through the same training assures that each are trained on the same level and have the same information which can help to standardize the profession.
27	Pass an oral certification test and a brief multiple choice test
28	yes. the training and certification is a great idea. That way all navigators will be on the same page and do the same thing when it comes to health care.
29	Both leader led and hands on training should be used. Yes
30	yes

31	Yes.
32	Demonstration exercises that cause the Navigator to successfully demonstrate that s/he has mastered the requisite skills in a cross section of typical situations. Don't make the tests academic: make them opportunities to apply the needed knowledge/skills in action in realistic situations.
34	A basic navigation skills course for those working with patients should be required. The GW Cancer Institute offers a patient navigation course and provides a certificate of completion for trainees. The GW Cancer Institute would be pleased to customize a training curriculum in collaboration with the Department of Health Care Finance to ensure core navigation skills and knowledge are achieved. All navigators should be required to demonstrate core competencies either through a tailored training program or other specialized training coupled with a knowledge assessment specific to the Exchange.
36	As States, the District and the Federal government consider the role and standards for Navigators, it will be important to ensure that consumers are provided with accurate and consistent information and afforded the same level of privacy protection regardless of which avenue they pursue for assistance. Navigators will have access to an individual's sensitive information and should be held to high standards to ensure a consumer's protection. * Exchanges should clearly define the role of a Navigator and the steps they must follow to assist in the eligibility and enrollment process, to ensure consistency. * Certification standards for Navigators should be similar to the current standards for agents and brokers. * Navigators should not be permitted to sell, solicit, or negotiate contracts of insurance, unless they are licensed as an agent or broker. * Navigators should be required to undergo criminal background checks and held to the same, well-established standards of conduct as required of brokers and agents. * Navigators should be certified on PPACA requirements, Exchange products, eligibility and enrollment and trained on how to provide assistance to families who may face difficult or complicated circumstances. * Navigators should be required to obtain product-specific certifications to the extent they handle Medicaid/CHIP, and individual and small group products. * Given the complexities of the Medicaid/CHIP program, Exchanges should consider designating certain Navigators as Medicaid/CHIP experts, identifying Navigators that are able to provide service to non-English speakers and offering resources to help ensure consumers are able to access other state-based programs for which they may be eligible.
38	They should be required to pass a test and to go through a rigorous 6 month orientation period.
40	There should be a basic training provided to all Navigators, which is supplemented by ongoing specialized trainings. Navigators should be tested for adequate knowledge in core areas.
42	Certification
45	Navigators should be required to pass a test that covers basic areas related to health reform, health insurance products, enrollment and eligibility processes, and other relevant information. If a test cannot be developed in time for exchange launch, the exchange could take a staggered-certification process where navigators can increase the level of their expertise over time by taking additional exams. At a minimum, navigators should understand basic insurance concepts so that they can provide value to prospective enrollees. Ideally, the exchange should try to ensure that navigators meet a common standard for certification to avoid variation in the service capabilities of navigators.
49	See earlier information about the CCDC certification program. Some information about oncology and breast cancer navigator certification programs: http://www.advisory.com/Research/Oncology-Roundtable/~/media/Advisory-com/Research/OR/Blog/Navigation-Training-Certification.pdf

50	I think the trainig should be base on whether the navigator wil be held accoutable for all types of participants.
51	Navigators should be required to undergo a certification or licensure process that is similar to the processes in place for insurance producers. This process should include ongoing education and recertification.
52	Yes , such as with any certification, a license should be issuied for (2) yrs max, a test should also be given for these positions.
54	Yes, absolutely. I think it is important that all the navigators have a basic foundation upon which their work rests on.
56	I think there should be some uniformity in training, certification and/or qualification standards. They should all be held to high ethical standards and therefore, ethics training should be incorporated in the training program.

Question 9	How should the Exchange ensure that Navigators provide information in a manner that is culturally, and linguistically appropriate and effective to meet the needs of the diverse populations served by the Exchange?
Respondent ID	Respondent Answer
1	The District has a wealth of community-based organizations, scholars and cultural diversity experts who can help inform the Exchange on developing such a program. The Exchange should convene a volunteer task force, similar to Georgetown University's Task Force for Reducing Healthcare Disparities, currently chaired by DC Cancer Consortium's Executive Director.
2	Consult and follow the lead of knoweldgeable community organizations and participants.
3	There could be a certification process and a set of minimum standards that include language and other cultural minimum requirements for Navigators.
4	We believe that there are three basic language services requirements that Exchanges and QHPs must provide, and that the D.C. Exchange -- by meeting these requirements -- can ensure Navigators provide information in a culturally and linguistically appropriate way. First, all notices and vital documents should be translated into non-English languages when thresholds are met. We recommend a threshold of 500 LEP individuals or five percent of those eligible to be served by an Exchange or QHP, whichever is less. The five percent threshold is used in LEP Guidance from both DOJ and HHS as well as recently revised regulations from the Centers for Medicare & Medicaid Services (CMS) governing marketing by Medicare Part C & D plans. The 500 person threshold comes from an existing DOL regulation. Once an LEP individual makes a request for materials in a non-English language that meets the threshold, the Exchange or QHP should provide all subsequent notices to the claimant in the non-English language. Second, all Exchange and QHP notices and vital documents and websites should include translated taglines in at least 15 languages with information on how to access translated materials and oral language assistance. This should be a requirement regardless of whether a translation threshold is met, again to ensure that consumers are informed about how to obtain assistance when questions or issues arise and in case the translated notice is not provided. Plans that operate in California are already required to do so and have adapted to this. As one example, Standard Insurance Company sends an insert with all Coverage of Benefits documentation that includes taglines. The tagline used by this insurer states: "No Cost Language Services. You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or xxx-xxx-xxxx.For more help, call the CA Department of Insurance at xxx-xxx-xxxx." Taglines are an effective and cost-efficient manner of informing LEP individuals and will help assist Exchanges and QHPs in determining in which languages additional materials should be provided. And, to reduce costs to plans, HHS could provide tagline language and translations for Exchanges and QHPs. Exchanges and QHPs could also explore putting taglines in the most prevalent languages on the envelope itself to raise attention to the importance of the notice. The third requirement is to provide effective oral communication for all LEP individuals regardless of whether translation or other thresholds are met. It has been a longstanding recognition under Title VI of the Civil Rights Act of 1964, reiterated with the enactment of the nondiscrimination provision in §1557 of the ACA, that oral communication with LEP enrollees must be provided to every individual, regardless of whether thresholds to provide written materials are met.
5	Model after current federal guidelines
6	Make sure the staff in Navigator Programs are as inclusive as possible by representing all the cutures in the District of Columbia.
7	Provide info in a form of brochure or website.

8	Standards and fundamental criteria should be developed, including diversity training and the availability of a diverse population of Navigators, including multi-lingual skills.
9	I have developed a manual on this one - which is part of the curricullum. This is not a survey question that could be answered in a few sentences. Actually, there is a whole course on this alone.
11	The first way is to recruit and train navigators that are reflective of the communities that they will engage. Materials and instructions need to be researched, designed and tested on the different communities. Finally data should be kept that tracks the interaction of the navigators with the different communities to see where emphasis/change needs to take place.
13	By completing a skills-based course focused on core competencies and information about the Exchange, patient navigators should be prepared to provide culturally and linguistically appropriate information. The existing navigators in the Citywide Patient Navigation Network participate in monthly supplemental trainings and regularly work with diverse populations in the District. Exchange specialists should also be trained on this topic as a core competency and seek supplemental training opportunities.
15	Extensive training in different cultures in city's communities. How they deal with getting help, diseases and language interpreters available.
16	Through training/certificate programs
17	Been culturally sensitive to the needs of the Community we served. Not every Latino/a, patient feels the same or thinks the same just because the same language united us all.NO,Every Country has their own believes in religion, culture and upbringing of families. We want to maintain those traditions that we have so attached to our cultures, Then we bring them back with them when they moved to this Country. Navigators will have to work around those culturally barriers in order to bring them to the level of the laws and regulations they have to obey and live by , while been a part of these society.
18	Yes.
20	Provide information via the internet in all languages as well as having Navigators that speak fluently in all languages. Must also provide printed information for those who do not have access to the internet.
22	First of all there are many modules are ready in existence that provides tests for this Pick one and have the navigator take that training there are many non-profits through out the US that have these programs Buy their module make the navigators go through it and then pre and post test them
24	Clearly various cultural groups need to be involved in the training so that navigators can understand how best to communicate with various groups.
25	The Educational Materials to be used should be produced first in English before being translated into other languages. This way, the message is uniform regardless of what language it is translated into. Cultural norms & nuanances of the various groups should be put into consideration before materials are produced
26	Yes, it is essential that all navigators are trained in cultural competence, especially since those who are likely to seek assistance are those who are undeserved and in minorities populations. It is important for navigators to understand the influence culture and beliefs have on health and all populations should have access to the same quality of health care and information regarding the exchange to reduce health disparities.

29	provide participant quality surveys
30	These Exchange programs should be held to the same EEOC requirements that employers are held to.
31	Test the skill set required for a given constituency against a candidate's qualification
32	* Consult with health-savvy people from major cultural groups to be sure you understand how people from that culture most want to be served and what one should/should not do when speaking with someone of that culture. * Develop culturally sensitive protocols for handling especially issues that are particularly sensitive for a given population. * Hire staff who are fluent in the relevant languages and train them in the cultural areas most pertinent for speakers of their languages.
34	Every navigator should be required to complete a navigation skills training course covering basic navigation competencies and a knowledge assessment related to the Exchange. As part of that training, cultural competency should be included. Leveraging navigators at existing community organizations and clinics that are multi-lingual and often are from the communities they serve provide an optimal way to meet the cultural and linguistic needs of patients in DC. Exchange specialists that these culturally competent navigators can reach out to with specific questions would ensure a highly competent workforce of navigators who are also responsive to the linguistic and cultural needs of the patients they serve.
36	The training programs and information provided should be developed by professionals with the expertise and experience in culturally and linquistically appropriate materials and content.
38	Navigators should be culturally and linguistically trained and whenever possible translators provided if requested.
39	ongoing training in and testing of cultural competency
40	-Require that the overall Navigator program have the capacity to serve culturally and linguistically diverse populations. These requirements should include providing translated educational and enrollment materials, in-person assistance for the languages most popularly spoken in the area and oral assistance available in other languages. -Ensure that Navigator program design process and oversight activities include stakeholders that serve culturally and linguistically diverse population, make application process for certification as a Navigator entity and Navigator training accessible to the groups that serve this population. -Make sure training for all Navigators includes cultural sensitivity training -Make it easy for consumers to find Navigators that provide the services in geographically diverse areas and in their primary language by providing a searchable directory on the Exchange website and the enrollment portal website that allows consumers to plug in their address and find the navigator closest to them that provides the services they need.
42	See previous answer
45	If possible, the exchange should perform a needs assessment to determine what languages are most common in the region. Also, beliefs about and approaches to accessing healthcare services vary across cultures, so the exchange should utilize community programs that already provide services to minority groups. Where necessary the exchange can audit encounters to ensure that information is conveyed accurately, or the exchange could work with interpretation and translation service vendors to provide additional services and support.

49	Navigators should be trustworthy, knowledgeable, culturally and linguistically appropriate, and impartial. Purchasing health insurance is a complex process, one that can and will be intimidating to some. Individuals and families seeking assistance must be confident they can trust the person in the navigator role. Eligible entities must have an existing relationship or the ability to easily create a relationship with potential users of the Exchange, and they cannot be a health insurance issuer or receive compensation from a health insurance issuer. Leveraging entities' existing relationships and their expertise of the community and other programs will strengthen the Exchange. Alleviating conflicts of interest will help build trust between navigators and their clients. Use a broad definition of diversity, such as 'ethnic, linguistic and cultural diversity,' and experience with at-risk, immigrant and refugee populations. Navigator entities should be diverse and include behavioral health organizations and housing agencies/sites. Individual navigators should have life experiences similar to those of their clients, and therefore bring expertise reaching people of particular ethnic, language and cultural heritages. This knowledge is vital in giving individuals and families the assistance they need to select the appropriate plan for their families and to providing culturally and linguistically appropriate information. In general, Navigators should have flexibility to meet potential enrollees where they are. Many newly eligible individuals who may not currently be receiving medical care would necessarily need to be engaged in locations outside of the health care system.
50	Make it Law. Or make it a part of policy.
52	An agreement by all partys invoved should be signed. navigators should follow all dc laws.
54	Guidance on how to convey information in a manner that is culturally, and linguistically appropriate and effective should be provided throughout the training that the Navigators receive. In addition, the materials the Navigators provide to their customers should be printed in different languages and there should be bilingual Navigators.
56	Upon certification, they should have access to a Navigator "coach"...someone they can go to off hours and speak to about how they handled various situations. I think that Navigators should also be subject to random phone call testing so that their performance is monitored.

