

CAC Landscape Review – Preview

CAC Stakeholder Meeting

12/18/2014

Data available through MNsure (as of 12/12/2014)

- 305 CACs from 47 CAC organizations
 - o Only 10 CAC organizations have 10 or more CACs. These 10 CAC organizations have 192 CACs or 63% of all the CACs (Park Nicollet, Fairview Health Services, HCMC, Regions Hospital, University of MN Physicians, Olmsted Medical Center, Children’s Hospital and Clinics, Cardon Outreach and MedEligible)
- 58 cities/towns in MN have CACs located there
 - o Only 3 cities have more than 10 CACs (Duluth, Golden Valley, Minneapolis, Rochester, St. Louis Park and St. Paul)
- Vast majority of CACs in MN operate within hospitals or clinics

CAC Role

Kaiser Family Foundation description of CAC role

Certified Application Counselor (CAC) refers to an Assister Program that is recognized by a Marketplace as a trained Assister but that does not receive direct funding from a Marketplace. CACs also must provide assistance to consumers free of charge. Under federal rules, the duties of CACs are less extensive than that of Navigators or IPAs. In particular, CACs are not required to engage in outreach, though many do. Training requirements for CACs are also less extensive than for Navigators or IPAs. States have flexibility to require additional standards for CACs. CAC Programs must register with the Marketplace and must ensure that their individual Assistors follow applicable standards. Although not funded by the Marketplaces, many CAC Programs received funding from outside sources.¹

Summary points from literature review

- CACs are described as volunteers.
- There is no funding source through marketplaces for CACs.
- CACs are not required to:
 - o Conduct outreach
 - o Comply with cultural and linguistic requirements that apply to other navigators
- CACs can still assist consumers if they have conflicts of interest if they disclose those conflicts of interest.
- Nationally, most Federally Qualified Health Centers are CACs, not navigators.
- Some states require HPE providers to also be CACs. This can be a problem for some third party vendors because HPE approvers must be hospital staff.
- Some states allow selected CAC organizations to certify their own staff following guidelines, including conducting their own background check.
- Some states charge fees for CAC organizations to access training and background checks.

¹ Survey of Health Insurance Marketplace Assister Programs, Kaiser Family Foundation, July 2014, page 4.

Navigator/CAC forums feedback

Need to better define the Certified Application Counselor (CAC) position

- Perhaps differentiate navigator and CAC roles based on populations they serve (CACs work most frequently with MA population, more likely work in hospital/clinic setting. Navigators are often more connected with the community they work in.)
- CACs can be dealing with an immediate need, life or death situations (online tools can limit their ability to meet urgent needs of clients)
- CACs may not be able to do follow-up work. For example, individuals enrolled at hospitals don't necessarily understand next steps in the process. Need better clarity on QHP support, next steps when not eligible for public programs. Are the follow-up requirements the same for navigators and CACs?
- MNsure should support referrals between navigators and CACs – encourage partnerships. However, how these referrals should happen would need to be clarified.
- Some felt the current situation, where navigators and CACs operate under the same rules, works well
- CACs need access to different records to facilitate pending applications.

Discussion questions

- What else do we need to know about your work as CACs to make informed programmatic decisions?
- How does application and enrollment assistance fit into your operations long-term?
- What are CACs' MNsure needs?