

**District of Columbia Health Benefits Exchange
Operations Subcommittee**

Navigator Program Recommendations

October 12, 2012

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Background

The Affordable Care Act (ACA) and associated regulations (45 CFR 155.210 and 45 CFR 155.260) include 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.

The District of Columbia contracted with the Crider Group to analyze Navigator options for the District and provide recommendations on program structure. After a review of the Crider Group's Navigator Program Analysis and public comments on the report, the District's Operations Subcommittee has developed recommendations on the structure of the Navigator Program to be presented to the Health Benefit Exchange Authority Board.

The recommendations are largely consistent with the Crider Group report, but some changes have been made based on the attached stakeholder feedback. Many stakeholder comments go beyond the current scope of the recommendations, which address only the structure of the program. Details related to implementation of the recommendations, including the development of Navigator application, will be addressed during a subsequent design phase for the program. Stakeholders will continue to be engaged throughout the process and comments provided related to detailed program design will be leveraged during the design phase.

Navigator Program Recommendations

Navigator Roles: Navigators should provide only the five core assistance functions required by the ACA, which includes all necessary services for consumers in the District's Exchange.

The Operations Subcommittee recommends that Navigators serve Exchange users, including culturally and linguistically diverse populations, as outlined in the ACA. Specifically, the ACA requires that Navigators must minimally provide the following functions as listed in 45 CFR 155.210:

- Maintain expertise in eligibility, enrollment, and program specifications and conducts 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; and

- 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.

The Subcommittee does not recommend adding additional specific responsibilities at this time to the role of a Navigator. Complying with the requirements outlined in the ACA ensures that Navigators play an integral role in the “no wrong door” model for all Exchange users, and that Navigators will be able to assist with eligibility and enrollment functions related to health programs in the Exchange, and refer consumers and small businesses for additional assistance to producers, community organizations, or District agencies as appropriate.

In addition, federal regulations require that all Navigator organizations must provide assistance in all five functional areas. However, the Subcommittee envisions that Navigators will be selected to focus on specific populations, including underserved and vulnerable populations, to ensure adequate assistance will be available to the populations in greatest need.

Producer Role: Producers should have the ability to serve small businesses and individuals in the District’s Exchange consistent with current practices.

The Subcommittee understands the important role that the producer community currently plays in assisting employers in understanding and selecting health insurance options that best fit the needs of its organization. With this in mind, the Subcommittee recommends that producers have the ability to serve small businesses in the SHOP Exchange by providing the same services as those provided outside of the Exchange. By allowing producers to continue working with small businesses, the District would leverage the producers’ existing expertise with serving small employers and help to ensure producers’ maintain the relationships they currently have with the employers they serve.

While it is envisioned that Navigators will be the primary source of assistance for individuals in the Exchange, the Subcommittee also recommends that producers have the ability to provide services to individuals in the Exchange consistent with the services currently provided to this population by the producer community.

Details related to Producer compensation and appointment in the Exchange will be considered apart from these recommendations with additional input from stakeholders.

Navigator Compensation Structure: Navigators should be compensated by a block grant that covers the provision of all required functions.

The Operations Subcommittee recommends that the Exchange pay Navigator entities with a block grant. These block grants would be awarded to entities at defined periods and would be based on the level and type of services provided. Paying Navigators using a block grant structure versus payment per enrollee ensures that Navigator entities are paid adequately based on the wide range of responsibilities required under the ACA.

The role of the Navigator goes beyond simply assisting individuals in enrolling in QHPs. The Navigator entities are also responsible for educating individual on coverage options and other public services programs for which the individual may be qualified. The Navigator must also assist the individual in applying for tax credits and cost-sharing reductions, selecting a health plan that best fits the individual's needs, and renewing coverage or switching between types of coverage. Navigator performance can be measured based on goals for each function that are not tied to compensation. This ensures that all functions are adequately monitored.

Navigator Certification:

The Subcommittee recommends that the District require all Navigators to be certified for participation in the Exchange. Certification requirements would be met by completing the required Navigator training. The ACA requires Exchanges to develop a training program for all individuals that perform Navigator functions. The training must ensure Navigators are competent in the needs of underserved and vulnerable populations, eligibility and enrollment procedures, and the range of public programs and QHP options available through the Exchange. Additionally, Navigators must be trained in the proper handling of tax data and other personal information.