Question 10	Since the District cannot use Federal grant dollars to fund the Exchange, how should the Navigator function be financed? Are there certain sources that should not be used to fund the Navigator program? If so, what are they and why shouldn't they be used?
Respondent ID	Respondent Answer
2	One solution is to add it to the administration cost the insurance providers. Perhaps local dc foundations can provide some start up funds, e.g Consumer Health Foundation.
5	Current funding for social program should not be reduced
6	Health Care Providers. We pay quite a bit for health insurance. Therefore, I think the providers have the financial resources to cover this investment in the health and well being of those they serve.
8	The District government should enlist their natural business partners, foundations and QHP's to fund tthe program, as well, as they are stakeholders..
9	That depends on the program funding and Medicaid State Plan. Requires discussion with the Department of Health Care Finance.
12	policy surcharge
13	Tax revenue from tobacco and unhealthy food sales, which contribute to poor health conditions, could be used fund patient navigation.
15	Money from Bill Gates and others, some food retailers etc. Not from drug companies
17	Hospitals, health organizations, Clinics should have a Patient Navigator among their staff as part of their workforce. just like any nurse, Doctor, secretary, etc. We are vital to the Community and we can bring satisfied customers to any setting. I strongly believe, that every dollar spend on us, is very well invest it. Every source of income should be allocate it to support the Patient Navigation plan. There are other Foundations, organizations and families willing to support the program, because they see how the patient navigators impacted theier lives, in one way or another.
18	Who does the Navagator function ultimately benefit. The Health providers. Thus they should pay for the function.
19	If the Navigator program is efficient and well-run and is meeting the purpose of finding and enrolling undeserved parts of our community, I think there should be no source entirely off the table. If the exchange and the navigator programs are bureaucratic, corrupt, partisan and/or don't seem to have a purpose other than to fund it's own existence for existence sake, then the entire program is at risk. If money is taken from businesses (either from user fees or carrier taxes passed on as higher premiums) and people who seem most helped by the program are the people running it, then the city council and the mayors office will be to blame and no source of income can justify it. The Exchange needs to always be mindful of it's purpose - to help lower the cost of health care/health insurance. If the exchange can't keep prices down and it's costs are not reasonable for what it does, it needs to have a mechanism to step away from the table if it is doing more harm than good.
22	There are powerful lobbyist her in DC order one up and Lobby the insurance industry, or follow any place the health care dollar flows and tap that resource but the insuance company should make navigational services billable they should fund navigation programs it saves them money For profit hospitals hire a lobbyist and get this done

24	The exchange should be funded out of insurance dollars. This should motivate the insurance companies to make their policies clear and easy to understand.
25	Don't know
26	Since the navigator function and be part of outreach and prevention, it can some from existing budgets or otherwise be funded through a consortium of health organizations in the District.
28	that's a hard one. I guess tax dollars should go to this?? or perhaps large business should donate?
29	city funds
30	The District can incorporate this program into the Health Care Finance Agency and the Department of Health.
31	A surtax on all DC residents - we can all pay a little to make sure all are helped
32	* Might be able to provide special paid services to small businesses to generate some revenue; * Is there cigarette lawsuit money and/or liquor/cigarette sales tax money available (and the like)? * Even if they deserve it, don't impose a special tax only on registered Republicans & Tea Partiers, because there aren't enough Tea Partiers in the City and, as for plain vanilla Republicans, collective punishment is just plain wrong.
34	Funds from taxes on tobacco and unhealthy food sales could fund the ongoing work of the Citywide Patient Navigation Network and the Exchange. It would make most sense to tax products that cause poor health conditions and utilize those funds to provide ongoing navigation support to residents needing to access health insurance and health care in DC.
36	* Navigators should be compensated for their services, but Exchanges should also seek to minimize these and other administrative costs. * To the extent Navigators handle Medicaid/CHIP, Exchanges should leverage Medicaid Federal matching dollars that will be made available to states as indicated in the proposed Exchange and Medicaid rules to defray the Navigator expenditures. * Exchanges may wish to seek grants or funding from foundations or nonprofit organizations whose mission is to help consumers become insured to contribute toward the costs of Navigators.
38	Through the insurance programs
40	The Navigator program should be funded through a grant program established by the District of Columbia exchange. The District should conduct an assessment of the approximate target population that will use navigators and make sure that the number of entities funded and the amount of funding granted is sufficient to meet this population. The grant-making process should be designed and overseen by a diverse group of health care stakeholders. Sources for funding for grants to Navigators include: -Assessments or administrative fees on health plan that participate in the exchange; this funding would be collected from health plans and distributed by the exchange or a third-party to Navigator entities in the form of grants. -Medicaid and CHIP administrative match funds for assistance to individuals and families enrolling in Medicaid and CHIP coverage, including CHIPRA outreach grant funding -State general fund loans to exchange or a dedicated state funding source -Provider fees or taxes -Funding from foundations (perhaps seed funding for outreach during the first and/or second year) -Corporate sponsorships -Partnerships with programs that conduct outreach and enrollment for public benefits programs, such as EITC, SNAP, Medicaid and CHIP. Although federal funding can not be used to provide grants for entities to carry out Navigator duties, the federal exchange establishment and planning grants that are available to states right now can be used by states to conduct an assessment of expected needs for navigation services, to develop the stakeholder process for designing and

40 *(cont)*	overseeing the Navigator program, to design the Navigator program and training curriculum, to conduct public education and outreach about changes in enrollment and eligibility under the ACA and the help that will be available to consumers to help them enroll in health coverage, to develop standards for the Navigator program that prevent conflicts of interest among Navigator entities, and to build capacity and develop pilot initiatives in consumer assistance programs, to which Navigators will refer consumers who experience problems accessing or using health coverage.
42	Carrier user fees; resident tax
45	The exchange will need to find a balance between minimizing operating costs and building a robust navigator program that can meet the needs of a large population. Additional revenue will be difficult to obtain from carriers since they will be under pressure to reduce administrative costs. The best sources of funding are likely to come from foundation grants, community programs, and professional organizations. Exchanges can also apply for federal Medicaid matching funds to cover the cost of navigators that enroll Medicaid beneficiaries.
49	Exchanges are expected to use their operating revenues to fund the navigators program. Because the Exchange may not be able to assess fees and collect revenues before people are enrolled in coverage, funding navigators prior to enrollment will be a challenge and may require the state to advance the funds necessary to support this function before the Exchange collects fees to fund the navigators program. With state revenues already stretched thin, relying on the District's general fund to support the Exchange's navigators program may be problematic. Regardless of the source of revenue, the Exchange will need to set up a process for selecting and funding navigators, possibly by establishing standards and certification criteria. The navigators will receive grants, and the Exchange will need to facilitate the payment and monitor the activities and uses of these funds. Finally, if the District chooses to permit or require navigators to provide information and support for Medicaid and CHIP outreach, education, and enrollment, it will be able to leverage federal funding for a share of these expenditures. The agreement or contract with the navigators will need to include a means for identifying costs or attributing expenditures to Medicaid and CHIP in order for the state to claim federal matching funds. As noted above with regard to navigators, for Exchange services and functions that support or otherwise involve Medicaid we may be able to leverage federal matching funds for a portion of the costs. For example, if the eligibility system used to determine eligibility for the Exchange is also used for Medicaid we should be able to claim federal funding for some of these expenses. If the state chooses to establish a single call center to handle eligibility or enrollment for all publicly subsidized health coverage programs, it will want to establish a cost allocation method to draw down applicable federal funding. As we map out the implementation and operations plan for the Exchange, it should identify services and functions that may be shared by state-federal programs to leverage federal funding to help defray the expenses. Exchange staff to establish and monitor navigators program: $75,000–150,000; Grants ranging from $250,000 to $750,000, depending on the preference of the Exchange. Overall we're talking about a program about $350,000 to $1 million - We could probably leverage a quarter of that from Federal funds by combining the functions in some way with Medicaid... Some additional funds could be leveraged through certification/licensing. And more funds could be leveraged
50	Not sure
51	Any financing mechanism should ensure that costs are not increased for consumers.
52	All medical Facilities Doctors and private insurance companys should contribute to this program for financing. Bar codes should be used for/by the navigators
54	I am not sure.
55	A percentage of premiums could go toward the exchange.
56	unknown.

Question 11	Should existing health insurance producers/brokers participate in the Exchange? If so, how?
Respondent ID	Respondent Answer
1	Yes. those with a demonstrated commitment to the health of the community can assist by "loaning" key employees in the area of outreach and human capital development to fashion the requirements for Navigators.
2	Brokers could be helpful with the SHOP and similar entities.
4	The core role of the exchanges is to ensure that consumers have access to high quality, affordable health insurance. The responsibility of achieving this vision will fall to the governance board, which should be made up of consumer and purchaser representatives and whose members must demonstrate no conflicts of interest related to the business of the exchange itself. We believe that HHS should explicitly outline transparency requirements for states that include conflict of interest requirements for entities contracted to perform functions that are the responsibility of the Exchange. These conflict of interest policies will in turn serve to build public confidence and trust in the exchanges, provide a set of ethical standards, and are simply sound business practice. In states that choose to allow other stakeholders on the governance board, the majority of the board should remain comprised of consumers, consumer advocates, and purchasers to protect against erosion of consumer and employer confidence in the exchanges. All those who serve on the governance board must be subject to providing a complete, detailed accounting of potential conflicts of interest, including full financial disclosure. Members of the governing board should not have a direct financial interest in Board decisions or in any way benefit financially from selling items or services of significant value to the Exchange. Consumers and employers whose sole interest is to purchase health coverage through the Exchange should not fall into this category or be considered as having a conflicting financial interest. At a minimum, the proposed standard for implementing procedures for disclosure of financial interest by members of the Exchange board or governance structure should require that those with a financial interest in a matter before the Exchange be required to remove themselves from the discussion and voting on such matters. Two models to which HHS can look to for how this type of disclosure currently operates in practice are MedPAC and the Patient-Centered Outcomes Research Institute (PCORI) boards. Finally, states should be required to explicitly show how they are satisfying these transparency and disclosure requirements. The director or chair of the governing board must – in addition to meeting ethical, conflict of interest, and disclosure standards – be able to demonstrate the ability to act in the best interest of consumers; monitor the composition of the exchange's governing board, and oversee the implementation and enforcement of conflict of interest policies.
5	As a rule, no unless they prove to have no prior complaints, are in good standing and have the expertise on staff to function in such a capacity
6	Yes. They should be able to serve as Navigators and be paid an appropriate amount of money for the services they provide. Consumers should be able to choose the Navigator, rather than be required to use the people employed by the Health Care Provider.
7	Yes, they should provide the info
8	Yes, as they are the beneficiaries of existing sources as health care providers, including QHP health brokers.
9	In many ways, it will be to their interest as well - but the program has to be sold to them as such. Involve them in the planning.
11	Yes--by offering insurance products that fit in with the requirements of the exchange
12	yes, permitted to sell into exchange and to sell outside the exchange

