

Certified Application Counselor Stakeholder Group

Facilitated by: Jackie Edison

Date: July 23, 2014

Time: 2:30 p.m. to 4:00 p.m.

Participants: Jackie Edison, Christina Wessel, David Van Sant, Ken Harpell, Jin Lee Johnson (MCHCA), Jennifer McNertney (MHA), JoAnna Justiniano (Cardon), Emily Arias (MedEligible), Kenny Braud (Essentia)

Topics:

1. Welcome, Introductions and Overview of Purpose of Certified Application Counselor (CAC) Stakeholder Group
 2. Deloitte Update
 3. CAC Role
 - a. Review summary of federal guidelines and state rules
 - b. Review current CAC landscape in MN
 - c. Discuss range of organizations that are current CACs
 - d. Discuss similarities and differences between navigator and CACs in MN
 - e. Discuss key areas of the CAC program that need to be developed or improved moving forward
 4. Wrap and Discussion of Future Meetings
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Minutes

1. Overview
 - a. Jackie Edison described the stakeholder group intent and processes by which the MNSure CAC Program would like to work with this stakeholder group to gather CAC input on operational deliverables prior to implementation. The process does not include strategic or design input, but does provide implementation and communication input.
 - b. Jackie described the differences between MNSure board work groups and stakeholder groups. The two groups must remain independent. The board work groups provide strategic input to the board. The stakeholder groups provide operational input to staff.
2. Deloitte
 - a. David Van Sant described Deloitte's pre-open enrollment timeline of analysis, prioritization and implementation. At time of meeting, the timeline was shifting from prioritization to implementation. 30 key priorities have been identified for the board. Three of those priorities are moving forward with implementation (renewals, change in circumstance, and system of record). The remaining priorities are still being prioritized and grouped into deliverable projects to ensure business processes are in place prior to open enrollment. The Navigator/Broker Portal is on the list. This portal provides access to information on behalf of the consumer within the MNSure system for Navigators and Brokers. The Navigator/Broker portal will not be implemented prior to the 2015 Open Enrollment period.
3. CAC Role
 - a. Reviewed summary of federal guidelines and state rules
 - b. Reviewed current CAC landscape in MN
 - i. Noted: enrollment numbers by CACs may not fully captured, because CACs may not be using the Attachment C or entering because the payment isn't as integral.
 - c. Discussed range of organizations that are current CACs
 - i. 3rd Party Organizations;
 1. Application follow-up to resolution (enrollment);



- a. 3rd party organizations that work with hospitals do follow-up after application and will go through a verification process and appeals. (MedElg, Cardon)
 - b. Hospitals/clinics don't necessarily follow-up.
 - 2. Outreach/Education;
 - a. 3rd party organizations do outreach/education; hospitals are their clients.
 - b. Hospitals/clinics have to stay neutral and can't follow through.
 - ii. FQHCs;
 - 1. receive federal grants and federal funds to do outreach,
 - 2. all are contracted as navigators.
 - iii. Clinics;
 - 1. some clinics became CACs to fill gaps of navigators, some are navigators.
 - 2. Essentia – all clinics signed a contract to address broadly (?).
 - iv. Hospitals;
 - 1. Childrens, HCMC offer full-breadth follow-up type services.
- d. Discussed similarities and differences between navigator and CACs in MN
- i. Very similar roles, except a noticeable difference in understanding of programs (depending on spectrum of Navigator experience)
 - 1. Medicaid;
 - a. All work closely with MA to ensure coverage retro actively.
 - 2. Commercial plans;
 - a. forward looking, so not as supported
 - b. Broker referrals are difficult, because the directory is unclear.
- e. Discuss key areas of the CAC program that need to be developed or improved moving forward
- i. Topic list for future agenda items or deliverables:
 - 1. Role definitions – distinction between CACs, Navigators, Brokers, Grantees
 - a. Training on the line between brokers/navigators – CACs screen first and if it's clearly MA/MCRE
 - 2. Address complexity of type of services provided by different types of CACs
 - 3. Navigator calls aren't useful because of difference in level of experience with Medicaid
 - 4. Newsletter – some stuff really applies, while others don't (because of payment)
 - a. Clarity in communications would be beneficial because organizations have to filter for staff
 - 5. Navigators – due to nonprofit nature of work and payment model, it seems that the work is quantity based. CACs, as scope of work, it's based on complete follow through.
 - a. It's clear there is a service level breakdown amongst navigators (due to lack of in depth MA/MCRE knowledge), whereas CACs are power users.
 - b. FQHCs, because of provider roles, also have in depth knowledge and deep follow through.
 - 6. CAC specific resource page (similar to other communication issues)
 - 7. Liability/data practice - enrollment on behalf of DHS/MNSure could imply taking liability on behalf of client which is a problem if records can't be retained
 - 8. Portal dilemma – directory listing is required to associate with a client
 - a. Some clinics decided to advertise services for some events and worked with regional navigators to coordinate





Meeting Minutes

9. Health plan enrollment is not something CACs have capacity to do
 - a. Brokers interested in developing referral relationships for commercial enrollments?
 - b. Plan selection assistance training and policy clarity + facilitate hand offs – broker presentations with social workers?
 10. Open enrollment capacity
 11. Screening use FPL and by-hand
 12. Networking input
 13. Volume issues for broker referrals
 14. Commerce bulletin
 15. Training –
 - a. Make it different for the role.
 - b. Provide flow of application and Medicaid coverage (counties, EMA, spenddowns, longterm care).
 - c. Make case worker training available to CACs Navigators.
 - d. Networking between CACs/Navigators and county workers (that relationships have been destroyed).
 16. Data privacy and security training – streamline for role
 17. HPE / DHS
4. Discussion of Future Meetings
- a. Invite additional stakeholders, to better represent breadth of CAC types