13	It is not clear what "health insurance producers/brokers" means. If you mean insurance companies, they should be responsible for providing clear, objective information about their plans.
15	Yes
16	Yes
17	Yes. like in our Clinic where we do Cancer Prevention and the patients pay fee for service. We have seen how latterly the insurance companies are reimbursing the amount spent at the Clinic. More and more, patients with health insurance are coming to see us,for their Prevention check, looking for those dollars spent her, from the insurance companies.A big component of that prevention is the part of the navigation I do for patients on regular basis. The insurance industry must participate in this effort of patient navigation exchange allowing patients to use the help offered by patient navigators and reimbursing the patient as any other regular visit to their own Doctor, clinic. etc.
18	Yes at some level but I do not know how.
19	The system will not work without the full support and integration of insurance brokers. For most small businesses, especially with less than 30 or so employees, the insurance broker is a crucial adviser, both in making decisions at renewal but also helping with enrollments, claims issues, educating employees on benefits and helping everyone get the most for their health benefit dollars. From the outside (especially those whose only experience is working with government and academia) it may seem that brokers are about making sales and then moving on (like it is with some life insurance agents, for example). This could not be further from the truth. Anyone who thinks buying insurance on the exchange will be like buying a plane ticket is woefully ignorant of how complicated and important choosing the right health plan is. It is more like buying a house than a plane ticket, and an insurance broker is sort of like a combination of they buyer's realtor and a property manager after the sale. Massachusetts lawmakers were ignorant to this and didn't work with brokers, and they found out the hard way that businesses were unwilling to use the marketplace without their brokers. Anyone who does not know the role of the broker (and the fact that a broker is very different from an agent or a sale rep) is not qualifies to be working on the exchanges.
20	Yes. All brokers should continue to operate as independent businesses within the DC community to assist all businesses and individuals with objective assistance in obtaining the best coverage to meet their needs. Brokers provide services that Navigators do not provide, such as assistance with claims issues and billing issues. Brokers should be allowed to continue
22	Sure if they want to BUY in gives them a steady stream of navigators
24	I think they are stakeholders in the process and should be listened to as should patient advocacy groups, cultural groups and consumer watchdog groups.
25	No
26	Yes, I would assume that they would have to a part of the Exhange to assist in the process, but unsure how that would be administered.
28	yes
29	yes to assist participants with undestanding all the benefits of their insurance
30	yes. Make their insurance available through the Navigator and more affordable.
31	Yes - in so far as, their materials are made available and Navigators are educated as to plans, so that this information can be transmitted, BY THE NAVIGATORS, to the public

32	If they already offer health education services, they might be able to provide some help -- generic customer service skills training, for instance -- in much the way broadcasters used to provide community service info.
34	I do not understand the next five questions. If you are asking if managed care organizations and existing health plans have a role, I would say yes. Case management has been lacking in managed care and patients need specialized assistance navigating public safety net programs.
36	* Agents/brokers should have the flexibility to participate in both the Exchange and traditional commercial marketplace to ensure that consumers are served by knowledgeable and experienced advisors. * Building on their current relationships with individuals and employers, agents/brokers should have access to Exchange tools and information to allow them to verify eligibility and assist qualified individuals in comparing plans, enrolling in a QHP and applying for available subsidies. * Laws regulating agent/broker requirements are well-established and should be consistent in and outside of the Exchange. * Agents/brokers participating in the Exchange should be certified by state entities currently responsible for certification, on PPACA requirements, Exchange products, eligibility and enrollment, and trained by the Exchange on how to provide assistance to families who may face difficult or complicated circumstances. * Agents/brokers should be required to obtain product-specific certifications to the extent they handle Medicaid/CHIP, individual and small group products. * Agents/brokers should be provided resources to help direct Medicaid/CHIP consumers to assistance when they are not trained to handle those programs. * Consumers should be able to preserve their relationships with brokers/agents and brokers should receive compensation, whether inside or outside of the Exchange.
38	For small business
39	Not sure. I am uncomfortable with the relationship that brokers have with plan providers. How can we be sure that they are always acting in the best interest of the consumer - and not the QHP?
40	Yes, enrolling all eligible consumers in exchange coverage will require an all hands on deck approach and brokers and agents will be important partners to the exchange in reaching populations for which their services are uniquely suited. Brokers and agents are very important today in helping employers choose the right coverage option for their business and should continue to serve this population and other populations that seek their assistance. The purpose of the Navigator program is not to duplicate the work of agents and brokers or other entities that provide enrollment assistance, but rather to supplement and fill in the gaps that exist in outreach to populations that will be newly eligible for affordable coverage options and public programs in 2014. If agents and brokers serve as Navigators it is required by the exchange regulations that these entities do not have a conflict of interest caused by compensation or connection with insurance companies either inside or outside of the exchange.
42	Only for the purchase of small business insurance since that is a typical avenue for that group to purchase insurance
45	Yes, brokers or producers are typically the main point of contact or resource for Individuals and Small Businesses that seek out health insurance. Brokers/producers receive training and earn certification to advise clients on health insurance products and are monitored by departments of insurance, so they are an important and reliable resource. Brokers/producers and navigators have complimentary roles; one integrative approach would be to allow navigators to handle individual/ family enrollment while brokers focus on the small group market (brokers typically have a strong understanding of the products and the needs of the SHOP segment).
46	They should provide for coverage to promote wellness activities for disabled individuals.

49	We have concerns about broker's license training for many reasons. Trainings are costly and cover topics in areas of insurance not relevant to this function. Furthermore, requiring brokers' licenses will serve as a barrier to many potential navigator entities and individuals, resulting in potential failure to reach the lowest income groups who most need help accessing coverage. We encourage you to adopt or approve navigator training requirements that are similar to successful training requirements currently in place and approved by HCA for those who are assisting clients with enrollment into the Medicaid and Basic Health programs. Training should also be tightly coordinated with other curricula under development by the state (such as Community Health Workers) to assure efficiency and consistency.
51	Producers should be allowed to facilitate the purchase of qualified health and dental plans on the exchange in the same way that they facilitate the purchase of plans in the private market today.
52	previously answered the should help pay the expense.
54	I am not sure of what the pros and cons of their participation in the Exchange would be.
56	Everyone should be given an opportunity to participate in the Exchange.

Question 12	Should producers/brokers be allowed to work as Navigators? If yes, identify and explain any limitations that should be placed on the participation of producers/brokers?
Respondent ID	Respondent Answer
1	No.
2	Only with small businesses as that expertise but not with the broader client population of individual clients in need.
4	We feel It is critical that Navigators be prohibited from serving as active health insurance agents/ brokers in any health insurance market, and that they do not receive compensation from any health insurance issuers, inside or outside the exchange, during their term. Exchanges should monitor referral and enrollment patterns of all Navigators funded entities to ensure that conflicts of interest are not influencing Navigator activity, and of course, institute strong conflict of interest policies. Regardless of who the District allows to become a Navigator, all entities should be required to go through the same training process. In our comments above we recommend that the training process include modules on how to help consumers understand and apply the quality rating and how to understand and apply information on the total cost of plan products.
5	Absolutely not
6	Yes. Their limitations should be no different than the limitations on Navigators employed by Health Care Providers, The brokers should be required to submit an annual report documenting their performance and success in serving clients.
7	No, because I feel they will be very biased and will not provide a netural selection to the clients
8	Ethical limits should be designed, so that there is no unfair advantage.
9	I am not sure what producers and brokers roles are, so, I am not able to answer thios question at this time.
11	No. This needs to be approached from an education perspective instead of a "sales" perspective. Some communities may become suspicious of the Exchange if brokers are allowed to participate
12	no
13	It is not clear what “health insurance producers/brokers” means. If you mean insurance companies, they may offer services available to the Exchange specialists and provide information, but having insurance companies staff the Exchange seems like a significant conflict of interest.
15	No
16	No - they would have a conflict of interest to provide independent information.
17	Any one that wishes, can be a Navigator, but not everyone has the sensitivity and the compassion that is needed to perform such a task. No limitations come attached, for being a Navigator, but requires to be a resourceful person; identifying the constant changes of those resources. Always willing to enhance the quality of services and increasing patient satisfaction.. Community well served. organization well trust.
18	No. Conflict of interest.

19	Because the law says navigators cannot earn a commission, I don't really see how that could work. Brokers already do a ton of pro bono work, so I can see both pros and cons of letting a broker act as a Navigator. But could the broker then "hand off" the case to him or herself and then act as the (commissioned) broker for the ongoing maintenance and advocacy needed on the case? These questions will have to be worked out. My instinct is that Navigators should go to those undeserved parts of the community, get them enrolled in Medicare or Medicaid if appropriate and perhaps even help them enroll in a health plan, but then immediately refer their client to a broker who is willing and able to serve as their broker for the life of the claim. That is a model that I think could serve people very well, and let Navigators specialize in intake/enrollment and brokers take care of the messy, more complicated stuff later on (as well as renewals, plan changes, etc.). Perhaps brokers would be allowed to pay a "finder's fee" to the Navigators who refer them cases, sort of the way MHIP treats brokers for their state program or the state Pre-existing risk pools usually did? Not sure how the law as written would allow for that, but it is an idea that may help with the financing side of the Navigator programs. Of course, when the broker was not there from the beginning, the relationship may not be the same at the beginning. perhaps in order to get a referral from a Navigator the broker would be required to call the client in the first 60 days (making this up) to go over their purchase to make sure it is what they think it is? There would have to be a way for brokers to loose their right to get referrals from Navigators if they are shown to not service their clients well or not provide them with the same level of service as their clients they obtained organically.?
22	don't really understand this question call me 202-834-0385.
24	NO, it is vitally important that the navigators be impartial communicators giving unbiased information.
25	No
26	No, navigators should be bipartisan and working on behalf of the patients and not trying to solicit clients or make sales, it would be a conflict of interest.
28	yes
29	I don't know what producer/brokers are.
30	No. There would be conflict of interest, nepotism and cronyism running rampant.
31	No - I would perceive this as a conflict of interest.
32	Not if they have an inherent conflict of interest.
34	If you are asking if health plans should employ navigators, there is a role for case management, but navigation should be broader than health plan-sponsored navigators only. These navigators could supplement a broader community system of navigators.
38	No
39	see above
41	Not if they are affiliated with QHPs.
42	No... conflict of financial interest

45	Some surveys of brokers indicate that they will try to pursue exchange business, so they might be a good resource for the exchange; however, there is a distinct difference in skills and background that each group will bring to the table. Navigators might be more familiar with community resources and public programs and will be better equipped to handle individual and family enrollment in the exchange. Contrarily, brokers/producers are more likely to have knowledge about insurance products and commercial business, so there are some diverging competencies if the exchange chooses to divide responsibilities in this fashion. Segmenting responsibilities this way depends on how the exchange defines the navigator role and what types of experience and skills the exchange expects from navigators. Where possible, brokers and producers can support navigators, and if volume requires, brokers can take a more active role in assisting enrollees.
49	No.
51	Producers should be given the choice to operate as a Navigator.
52	No conflict of intrest.
54	I am not sure of what the pros and cons of their participation in the Exchange would be.
55	No - producers/brokers will have too many biases. Information provided by Navigators needs to be purely factual, without opinion.
56	I think that this may be a conflict of interest.

Question 13	What relationship should there be between producers/brokers and Navigators?
Respondent ID	Respondent Answer
1	A cordial and supportive relationship that focuses on the patient is what is most critical.
2	Navigators, who are mainly DC non-profit organizations, can educate the producers/brokers as to the needs of DC clients.
5	None
6	Strong relatinship that benefits the customers.
7	none
8	collaborators --
9	Same answer as #15
11	Provide information/feedback
13	Navigators should be able to access specialists employed by health plans to easily answer questions pertinent to patient eligibility, patient care access, and programs that assist special populations.
15	Limited
17	Should be the same as with any other relationship, trust and conceivability. Navigators are not different from any other people, wanting to serve the Community. We might not all have the medical backgrounds and education, but have the experiences,the resources and the information to face the reality the patients have to live by and we know how to provide a helping hand when is needed.
18	Not sure.
19	I think Navigators should focus on enrolling under-served individuals in the community, determine if they are available for Medicare/Medicaid or a similar DC program, and then help them enroll in the best plan possible. Once the enrollment is complete, the Navigator should then hand them off to an established broker with a strong track record of service at which time the Broker would then "take over" the case to deal with claims issues, renewals, plan changes and all the other post-enrollment work that must be done throughout the life of the policy. Navigators could check in occasionally to make sure the broker is a good fit (and help them find a new broker if not), and the broker could review the plan with the client after 60 days or whatever and provide an assessment as to whether the Navigator correctly identified the client's needs. In effect, Navigators could act as sort of a quality control for undeserved individuals to make sure the broker is serving them, and the brokers could make sure that the Navigators are competent... sort of a two-way quality control. DISB could then keep track of any complaints from either direction. See my previous answer (#15) for more details and ideas.
22	ditto
24	Producers/brokers should not be allowed to influence navigators in any way whatsoever.

25	Mutual understanding that both parties are trying to serve and better health care delivery to District residents. Navigators should develop and maintain a good professional relationship with existing health insurance producers /brokers that makes it easy to get DC residents into the Exchange program.
26	Producers/brokers should be the agents where navigators can go to for information or link their client to.
30	consultant capacity.
31	Point of contact for information and clarification only.
32	They should primarily be sources of information and the subject of Navigators' recommendations & referrals to the public.
34	Navigators should be able to access specialists employed by health plans to easily answer questions pertinent to patient eligibility, patient care access, and programs that assist special populations.
38	They should be a resource for each other
42	Peer
45	There are several models that the exchange could adopt to include both producers and navigators. One such model could include pairing navigators with a broker or producer resource pool so that navigators can obtain advice from a licensed insurance professional. The relationship between navigators and brokers should not be influenced by compensation, and navigators should not be "exclusive agents" for carriers. The navigators should be impartial evaluators of plan options for prospective enrollees; the relationship between producers and navigators should be strictly advisory in nature. Navigators must be free from any conflict of interest in order to ensure that they are providing advice in the best interests of the individuals they are serving. Exchange rules do not allow a Navigator to receive compensation in connection with enrolling individuals in qualified health plans.
49	Understandably, producers are concerned about how the Navigator program will affect their role and about whether Navigators are being afforded an unfair competitive advantage in assisting prospective Exchange enrollees. Therefore, one of the first issues for the Exchange to consider will be defining the role of producers relative to that of its Navigator program. Although under ACA a broker/producer can be a Navigator, there are some practical differences in the role of each. For example: a. Navigators are required to be funded from the operations of the Exchange, while producer commissions are paid by health plans, employers, or consumers. b. Navigators are not allowed to receive compensation, either directly or indirectly from health insurance issuers, for enrolling individuals or employers in a health plan. c. Producers are required to have state licenses, while any certification or licensure requirement for Navigators is to be decided by the District.
50	The relationship should be to ensure all eligible clients are insured.
52	None navigators should remain nuetral.
54	I am not sure of what the pros and cons of their participation in the Exchange would be.
55	They should remain as separate as possible.

Question 14	What, if any, impact could the Navigator Program have on producers/brokers in the District?For example, what impact could the Navigator Program have on the existing health insurance distribution system?
Respondent ID	Respondent Answer
1	If the Exchange follows the more holistic model recommended by DC Cancer Consortium, the impact would be positive, in that the health insurance distribution system would incur lower costs overall because "patient navigation" would manage care of chronic diseases in a way that would curtail costs because illnesses would not present at late stages, and would not present at late stages in critical care facilities.
2	The Navigator Program, which we expect to have specific knowledge of client needs in the community, should use this information to improve the existing health insurannce distribution as currently developed by producers/brokers without perhaps sufficient community input.
5	No one with a financial self interest should play a part in this program
6	Strengthen what is already in place.
8	The Patient Navigator Program shoud be a source and advocate to clients by QHPs, health and rehabilitation entities.
9	They will make a positive difference to access of existing insurance programs and services.
12	navigators simply reduce the size of the new market - they don't need to impact the existing agent-controlled market
13	Navigators help increase access to care by removing barriers. Helping patients attain health insurance is a critical function of navigators. By creating a patient-centered process for informing patients about their options, navigators can play a key role in connecting patients with appropriate plans to enable them to access the care they need.
15	Shorten the process
17	Very simple, we bring down barriers for patients in need, avoiding emergency room visits when we can provide medical information to the patient majority of times facilitating the road for the patient. That way the insurance companies can save money, because we can refer them to their source, that can provide the relief they need, instead or having to be going in circles. With us and our service the insurance industry is saving money.
18	Not sure.
19	Both programs should be able to co-exist very well as long as they stick to what they are for. For example, if Navigators focus on the undeserved individuals of the community and can bring them into the system and assist with enrollment in Medicare, Medicaid, CHIP, etc, that would be a great thing. If organizations set up Navigator programs with ulterior motives and try to compete with brokers, that would be an abuse of taxpayer money. So for example, if the Chamber of Commerce or a Labor Union set up a Navigator program but their real interest is in recruiting members or pushing political causes/candidates, that could give them an unfair advantage and could have a disastrous affect on not only brokers but their clients. Many brokers are worried that Navigators will try to take away business from brokers. This shouldn't happen as long as Navigators aren't confused about their purpose/mission. I think the only way for the whole thing to be successful is to work out the role of each and encourage navigator/broker coordination. For example, if someone who appears to be eligible for Medicaid/CHIP approaches a broker, he or she should

19 *(cont)*	be referred to a navigator. If a navigator comes across someone who can afford coverage and does not need Navigator assistance due to a language or some other barrier, the Navigator should be encouraged to referred them to a broker (and even be rewarded for it, I would think!). I can't imagine a situation where a small business would be best served by a Navigator. A broker would be better qualified, would be happy to do it, and can also help them with workers comp, life/disability and other lines they should/must have that a navigator would have no way to help them. My only concern is that if navigators sign some exclusive deal with esurrance.com or some big corporation and then local brokers are cut out of the equation. Turning navigators into a taxpayer money-funded marketing department for Allstate/esurance would be a rotten thing for the DC government to allow. DISB should be very careful in approving Navigator programs so, say, Allstate can't set up a shell non-profit to run a Navigator program than then receives funds to funnel people to their esurance website, BBB/Chamber groups and unions can't act as navigators and slip in membership pamphlets, etc. The integrity of the program must be kept in check.
22	Might be a very large blip on the radar screen depending on how these producers and brokers see navigators and that is going to depend on how we market our selves as money generators as folk who suck more health care dollars out of the system which would mean not a lot of added value or saving the producesrs and brokers tons of money. I don't see the future of navigation of putting a lot of money into the pot but saving organizations and health care facilities money so they have more money to work with
24	The navigator program should increase the level of integrity in the system. Producers/brokers should be forced to make their products more accessible and transparent.
25	I believe it would increase the accesibility of care for DC residents. Hopefully will result in the increase of DC residence getting into early screening for most of the early non communicable diseases. Can follow patients throughout the continum of care
26	It would certainly increase the importance and need for producers/brokers and force navigators to be much more financially savvy and aware of the insurance process. The addition of this role for patient navigators would certainly aid in patients seeking health insurance and also create a new subfield of patient navigation and increase employment.
28	it should make everything cheaper
30	It is possible it could reduce the price gorging and allow for more competitive costs of health care. It would reduce drastically the number of uninsured individuals in the District of Columbia.It would improve the quality of life for the citizens of DC also.
31	I do not know.
32	Keep them honest; eliminate some of the sales pressure; help citizens separate real from fictional information, thereby reducing the amount of false or misleading info propagated by the producers/brokers.
34	Navigators can help patients access appropriate, timely health care. With an influx of Medicaid patients with the advent of Health Reform, navigators will play a critical role in guiding patients through eligibility information and assisting them with enrolling and accessing care. Navigators can help patients assess which plan is right for them and the programs for which they may be eligible. It is unclear to me whether the existing of navigators would change the health insurance distribution system at this point.
38	Hopefully, NAvigators will be able to get all people with out insurance enrolled in a health care program that meets their needs.

45	Producers and navigators will serve very distinct segments of the population. Brokers and producers typically advise small and large businesses, whereas navigators might be focused mainly on helping obtain health coverage for individuals and families (mainly the uninsured). The goal should be to combine the expertise of personnel already involved in public/Medicaid programs and commercial insurance distribution (i.e., brokers and producers). Conceivably, navigators could negatively impact the brokers/producers in the District, but collaboration is more likely to occur if navigators take on a complimentary role to brokers.
52	The impact would be huge, also the advacate groups, would be impacted. If eligibility is not included this will put a slight burden on the distribution system. the Navigator MUST be nuetral. a MOU should be signed by all Navigators.
54	I am not sure of what the pros and cons of their participation in the Exchange would be.

Question 15	What other information and issues should be considered in designing the Navigator Program?
Respondent ID	Respondent Answer
2	The main emphasis in design the Navigator Program should be to make practical the application for health care services in the District.
5	Oversight development should be given priority
6	The main issue should be improving the quality of health care, access to affordable health care, especially for individuals who are in the middle and low income bracket.
9	In planning, involve top and bottom and vice versa.
15	That the program be understandable
17	That the implementation of the patient navigation program at any level within any organization should count with and enthusiastic,energetic, knowledgeable and trustworthy person to be their navigator.
19	To repeat my previous points: rigorous training/licensure/Continuing Education, accountability, methods for correcting Navigator errors/omissions, laws to punish navigators for helping clients falsify applications, and a robust customer-focused system for Navigator-Broker handoffs.
22	I like the the concept of networking navigators this is unique and special for DC to be as small as it is we have a lot of powerful Educational Institutions Howard ,Georgetown, GW, Catholic, American and UDC we have three medical schools in the same city and if navigators are in all these places we could be the string that unites and ties everybody together much better than the RHIO and less costly for patients at risk for patients have fallen through the cracks more than once. Actually DC needs RHIO and navigators
25	Use existing materials in the market to design an appropiate Patient Navigator program that is tailored for DC residents bearing in mind the diverse population.
26	It really should be considered what is the definition of patient navigation and what are the roles of patient navigators as it is currently defined and if as a result of the health exchange if a new position that is distinct from patient navigation is required. It is important to really understand this concept and the impact it will have on the field, community, and patients.
29	Ensuring that their are as many respresentatives in each age group as possible. For example, some elderly adults do not use email or social media so, it would be important for some of the navigators to be elderly and to use similar modes of communication as particpants.
30	location.
36	Draw upon the expertise and best practices from across the country.
38	How to get the churches involved.

45	- Navigators and brokers are crucial to the success of a state's exchange. Navigators and brokers should receive both training specific to exchanges and the subsidies available to individuals through the Exchange. They should also be made aware of the existence of stand-alone dental in the Exchange. Our organization can build upon current processes used for agent outreach to supply training material for navigators specific to stand-alone dental plans. - Brokers/producers/ navigators should be required to show the price for the medical and dental components separately so that there is full price transparency for the exchange enrollee. - The exchange should develop a central database to house all navigator and broker data, including name, address, phone number, email address, taxpayer identification number, commissions received by month, contracts sold, etc. Non-individually identifiable information should be audited and an annual report can be made available to the public. This will allow the exchange to have adequate oversight over the navigators and brokers who are involved in supporting the exchange and this database could also serve as a helpful resource for prospective exchange enrollees.
52	First and most a lot of consumers using this will be out of state. How will this be addressed, will we be Tri-State. Navigators?
54	The Navigator Program should not operate as a standalone program. Rather, since it operates within the realm of ACA it should be treated as such. The programs it links to should be acknowledged and effort should be made to ensure that it works in the service of, rather than against ACA's goals.

Appendix 2

Navigator Program Focus Group Guide

TARGET RESPONDENTS: Consumer advocates, brokers, small business owners

INTRODUCTION:

Good afternoon/evening. My name is _____, and I am the moderator for today's group discussion. My colleague, _____, will be taking notes and assisting me with our meeting. Thank you for agreeing to be here for this session.

We are engaging in a discussion about the Navigator Program as required by the Affordable Care Act. Specifically, we would like to hear your thoughts and opinions about the Navigator Program requirements and how those requirements should be implemented for the District of Columbia's Health Benefit Exchange.

Your views and opinions are very important and will provide some "real world" perspective to the Department of Health Care Finance and the Department of Insurance, Securities and Banking as they develop the Navigator Program to comply with the Affordable Care Act.

There are a few things I'd like to review before we get started...

DISCLOSURES:

- CONFIDENTIALITY. First, we want you to know that everything that you say here will be kept strictly confidential. All of the information we collect will be summarized and nothing said in this group will ever be associated with an individual by name. We would also like to ask that you too maintain the confidentiality of what is said in the group.
- VOLUNTARY PARTICIPATION. Your participation in this group is entirely voluntary. You may stop participating at any time. You do not have to answer any questions that you do not wish to answer. You may withdraw from the group at any time with no consequences. The consent forms you have in front of you provide more detailed information regarding confidentiality and the voluntary nature of your participation. If you haven't already done so, please sign the consent form.
- AUDIO-TAPING. Because your thoughts and viewpoints are so important to us, we are audio-taping the session only so we can write an accurate report, not to identify who said what. _____ will also be taking notes. The members of our team are the only ones who will review the tapes. The tapes themselves will be destroyed when our report is submitted and accepted by DHCF and DISB. We are also willing to temporarily pause the tape if you wish to say something you do not want recorded. Is this acceptable with everyone?

SOME GROUND RULES:

- This is an informal discussion but please talk one at a time and avoid side conversations so that everyone can hear what each other has to say. Please try to speak in a voice so that so the recorder can pick up your voice.
- We're very interested in hearing what everyone has to say in the course of the discussion, but don't feel like you have to answer every question. And feel free to respond directly to someone who has made a point, you don't have to address your comments to me to get them on the table.
- Because we only have a short time together, I might need to interrupt you to give everyone a chance to speak or to change the subject.
- Please remember there are no "right" or "wrong" answers here. Remember, the purpose of this group discussion is for us to learn from you so we are interested in hearing your thoughts and your experiences. There may be some topics on which you all agree and others for which you have very different perspectives. That is absolutely fine – we want to hear as many points of view as possible. All comments, both positive and negative, are welcome.
- This meeting will last about 1.5 hours. There won't be any formal breaks but don't hesitate to get up to stretch and please help yourself to refreshments at any time.
- When you turn in that form, we will give you $25 gift card and have you sign a receipt to indicate that you have received payment.
- Are there any questions before we begin?

QUESTIONS FOR PRODUCERS

1. The Act requires Navigators to facilitate enrollment in the Exchange. What do you think this means? What role, do you envision Producers playing in the Exchange?
2. What strategies do you think the District of Columbia should use that would encourage/facilitate Producer participation in the Exchange?
3. How should the Producer role be different than the Navigator role in the Exchange?
4. Should there be different Navigator Programs for the individual and small group market? If yes, how should they differ?
   a. Probe how they feel about working in each market?
5. What education/training should Navigators be required to complete?
   a. Probe for differences in initial, ongoing, minimum standards
   b. Describe what you think the differences in services would be if the Navigator is a Producer versus a Non-profit Organization?
6. What licensing/certification standards should Navigators meet?
   a. Probe for types of regulations, agency that should regulate etc.
   b. What tools/resources/skills would you need in the certification process to sell coverage through the Exchange?

c. Who should bear the cost of the certification process?
d. What are some tools that can be utilized to make the certification process effective, efficient and cost effective?

7. How important to your success is being appointed to all carriers.
   a. How would a requirement that all licensed agents and brokers be appointed by all District health insurance carriers help eliminate potential conflicts of interest? Pros and cons? Why or why not?
   b. Will the appointment by all carriers rule decrease administrative costs and improve efficiency?
   c. Should carriers consider bundled product offerings to increase broker/agent compensation while generating more business for their respective health plans?
   d. If health plans were to align their service structure to individual broker performance, for example, by assuring top sales representatives or top support agents to top performing brokers, would it enhance the broker/agent/provider relationship?
8. Flat Rate Compensation
   a. What changes have insurers recently made to commission structures?
   b. What are your feelings on a flat, PMPE (per member per enrollee) compensation structure as opposed to the current varying percentages? Pros and cons?
   c. What can agents and brokers do to ensure employers who don't currently use or who have never used and agent/broker understand the value of their services?
9. What skills do you think are critical for Navigators to possess?

QUESTIONS FOR CONSUMERS/ADVOCATES

1. What is your understanding of what Navigators are and how they will function in the Exchange?
2. The Act requires Navigators to facilitate enrollment in the Exchange. What do you think this means? What specifically do you think Navigators should do?
3. What do you see as the benefits for having Navigators in the Exchange? What are the disadvantages?
4. Some States have identified guiding principles for Navigators. What should the guiding principles be for Navigators in the DC Exchange
5. What training should Navigators Receive?
6. Who do you think should be Navigators? Why?
7. How should Navigator effectiveness be evaluated? What standards should be in place for Navigators?

QUESTIONS FOR SMALL BUSINESS OWNERS

1. How do you purchase health insurance for your employees today? Do you utilize the services of a licensed agent or broker, or do you purchase it on your own.

2. Should (Producers) agents and brokers be allowed to participate in the Exchange?
3. If brokers are not active in the Exchange, are you more or less likely to participate in the Health Benefit Exchange? Why or why not?
4. How should Producers participating in the Exchange be compensated?
   Probe on same as now, different, how changed, are compensation rates too high to low etc.
5. If brokers are not allowed to participate in the Exchange do you think you will spend more money, less money or the same amount of money for health insurance? Why or why not?
6. Should there be different Navigator Programs for the individual and small group market? If yes, how should they differ? How do you see Navigators working with small business?

CONCLUSION/WRAP-UP

Before we end our conversation, is there anything else anyone would like to add? Any final experiences, thoughts, or suggestions you'd like to share?

Thank you for again for coming to this meeting and sharing your thoughts and experiences with us.

Appendix 3

REVIEW OF STATE NAVIGATOR PROGRAMS/PROGRESS

STATE	Arkansas
EXCHANGE STATUS/ DESCRIPTION	Planning for Partnership Exchange No legislation passed. Will leverage the CMS Federally-facilitated Exchange (FFE) efforts with State-operated core Exchange functions of Consumer Assistance and Plan Management.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	*Exchange Planning Division released a Navigator Request for Information (RFI) on June 1, 2012 for software to support training, grant application and grantee operations in Navigator Program. RFI states:* Trained consumer-oriented individuals known as Navigators will be available to assist individuals and small businesses by: 1) facilitating enrollment in Medicaid or a private health plan that best fits their needs 2) providing post-enrollment services including connecting the consumer with complaints resolution or appeals processes. Software solution for the Navigator Program must manage three functions concurrently: grant applications, grantee operations and Certified Navigator training/certification. *Level One Grant Application comments:* Meetings led to consensus that Navigators must be certified and monitored, may be organizations or individuals and will be funded by a traditional gran program. Recommendation

STATE	California
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Quasi-governmental, Active Purchaser Created by legislation in 2010. Legislation states that one of the duties of the Exchange is to establish a Navigator Program, and the legislation restates the duties of the Navigator outlined in the bill.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	Exchange is creating an Assister Program to encompass all application assistance, including Navigators. *Following program description taken from "Phase I and II Statewide Program Design Options, Recommendation and Final Work Plan for the California Health Benefits Marketplace," dated June 26, 2012. Reflects decisions made by Board of Exchange.* Only those Certified Enrollment Assisters (CEA) that are designated as Navigators will be compensated by the Exchange. All other Certified Enrollment Assisters will not be compensated by Exchange for enrollment. Regardless of compensation by Exchange, all Certified Enrollment Assisters are expected to conform to ACA mandated activities and standards. CEA (Navigators) are eligible to be compensated, at a minimum, will be non-profit organizations, community clinics, County Social Services offices, and labor unions. Those Not Compensated include health insurance agents, hospitals and providers. Since CEAs must provide fair and impartial information, a CEA with a business interest in the enrollment cannot be compensated by the Exchange. Paid CEAs will only be compensated for enrollment of individuals into Qualified Health Plans, but are still required to complete eligibility and enrollment processes for Medi-Cal and Health Families programs. Recommendations: 1) Assisters Program should include Certified CEAs, who are trained, certified and registered with the Exchange. Only those designated as Navigators will be compensated by the Exchange. 2) CEAs must complete education, eligibility and enrollment activities and be trained to complete eligibility requirements for all Marketplace coverage options and subsidies and assist with selection of and enrollment in a plan. 3) CEAs should have option to target specific markets or populations. 4) Exchange's Education and Outreach Grant Program should be integrated and aligned with Assisters Programs and funded annually at $20 Million. 5) Eligible CEAs must be affiliated with an enrollment entity (no individual assisters). Entities must register with Exchange and renew annually. 6) All assisters should be certified after completing trainings and renewed annually. 7) All entities and CEAs must sign Code of Conduct, Confidentiality, and Guideline Agreements. 8) Project Sponsors or designees should provide training, technical assistance and professional development to all assisters. 9) CEAs should complete at a minimum a 2-day training offered by Exchange at no cost to enrollment entity. 10. Project Sponsors or designees should recruit and monitor the Assister's network (Paid and unpaid) to ensure geographic, cultural and linguistic access to target markets. 11. Project Sponsors must implement a robust plan for monitoring the Assisters Program to ensure quality, compliance and address conflicts of interest, steering, and fraud.

STATE	Colorado
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Quasi-governmental, Clearinghouse Created by legislation. Legislation does not list any specific duties or requirements of the Navigator Program.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	*From Level One Application to CMS:* Navigator Program: The Exchange intends to have a broad-based Navigator Program that buildings on the extensive network of community-based outreach and enrollment educators, and on the collaboration and interest of the broker community. We will use our background research data to segment the population and select Navigators to serve specific communities where the Navigator is seen as a trusted individual for information. We have had early conversations with local health foundations about funding the training, certification and reimbursement of Navigators, but will develop that part of the Exchange to be compatible with the rest of the system design. Status: Board decision expected July 9, 2012. Individual Experience Advisory Group and SHOP Advisory Group to be involved with decision. Could not find any position papers or recommendations on options/recommendations.

STATE	Connecticut
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Quasi-governmental, Active Purchaser Created by legislation, which states that one of the duties of the Exchange is to establish a Navigator Program Navigator Program, restating the Navigator duties outlined in the ACA. It also requires the Exchange Board to: • Prescribe a form for the Navigator grant applications • Develop Navigator performance standards • Establish Navigator accountability requirements • Determine maximum Navigator grant amounts
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	The Broker, Agent and Navigator Advisory Committee is to make recommendations to the board in July. At May meeting, the Broker, Agent and Navigator Advisory Committee looked at/discussed materials from Maryland, Minnesota, Washington and Arkansas. For June, options for defining role of Navigators and brokers/agents and funding options were to be discussed. June meeting results are not yet posted on website (as of July 8, 2012).

STATE	Hawaii
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Private, non-profit recognized as quasi-governmental agency, Clearinghouse Created by legislation in 2011. Legislation contains no language on Navigators.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	*In December 2011 Hawaii Health Connector Interim Board Report to the 2012 Legislature, following recommendations were made:* Insurance Producers should not act as Navigators because of their direct conflict of interest I the sale of insurance products. Despite this recommendation, the Interim Board recognizes the role that insurance Producers play in Hawaii with regard to selling insurance products to small business owners. Accordingly, the Interim Board does not believe that insurance Producers should be prohibited from selling insurance products that are available through the Connector.

STATE	Kansas
EXCHANGE STATUS/ DESCRIPTION	Department of Insurance working with a Steering Committee to make recommendations regarding planning and development of an Exchange. Eight Work Groups report to Steering Committee.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	The Agents/Brokers/Navigators Work Group has subgroups, including ones on Navigator Training, Licensing/Certification, and Agents Compensation. Study of Navigator Program and Consumer Assistance, Final Report from Manatt Health Solutions reported that a series of recommendations were adopted by the Steering Committee: • Agents/brokers should be part of the Kansas Insurance Exchange. • Oversight should be accomplished via certification, training and examination and the certification should not require insurance agent licensing. • The Kansas Health Exchange governing body, in conjunction with appropriate state agencies, should have regulatory authority over training and certification. • Training requirements should include annual continuing education. • Training and education requirements should be established and monitored by the Exchange. • All Navigators should be trained in the functions of the insurance marketplace, including the individuals and entities eligible to purchase policies in the Exchange; essential benefits package and other covered and non-covered services; enrollment; consumer rights and appeals processes; eligibility for subsidies and tax credits; and Medicaid eligibility, benefits and enrollment. • In addition to training required for initial certification, Navigators must meet standards for ongoing continuing education and training. • Navigators should be trained in the process of enrolling consumers into qualified health plans (QHPs) including the provision of impartial and unbiased information. • The Exchange should incorporate an evaluation/monitoring function to assess Navigator training/education and performance. • Navigator volunteers should be "certified" and Navigator entities should be "accredited" (this language ensures that the Navigator oversight process is distinctly different than the process of licensing insurance agents and brokers). • The Work Group developed sample forms (memorandum of understanding, training record, volunteer application form and volunteer interview form)

STATE	Maryland
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Quasi-governmental, Type TBD Maryland Health Benefit Act of 2012, signed into law on May 2, 2012, establishes policies of the Maryland Health Benefit Exchange. The Act defines the roles of Navigators within the Maryland market by separating SHOP and individual Navigators as well as separating Navigators from Producers within the market. It defines the certification, authorization and licensing requirements of each and requires the Exchange to develop a training program to support specific areas.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	Maryland issued RFP for Navigator: Training, Procurement & Role Definition on May 30, 2012, that explained Individual and Navigator Programs: Individual Navigator Program is responsible for reaching out to uninsured individuals. Navigators can "sell" only plans inside the Exchange. Certified Navigators are the only ones able to support plan selection. Assisters can support outreach, and anything leading to plan selection and/or individual subsidy discussions. Receive certification from Exchange. Enforced by Maryland Insurance Administration and Training Program is developed by the Exchange. SHOP Navigator Program is responsible for reaching out to uninsured groups. Can "sell" only plans inside the Exchange. Licensed Navigators are the only ones able to discuss tax subsidies and support plan selection. Assisters can support outreach and anything leading up to tax subsidy/plan selection discussions. They must receive Navigator license from MIA. Different from a producer license, the Navigator license limits the Navigator to provide information for plans inside the Exchange and only general information about plans outside the Exchange. Enforcement is by MIA. The Training Program will be developed by MIA. Producers will be responsible for maintaining the existing market, and introducing the plans within the Exchange as appropriate. Producers can "sell" both inside and outside the Exchange. Will be paid directly by carriers. Certification/authorization must come from the Exchange to sell inside Exchange. The Act defines the roles of Navigators within the Maryland market by separating SHOP and individual Navigators as well as separating Navigators from Producers within the market. It defines the certification, authorization and licensing requirements of each and requires the Exchange to develop a training program to support specific areas. The Exchange has developed a Navigator Advisory Committee to review and provide input on the next set of policy decisions to be made regarding Navigators and Producers. This advisory committee is made up of a cross-section of Maryland stakeholders interested in providing input on the Navigator program.

STATE	Massachusetts
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Quasi-governmental, Active Purchaser Legislation
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	Massachusetts manages two distinct consumer assistance programs to meet the needs of their target markets. The Outreach Worker Program helps connect lower income individuals to coverage through community based organizations (CBOs). The small group and higher income individual market is served by the Insurance Broker Program. Although both programs conduct outreach, education and eligibility and enrollment assistance, outreach workers also provide some post-enrollment and care coordination functions, such as aiding individuals locate providers. License and compensation are also managed differently with CBOs compensated by performance based grants overseen by the Commonwealth. Brokers must be licensed by the state and receive a monthly per contract commission.

STATE	Minnesota
EXCHANGE STATUS/ DESCRIPTION	Department of Commerce with support of Governor set up Health Insurance Exchange Advisory Task Force to advise on development of Exchange. Studying Options for Exchange
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	*Minnesota Health Insurance Exchange Advisory Task Force Recommendations adopted January 18, 2012 include the following:* Navigator program should support the creation of different Navigator roles, with appropriate responsibilities, designed to address the specific needs of the particular populations served by the Exchange. Navigator roles designed to address the specific needs of diverse populations, especially those experiencing the highest levels of uninsurance and the worst health disparities. This set of roles includes the role played by agents/brokers Compensation levels for Navigators should align with the different types of services being offered within each Navigator role and provide flexibility for performance-based compensation models. The Navigator and Agent/Broker Technical Work Group has not yet proposed specifics

STATE	Nevada
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Quasi-governmental, Type TBD Legislation created Exchange.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	*Consumer Assistance Advisory Committee provided recommendations re Navigators and Brokers in the Exchange in June 8, 2012 memo. Recommendations to be decided in July. Recommendations include the following:* Navigators will consist of public and private entities that will communicate with, educate and enroll consumers in QHPs through the multiple enrollment methods provided by the Exchange. Navigators and Brokers will work in concert. Navigator duties and responsibilities will fall into one or both of the following classifications: Education and Enrollment. An individual or entity may serve in both capacities if certified to provide both services. Education Navigators will be responsible for outreach and education for the currently uninsured or underinsured populations and will present options available under the ACA. Enrollment Navigators will provide consumers with a physical walk-in location and the tools necessary to assist the individual in learning about and enrolling in QHPs. Enrollment Navigators will be public or private entities. Each of the two classifications will require certification by State agencies with different requirements for each type of Navigator. Education Navigator certified through training provided by the Exchange and consists of a 2 day (16 hour) initial training course. Must complete a test. Recertification training is 1 day in Fall and 1 in Spring per year. Enrollment Navigator will be licensed and certified through DOI as Insurance Consultants. Also will be certified by training provided by the Exchange. Training will be 3 days (24 hours) initial course. Recertification consists of 2 days per year. Enrollment Navigators must furnish fingerprints and undergo criminal history background checks. Compensation. All Navigators participating in Exchange will receive funding through a competitive grant process. Navigators cannot have conflicts of interest and must comply with privacy and security standards. Brokers will assist individuals, employers and employees with enrollment in QHPs like Enrollment Navigators. Brokers are permitted to provide info based on their experience with a QHP (and not just use info that is on the web portal.) Brokers must register with the Exchange, receive training on QHPs and comply with privacy and security standards. The Division of Insurance has responsibility for licensing and overseeing Brokers. The Report discusses the possibility of introducing a fixed commission for enrollment in all QHPs but notes that a fixed commission introduces additional complexity and the Board wants to create a business friendly environment for the simple purchase of health insurance.

STATE	New York
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Operated by State, Type TBD Created by Executive Order on April 12, 2012.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	*New York State Health Report, developed by Empire Justice Center and the Community Service Society presents 4 major recommendations on how New York should design its Navigator and Consumer Assistance Programs (CAP) to avoid duplication of efforts and best meets the needs of New Yorkers:* • The essential functions of Navigators and CAPs should be integrated into a single program; • The Navigator/CAP should use a "Hub and Spoke" administrative infrastructure • The Navigator/CAP should leverage existing resources and organizations by soliciting grant applications, formalizing relationships, and offering technical assistance; and • Financing for the Navigator/CAP should be secured from available Federal funds and fees on insurers operating inside and outside of the Exchange.

STATE	Oregon
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Quasi-governmental, Active Purchaser Legislation creating Exchange states that one of the duties of Exchange is to establish a Navigator Program. Legislation also authorizes the Exchange to enter into contracts with Navigators and establishes the funding stream for the Navigator grants. To fund the Navigator grants and admin and operational expenses of Exchange, the Board will collect an administrative charge from all insurers and state programs participating in the Exchange.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	Stakeholders have requested performance-based grants. The exchange is also developing an Agent Management program that will create a network of agents certified to sell plans in the Exchange to create the "most desirable marketplace for agents to place business in Oregon for small group and individual coverage". The Exchange's Navigator program plans to provide grants to community-based organizations. The corporation is looking to build off the success of similar local, grassroots assistance programs, such as the Senior Health Insurance Benefits Assistance (SHIBA) program and the Healthy Kids program. Agent and Navigator management should be integrated and cooperative and should not create a competitive or adversarial environment. Agents must understand the role of the Navigator and should lead them to referrals to Navigators when appropriate. Navigators must understand the limitations of their role when providing assistance to Oregonians to assure there is no attempt to provide services that require state licensure.

STATE	Rhode Island
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Operated by State, Active Purchaser Created by Executive Order but legislature has not approved.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	No Navigator activity found.

STATE	Utah
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Operated by State, Clearinghouse Creative by Legislation in 2009.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	Established before the ACA, the Utah Health Exchange is a health insurance marketplace for small businesses with up to 50 workers. The Exchange does not provide premium subsidies, negotiate on prices, set quality standards or limit variation on the types of plans. A broker helps businesses obtain and complete insurance applications, assists with the enrollment process and works as a customer service agent between employers/employees and the Exchange. Brokers working in the Health Exchange are required to have a producer license with the State DOI; be appointed with all the insurance carriers that provide a defined contribution plan on the Exchange; register with Health Equity, the vendor that pays broker compensations; and report any associations with agencies. The Exchange administrators hold weekly educational training sessions for brokers. Brokers are required to complete defined contribution market graining courses, which include premium assistance training.

STATE	Vermont
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Operated by State, Active Purchaser Legislation mentions duty to set up Navigator Program and restates duties and eligibility criteria outlined in ACA.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	*Exchange conducted a public survey in November 2011 to help inform Navigator program planning. Findings from survey informed recommendations in Potential Role and Responsibilities of Navigators brief:* • Ensure Navigators are knowledgeable about all aspects of the Exchange, including the benefits and costs of all plans offered and eligibility requirements for tax credits, subsidies and Medicaid. • Washington residents and small businesses are looking for clear, simple explanations and guidance. • Navigators must be viewed as trustworthy sources of impartial information • Navigators will need to offer support in a variety of ways and be easily accessible to the communities they serve during and after the enrollment process • A diverse array of Navigators will be necessary to serve the diverse array of consumers. Additionally, building on existing networks will be key to success. • Navigators must reach patients and consumers in settings where or when health care is top of mind. *Data from presentation for their May 2012 Planning Review with CMS included the following information:* • State will issue an RFP to select entity(ies) • May serve individuals, employers or both • Must bring specific skills and experience and be an organization designated in ACA • Navigators must complete comprehensive training. GMBB & Wakely Consulting to collaborate on Navigator program development.

STATE	Washington
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Quasi-governmental, Type TBD Legislation required a report by January 1, 2012 that includes analysis and recommendations on the role and services provided by Producers and Navigators, including the option to use private insurance market brokers as Navigators.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	A Navigator Technical Advisory Committee and Agents & Brokers Technical Advisory Committee were recently established. First meeting of Navigator TAX will be July 10, 2012. Recommendations on Navigators will be provided to the board in November 2012. Guidelines: • Navigator financing should be part of sustainability discussion • Should pay for results, not process • Look at existing resources for how they may be utilized • Ensure seamless process with Medicaid

STATE	West Virginia
EXCHANGE STATUS/ DESCRIPTION	Established State Exchange Operated by State, Type TBD 2011 Legislation did not mention Navigators.
NAVIGATOR PROGRAM STATUS/DESIGN/ COMMENTS	RFQ put out for analytic support for West Virginia HBE to study and make recommendations regarding the design and operation of the Exchange's Navigator Program and any other consumer assistance mechanisms. The study is to include looking at each category of intermediaries: Producers, Navigators, State Workers, Non-Compensated Community Assisters and others. RFQ was issued in June and with a July 5, 2012 bid opening date.

Appendix 4

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Consumer Assistance Advisory Committee

AGENDA ITEM

[X] For Possible Action
[ ] Information Only

Date: June 8, 2012
Item Number: V
Title: Navigators and Brokers in the Exchange

Summary[1]

Establishing an effective, efficient and sustainable consumer assistance and outreach program will be one of the more important activities undertaken by the Silver State Health Insurance Exchange (Exchange). Enrolling a large number of individuals and families, which represent a broad and diverse population, will be critical to attracting and retaining commercial health insurers to participate on the Exchange, and will be necessary for the long-term success of the Exchange.

With over 550,000 uninsured residents in Nevada, many of whom will be eligible for coverage through the expansion of Medicaid or subsidized health insurance through the Exchange, the Exchange will likely need to engage a number of individuals and entities to help potential enrollees learn about the new health coverage programs and select a health plan that best meets their needs.

As Nevada works on developing the infrastructure, resources and policies to establish its Exchange, a number of important decisions will need to be made regarding the structure and focus of the consumer assistance and outreach program. This report reviews the potential roles of Navigators and Brokers, within the broader context of a comprehensive consumer engagement strategy.

[1] Much of the information provided in this report was provided by RLCarey Consulting.

The final Exchange rule, CMS-9989-F, issued on March 27, 2012 by the U.S. Department of Health and Human Services (HHS)[2] lays out a number of requirements and expectations for the Exchange's Navigator program. The rule also clarifies, to a certain extent, the distinction between Navigators and Brokers. Attachment A included excerpts from the final regulation regarding consumer assistance tools and programs of an exchange (45 CFR 155.205), navigator program standards (45 CFR 155.210) and ability of states to permit agents and brokers to assist qualified individuals, qualified employers or qualified employees enrolling in Qualified Health Plans (QHP) (45 CFR 155.220).

This report provides recommendations regarding the following items as they pertain to Navigators and Brokers:

a. Definition
b. Roles and responsibilities
c. Licensing, Certification and Training
d. Compensation structure
e. Conflicts of interest and relationship with insurers
f. Performance metrics

Report

Recommendation: Staff recommends the Committee submit to the Board the following plan for Navigators and Brokers:

Silver State Health Insurance Exchange Navigators Defined

Navigators will consist of public and private entities that will communicate with, educate and enroll consumers in Qualified Health Plans (QHPs) through the multiple enrollment methods provided by the Exchange. Navigators and Brokers will work in concert to ensure all individuals have access to health insurance coverage provided as a result of the Affordable Care Act (ACA). Navigators' duties and responsibilities will fall into one or both of the following classifications:

- Education
- Enrollment

While the responsibilities and certification requirements are different for the two classifications of Navigator, an individual or entity may serve in both capacities if they are certified to provide both services.

Roles and Responsibilities of Education Navigators

Education Navigators will be responsible for outreach and education for the currently uninsured or underinsured populations and will present to those populations the options available under the

[2] http://cciio.cms.gov/resources/regulations/index.html#hie

ACA. This outreach and education will include information regarding the ACA as it relates to the Exchange including but not limited to:

- Program Eligibility- Rules to purchase subsidized insurance through the Exchange and eligibility for Medicaid, CHIP, Medicare or other programs;
- Methods of Purchase- Different means available to purchase and enroll in a QHP: Exchange web portal, Exchange call-in center, walk-in centers, kiosks located in community service centers and state agencies, mail in applications and fax applications;
- Reasons to Purchase- Education on the benefits of health insurance and what health insurance provides for the individual;
- Definitions of health insurance terms- For Example, aiding the consumer to understand the difference between a premium, deductible and co-insurance;
- Dispute Resolution- Aiding the consumer to find avenues to resolve disputes with carriers, such as directing them to the DOI and GOVCHA, and referring enrollment disputes to the Exchange;
- Cultural Diversity- Providing culturally and linguistically appropriate health insurance education to Hispanics, Asians, American Indians and other groups; and
- Group Outreach Opportunities- Outreach to consumers typically in group settings, focusing on broad topics related to health insurance and coverage options.

Roles and Responsibilities of Enrollment Navigators

Enrollment Navigators will provide consumers with a physical walk-in location and the tools necessary to assist the individual learn about, and enroll in QHPs. If the Enrollment Navigator does not have a physical walk-in location, the Navigator must be able to go to the enrollee. Enrollment Navigators will be public or private entities that can perform the following functions:

- Access to physical locations- Provide access to brick and mortar locations or mobile computing centers that will facilitate access to the Exchange's web portal, call center, or FAX line or provide the ability to print and mail hard copies of enrollment documents to the Exchange processing center;
- Answer enrollment questions- Address questions regarding access to any of the enrollment methods and the submission of enrollment documentation to the Exchange;
- Explain eligibility criteria- Explain the eligibility criteria for purchasing insurance through the Exchange, enrolling in Medicaid and other State programs designed to provide medical coverage;
- Provide definitions of health insurance terms for consumers engaged in the enrollment process- For example, aiding the consumer to understand the difference between a premium, deductible and co-insurance;
- Provide documentation- Provide the consumer with documentation regarding the available plans, enrollment letters stating the date coverage will start, etc.;
- Dispute Resolution- Aiding the consumer to find avenues to resolve disputes with carriers, such as directing them to the DOI and GOVCHA, and referring enrollment disputes to the Exchange; and

- Furnish unbiased explanations of coverage provided on the web portal- The enrollment Navigators must not offer any opinion or editorial on the QHPs in the Exchange. Information provided by Navigators must be limited to that information available on the web portal.

Licensing, Certification and Training of Navigators

Each of the two classifications of Navigators will require certification by State agencies including but not limited to the Exchange and the DOI. The requirements for certification and yearly recertification will differ between the two classifications.

Education Navigators

Education Navigators will be certified through training provided by the Exchange, and consist of a two day (sixteen hour) initial training course about the Exchange and health care coverage provided as a result of the ACA. After the completion of the initial training, all Education Navigators will complete a test to demonstrate what they have learned.

Recertification of Education Navigators will consist of two days of update training per year, one in the spring and one in the fall. Education Navigators need to attend these training sessions and complete an annual re-certification test to maintain their active Education Navigator status and funding source.

Enrollment Navigators

Enrollment Navigators will be certified by two state agencies. Enrollment Navigators will be licensed and certified through the DOI as Insurance Consultants. Enrollment Navigators will also be certified by training provided by the Exchange. This training will consist of an initial three day (24 hour) initial training course. Two days of this training session will be dedicated to topics relating to the Exchange and health coverage provided as a result of the ACA. The third day of training will be devoted to a computer lab session. This session will focus on training enrollment Navigators to use the Exchange web portal and completing a test to demonstrate what they have learned.

Recertification of enrollment Navigators will consist of two days of update training per year, one in the spring and one in the fall. Enrollment Navigators need to attend these trainings, complete an annual re-certification test, and prove that they are in good standing with the DOI to maintain their active Navigator status and funding source.

Enrollment Navigators must furnish a complete set of fingerprints and undergo a criminal history background check.

HHS indicates that it will release model Navigator training standards.

Navigator Compensation

All Navigators participating in the Exchange will receive funding through a competitive grant process. Potential Navigators will submit competitive grant applications to the exchange through a biennial request. The grant applications will be divided into the two classifications for Navigators (Enrollment and Education). The Exchange will review and award grants to qualified Navigator groups throughout the state of Nevada. The funding or grant allocations will be distributed to the Navigator classifications as follows:

- Education Navigators will be awarded grant funds for the purpose of conducting education and outreach events, presentation materials and possibly staff salaries.
- Enrollment Navigators will be awarded computer resources or funds to purchase computer resources, if necessary, to facilitate enrolling consumers in coverage through the Exchange, and funds to cover certification costs with DOI.

Navigators and conflicts of interest

Navigators cannot have conflicts of interest, financial or otherwise, and will need to comply with the Exchange's privacy and security standards. Specifically, Navigators cannot receive any consideration, financial or otherwise, from carriers. The final rule allows the Exchange to set the standards. However, the preamble to the rules suggests that the conflict of interest standards include, but not be limited to, the following:

> "financial considerations; nonfinancial considerations; the impact of a family member's employment or activities with other potentially conflicted entities; Navigator disclosures regarding existing financial and non-financial relationships with other entities; Exchange monitoring of Navigator-based enrollment patterns; legal and financial recourses for consumers that have been adversely affected by a Navigator with a conflict of interest; and applicable civil and criminal penalties for Navigators that act in a manner inconsistent with the conflict of interest standards set forth by the Exchange."[3]

HHS indicates that it will release model conflict of interest standards.

Roles and Responsibilities of Brokers in the Exchange

Brokers will assist qualified individuals, qualified employers and qualified employees with enrolment in QHPs in much the same manner as Enrollment Navigators. Brokers currently provide individuals and employers with information regarding health insurance and assistance in enrollment in health plans. While Brokers will be urged to provide only information that can be found on the web portal, Brokers are permitted to provide information based on their experience with a QHP, in much the same manner as is done today. Brokers that enroll individuals in the Exchange should also understand the basics of the premium tax credits, the QHPs and where to send individuals who require social services such as Medicaid, SNAP and TANF.

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[3] Preamble to the final rule, Federal Register, Vol. 77, No. 59, Tuesday, March 27, 2012, Rules and Regulations, page 18331.

The final rule allows the Exchange to determine the role that Brokers play within the Exchange. The rule allows Brokers to help individuals apply for premium tax credits through the Exchange and enroll in coverage. The Exchange will need to determine how best to use Brokers to help consumers, including both individuals and small employers, access coverage through the Exchange.

Brokers in Nevada play an important and influential role in the distribution of health insurance. Both individual consumers and businesses rely on Brokers to sort through their health insurance options, provide health plan recommendations, and serve as their agents throughout the year in dealings with insurance companies. This value provided by a Broker is measured by the commissions paid to Brokers by insurance carriers. If the service provided by Brokers was not valuable, Brokers would not receive commissions from the carriers. Furthermore, if Brokers are not allowed to service the Exchange market, it is likely they would drive business away from the Exchange toward plans offered by carriers for which they receive compensation. This would decrease enrollment making sustainability more difficult.

Finally, it should be noted that a large portion of uninsured Nevadans do not have insurance because it is not affordable. The premium tax credit will make health insurance much more affordable. Brokers are currently positioned to assist these new entrants into the health insurance market.

Licensing, Certification and Training of Brokers

The final rule requires Brokers to register with the Exchange, receive training on QHP options and other publicly subsidized insurance programs, and comply with the Exchange's privacy and security standards.

Nevada's Division of Insurance (DOI) has statutory responsibility for licensing and overseeing Brokers. The Division requires applicants to take and successfully pass the state insurance exam in the line(s) of authority for which the applicant is applying (e.g., health, property and casualty, life). Individuals applying for a resident license with the DOI must furnish a complete set of fingerprints and undergo a criminal history background check.

Staff will coordinate with the DOI to create training and licensure requirements that are in compliance with the ACA.

Broker Compensation

Brokers will receive compensation from carriers for enrollment in the Exchange, in accordance with the Brokers' contracts with the carriers. The enrollment system will accept a Broker ID and transmit that data to the carrier so that the Broker can receive the commission.

Brokers are contracted with insurers to enroll consumers in the insurers' plans. Rates paid by insurers to Brokers vary depending on the insurer, whether the Broker is enrolling an individual or group plan, and the size of the group plan.

There is concern that as a carrier raises its commissions, Brokers will enroll more individuals in that carrier's plans, regardless of whether that carrier offers the best product. One way to mitigate this adverse selection is to introduce a fixed commission for enrollment in all QHPs. However, if commissions for enrollment within the Exchange are fixed at a point that is too low, carriers could raise the commissions they offer to steer enrollment away from the Exchange. If commissions are too high, insurance coverage will be less affordable. Because carriers offer different rates, carriers will have commissions that are higher or lower than the fixed Exchange rate which will cause a situation in which enrollment is steered away from the Exchange.

It is important to note that the current state of Broker commissions has evolved over the years to its current state and continues to evolve as market conditions change. Introducing a fixed commission in the market introduces an additional complexity that would need to be monitored and adjusted regularly by Exchange staff.

Additionally, in its strategic plan, the Board declared one of its values to be, "...creating a business friendly environment for the simple purchase of health insurance."

Performance Metrics

Staff will monitor available enrollment metrics so that staff can provide reasonable recommendations for future improvements to the system. Brokers and Enrollment Navigators will enter a code into the web portal when assisting a consumer with enrollment. This code will help staff review enrollment trends and monitor post enrollment surveys. Enrollment trends can be analyzed to determine if any Navigators or Brokers are steering business toward a specific QHP.

Summary

Table 1 provides information regarding the applicability of various requirements as they pertain to Education Navigators, Enrollment Navigators and Brokers.

Table 1: Program requirements for Education Navigators, Enrollment Navigators and Brokers

	Education Navigators	Enrollment Navigators	Brokers
Information to be Provided to Consumer			
Eligibility information for coverage through the Exchange, premium tax credits or publicly subsidized programs such as Medicaid, CHIP, Medicare, etc.	X	X	X
Methods to purchase and enroll in a QHP: Exchange web portal, Exchange call-in center, walk-in centers, kiosks located in community service centers, mail in applications and fax applications.	X	X	X
Education on the benefits of health insurance and what health insurance provides for the individual.	X		
Definitions of health insurance terms, for example, aiding the consumer to understand the difference between a premium, deductible and co-insurance.	X	X	X
Aiding the consumer to find avenues available to resolve disputes with carriers or enrollment such as DOI, GOVCHA and the Welfare dispute center.	X	X	X
Providing culturally and linguistically appropriate health insurance education to groups in Nevada including but not limited to Hispanics, Asians and American Indians.	X	X	
Outreach to consumers typically in group settings, focusing on broad topics related to health insurance and coverage options.	X		
Compensation			
Funded by competitive grants from the Exchange	X	X	
Funded by commissions paid by the consumer or employer through the premium paid to the carrier			X
Licensing, Certification and Training			
Licensed and regulated by Nevada DOI		X	X
Certified by the Exchange	X	X	
Criminal background check required		X	X
Training provided by Nevada DOI			X
Training provided by the Exchange	X	X	
Enrollment			
Enroll consumers in plans offered in the exchange.		X	X
Enroll consumers in plans offered outside of the exchange.			X

	Education Navigators	Enrollment Navigators	Brokers
Provide unbiased explanation of coverage provided on the web portal. The enrollment Navigators must not offer any opinion or editorial on the QHPs in the Exchange.		X	
Assist in submission of enrollment documentation to the Exchange.		X	X
Provide the consumer with documentation stating the date coverage will start and the appropriate agencies to contact if the consumer encounters problems with enrollment, coverage or payment.		X	X

Recommendation:

Approve the Navigator and Broker participation plan as presented.

Excerpts from Final Rule CMS-9989-F
Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers

§155.205 Consumer assistance tools and programs of an Exchange.

(a) Call center. The Exchange must provide for operation of a toll-free call center that addresses the needs of consumers requesting assistance and meets the requirements outlined in paragraphs (c)(1), (c)(2)(i), and (c)(3) of this section.

(b) Internet Web site. The Exchange must maintain an up-to-date Internet Web site that meets the requirements outlined in paragraph (c) of this section and:

(1) Provides standardized comparative information on each available QHP, including at a minimum:

(i) Premium and cost-sharing information;

(ii) The summary of benefits and coverage established under section 2715 of the PHS Act;

(iii) Identification of whether the QHP is a bronze, silver, gold, or platinum level plan as defined by section 1302(d) of the Affordable Care Act, or a catastrophic plan as defined by section 1302(e) of the Affordable Care Act;

(iv) The results of the enrollee satisfaction survey, as described in section 1311(c)(4) of the Affordable Care Act;

(v) Quality ratings assigned in accordance with section 1311(c)(3) of the Affordable Care Act;

(vi) Medical loss ratio information as reported to HHS in accordance with 45 CFR part 158;

(vii) Transparency of coverage measures reported to the Exchange during certification in accordance with §155.1040; and

(viii) The provider directory made available to the Exchange in accordance with §156.230.

(2) Publishes the following financial information:

(i) The average costs of licensing required by the Exchange;

(ii) Any regulatory fees required by the Exchange;

(iii) Any payments required by the Exchange in addition to fees under paragraphs (b)(2)(i) and (ii) of this section;

(iv) Administrative costs of such Exchange; and

(v) Monies lost to waste, fraud, and abuse.

(3) Provides applicants with information about Navigators as described in §155.210 and other consumer assistance services, including the toll-free telephone number of the Exchange call center required in paragraph (a) of this section.

(4) Allows for an eligibility determination to be made in accordance with subpart D of this part.

(5) Allows a qualified individual to select a QHP in accordance with subpart E of this part.

(6) Makes available by electronic means a calculator to facilitate the comparison of available QHPs after the application of any advance payments of the premium tax credit and any cost-sharing reductions.

(c) Accessibility. Information must be provided to applicants and enrollees in plain language and in a manner that is accessible and timely to--

(1) Individuals living with disabilities including accessible Web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

(2) Individuals who are limited English proficient through the provision of language services at no cost to the individual, including

(i) Oral interpretation;

(ii) Written translations; and

(iii) Taglines in non-English languages indicating the availability of language services.

(3) Inform individuals of the availability of the services described in paragraphs (c)(1) and (2) of this section and how to access such services.

(d) Consumer assistance. The Exchange must have a consumer assistance function that meets the standards in paragraph (c) of this section, including the Navigator program described in §155.210, and must refer consumers to consumer assistance programs in the State when available and appropriate.

(e) Outreach and education. The Exchange must conduct outreach and education activities that meet the standards in paragraph (c) of this section to educate consumers about the Exchange and insurance affordability programs to encourage participation.

§155.210 Navigator program standards.

(a) General Requirements. The Exchange must establish a Navigator program consistent with this section through which it awards grants to eligible public or private entities or individuals described in paragraph (c) of this section.

(b) Standards. The Exchange must develop and publicly disseminate –

(1) A set of standards, to be met by all entities and individuals to be awarded Navigator grants, designed to prevent, minimize and mitigate any conflicts of interest, financial or otherwise, that may exist for an entity or individuals to be awarded a Navigator grant and to ensure that all entities and individuals carrying out Navigator functions have appropriate integrity; and

(2) A set of training standards, to be met by all entities and individuals carrying out Navigator functions under the terms of a Navigator grant, to ensure expertise in:

(i) The needs of underserved and vulnerable populations;

(ii) Eligibility and enrollment rules and procedures;

(iii) The range of QHP options and insurance affordability programs; and,

(iv) The privacy and security standards applicable under §155.260.

(c) Entities and individuals eligible to be a Navigator.

(1) To receive a Navigator grant, an entity or individual must –

(i) Be capable of carrying out at least those duties described in paragraph (e) of this section;
(ii) Demonstrate to the Exchange that the entity has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a QHP;
(iii) Meet any licensing, certification or other standards prescribed by the State or Exchange, if applicable;
(iv) Not have a conflict of interest during the term as Navigator; and,
(v) Comply with the privacy and security standards adopted by the Exchange as required in accordance with §155.260.

(2) The Exchange must include an entity as described in paragraph (c)(2)(i) of this section and an entity from at least one of the other following categories for receipt of a Navigator grant:
(i) Community and consumer-focused nonprofit groups;
(ii) Trade, industry, and professional associations;
(iii) Commercial fishing industry organizations, ranching and farming organizations;
(iv) Chambers of commerce;
(v) Unions;
(vi) Resource partners of the Small Business Administration;
(vii) Licensed agents and brokers; and
(viii) Other public or private entities or individuals that meet the requirements of this section. Other entities may include but are not limited to Indian tribes, tribal organizations, urban Indian organizations, and State or local human service agencies.

(d) Prohibition on Navigator conduct. The Exchange must ensure that a Navigator must not · ·
(1) Be a health insurance issuer;
(2) Be a subsidiary of a health insurance issuer;
(3) Be an association that includes members of, or lobbies on behalf of, the insurance industry; or,
(4) Receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP or a non-QHP.

(e) Duties of a Navigator. An entity that serves as a Navigator must carry out at least the following duties:
(1) Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange;
(2) Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs;
(3) Facilitate selection of a QHP;
(4) Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the PHS Act, or any other appropriate State agency or agencies, for any enrollee with a grievance,

complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and

(5) Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

(f) Funding for Navigator grants. Funding for Navigator grants may not be from Federal funds received by the State to establish the Exchange.

§155.220 Ability of States to permit agents and brokers to assist qualified individuals, qualified employers, or qualified employees enrolling in QHPs.

(a) General rule. A State may permit agents and brokers to –

(1) Enroll individuals, employers or employees in any QHP in the individual or small group market as soon as the QHP is offered through an Exchange in the State;

(2) Subject to paragraphs (c), (d), and (e) of this section, enroll qualified individuals in a QHP in a manner that constitutes enrollment through the Exchange; and

(3) Subject to paragraphs (d) and (e) of this section, assist individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs.

(b) Web site disclosure. The Exchange may elect to provide information regarding licensed agents and brokers on its website for the convenience of consumers seeking insurance through that Exchange.

(c) Enrollment through the Exchange. A qualified individual may be enrolled in a QHP through the Exchange with the assistance of an agent or broker if —

(1) The agent or broker ensures the applicant's completion of an eligibility verification and enrollment application through the Exchange Web site as described in §155.405;

(2) The Exchange transmits enrollment information to the QHP issuer as provided in §155.400(a) to allow the issuer to effectuate enrollment of qualified individuals in the QHP.

(3) When an Internet website of the agent or broker is used to complete the QHP selection, at a minimum the Internet Web site must:

(i) Meet all standards for disclosure and display of QHP information contained in §155.205(b)(1) and (c);

(ii) Provide consumers the ability to view all QHPs offered through the Exchange;

(iii) Not provide financial incentives, such as rebates or giveaways;

(iv) Display all QHP data provided by the Exchange;

(v) Maintain audit trails and records in an electronic format for a minimum of ten years; and

(vi) Provide consumers with the ability to withdraw from the process and use the Exchange Web site described in §155.205(b) instead at any time.

(d) Agreement. An agent or broker that enrolls qualified individuals in a QHP in a manner that constitutes enrollment through the Exchange or assists individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs must comply with the terms of an agreement between the agent or broker and the Exchange under which the agent or broker at least:

(1) Registers with the Exchange in advance of assisting qualified individuals enrolling in QHPs through the Exchange;

(2) Receives training in the range of QHP options and insurance affordability programs; and

(3) Complies with the Exchange's privacy and security standards adopted consistent with §155.260.

(e) Compliance with State law. An agent or broker that enrolls qualified individuals in a QHP in a manner that constitutes enrollment through the Exchange or assists individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs must comply with applicable State law related to agents and brokers, including applicable State law related to confidentiality and conflicts of interest.

Footnotes

1 As defined by Community Catalyst in their "Navigators: Guiding People Through The Exchange" White Paper

2 http://dcclims1.dccouncil.us/images/00001/20110106110804.pdf

3 Consumer Assistance Advisory Committee Report, June 8, 2012, Silver State Health Insurance Exchange based on report provided by R L Carey Consulting

4 Washington Post, December 21, 2011, "District's Population and Image Soar."

5 Ibid

6 Mercer, "Current Status of Insurance Coverage in the District of Columbia Final Report," dated July 26, 2011, page 17

7 Ibid, page 29

8 Ibid, page 54

9 Ibid, page 54

10 Ibid, page 56

11 Ibid, page 57

12 Uninsurance in the District of Columbia, A Profile of the Uninsured, 2009, by Barbara A. Ormond, Ashley Palmer, and Lokendra Phadera, The Urban Institute, pages 1-2.

13 Ibid, page 3

14 Mercer, "Current Status of Insurance Coverage in the District of Columbia Final Report," dated July 26, 2011, page 57

15 From July 3, 2012 conversation with Suzanne H. Jackson, Professor of Clinical Law; Director of Health Rights Law Clinic

16 From Mary's Center website, www.maryscenter.org

17 OMBUDSMAN website: http://ombudsman.dc.gov/ombudsman/site/default.asp

18 Source: Kevin Wregge, Pulse Issues & Advocacy, LLC

19 Mercer, "Current Status of Insurance Coverage in the District of Columbia Final Report," dated July 26, 2011, page 69

20 IBID, page 69

21 Bowen Garrett and Matthew Buettgens, "Employer-Sponsored Insurance under Health Reform: Reports of Its Demise Are Premature: Timely Analysis of Immediate Health Policy Issues" (Washington: Urban Institute, 2011), available at http://www.urban. org

22 Christine Eiber and others, "Establishing State Health Insurance Exchanges: Implications for Health Insurance Enrollment, Spending, and Small Businesses" (Santa Monica: RAND Corporation, 2010), available at http://www.rand.org

23 http://www.hilltopinstitute.org/publications/Navigators-BackgroundPaper-August2011.pdf

24 Community Health Councils: Bridging the Health Divide: Designing the Navigator System in California