

Department of Health and Human Services  
Notice of Proposed Rule Making  
Patient Protection and Affordable Care Act/Establishment of Exchanges and  
Qualified Health Plans  
RIN 0938-AQ67

c. Navigator Program Standards (Sec. 155.210)

In Sec. 155.210, we propose the standards for the Navigator program, consistent with section 1311(i) of the Affordable Care Act. The Navigator standards apply to the Exchange including both the individual market and SHOP. In paragraph (a), we propose the general standard that Exchanges must award grant funds to public or private entities to serve as Navigators. In paragraph (b)(1), we propose the eligibility requirements for and the types of entities to which the Exchange may award Navigator grants. We propose that Navigators must be capable of carrying out those duties established in paragraph (d) of this subsection. In addition, a Navigator must demonstrate to the Exchange, as required by section 1311(i)(2)(A) of the Affordable Care Act, 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 to enroll in a QHP through the Exchange. We note that an entity need not have the ability to form relationships with all relevant groups in order to be eligible for Navigator funding; for example, an entity that can effectively conduct outreach to rural areas may not be as effective in urban areas.

We further propose in paragraph (b)(1)(iii) that a Navigator must meet any licensing, certification or other standards prescribed by the State or Exchange, as appropriate, consistent with section 1311(i)(4)(A) of the Affordable Care Act. This will allow the State or Exchange to enforce existing licensure standards (such as verifying that agents who seek to be Navigators are licensed), certification standards, or regulations for selling or assisting with enrollment in health plans and to establish new standards or licensing requirements tailored to Navigators (such as participating in periodic trainings), as appropriate.

We further propose in paragraph (b)(1)(iv) that any entity that serves as a Navigator may not have conflict of interest during the term as Navigator. We specify ``during the term as a Navigator'' because we want to ensure that an entity that might have formerly had a conflict would not be excluded from consideration if that conflict no longer exists. We clarify that these standards would not exclude, for example, a non-profit community organization that previously received grant funding from a health insurance issuer from serving as a Navigator. We seek comment on whether we should propose additional requirements on Exchanges to make determinations regarding conflicts of interest.

Section 1311(i)(2)(B) of the Affordable Care Act identifies entities which may be eligible to serve as Navigators, including ``other entities'' pursuant to section 1311(i)(2)(B) insofar as they meet the requirements of section 1311(i)(4). In paragraph (b)(2), we propose that the Exchange include at least two of the types of entities listed in Section 1311(i)(2)(B) as Navigators. We seek comment as to whether we should require that at least one of the two types of entities serving as Navigators include a community and consumer-focused non-profit organization, or whether we should require that Navigator grantees reflect a cross section of stakeholders. We note that Indian tribes, tribal organizations, and urban Indian organizations may be eligible, along with State or local human service agencies.

In paragraph (c), we codify the statutory prohibitions on Navigator conduct in the Exchange. Consistent with 1311(i)(4) of the Affordable Care Act, health insurance issuers are prohibited from serving as Navigators and a Navigator must not receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any qualified individuals or qualified employees in a QHP. Such consideration includes, without limitation, any monetary or non-monetary commission, kick-back, salary, hourly-wage or payment made directly or indirectly to the entity or individual from the QHP issuer. These provisions would not preclude a Navigator from receiving compensation from health insurance issuers in connection with enrolling individuals, small employers or large employers in non-QHPs. We seek comment on this issue and whether there are ways to manage any potential conflict of interest that might arise.

In paragraph (d), we set forth the minimum duties of a Navigator. The Exchange may require that a Navigator meet additional standards and carry out duties so long as such standards are consistent with requirements set forth herein. We clarify that as part of its obligation to establish the Navigator program and oversee the grants, the Exchange must ensure that Navigators are performing their duties as required. Duties include maintaining expertise in eligibility, enrollment, and program specifications and conducting public education activities to raise awareness of the availability of QHPs.

We also propose that the information and services provided by the Navigator be fair, accurate, and impartial and acknowledge other health programs. The Affordable Care Act requires the Secretary to collaborate with the States to develop standards related to this requirement. We are considering standards related to content of information shared, referral strategies, and training requirements to include in grant award conditions. We welcome comment on potential standards to ensure that information made available by Navigators is fair, accurate, and impartial.

The Navigator must also facilitate enrollment in a QHP through the Exchange and provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman, 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. Further the Navigator must provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange. We seek comment regarding any specific standards we might issue through future rulemaking or additional guidance on these proposed requirements that we might further develop.

In paragraph (e), we codify the statutory restriction from section 1311(i)(5) of the Affordable Care Act that the Exchange is prohibited from supporting the Navigator program with Federal funds received by the State for the establishment of Exchanges. Thus, the Exchange must use operational funds generated through non-Federal sources (pursuant to section 1311(d)(5)) including general operating funds, to fund the Navigator program. If the State chooses to permit or require Navigator activities to address Medicaid and CHIP administrative functions, and such functions are performed under a contract or agreement that specifies a method for identifying costs or expenditures attributable to Medicaid and CHIP activities, the Medicaid or CHIP agencies may claim Federal funding for a share of expenditures incurred for such activities at the administrative Federal financial participation rate described in 42 CFR 433.15 for Medicaid and 42 CFR 457.618 for CHIP.

Finally, we are considering a requirement that the Exchanges ensure

that the Navigator program is operational with services available to consumers no later than the first day of the initial open enrollment period. Since consumers will likely require significant assistance to understand options and make informed choices when selecting health coverage, we believe it is important that Exchanges begin the process of establishing the Navigator program by awarding grants and training grantees in time to ensure that Navigators can assist consumers in obtaining coverage throughout the initial open enrollment period. We seek comment on this timeframe under consideration.

d. Ability of States to Permit Agents and Brokers to Assist Qualified Individuals, Qualified Employers, or Qualified Employees Enrolling in QHPs (Sec. 155.220)

Section 1312(e) of the Affordable Care Act gives States the option to permit agents or brokers to assist individuals enrolling in QHPs through the Exchange. This includes allowing agents and brokers to enroll qualified individuals, qualified employers, or qualified employees in QHPs and to assist individuals with applications for advance payments of the premium tax credit and cost-sharing reductions. We propose to codify this option under paragraph (a) of Sec. 155.220.

We note that the standards described in this section would not apply to agents and brokers acting as Navigators. Any entity serving as a Navigator, including an agent or broker, may not receive any financial compensation from an issuer for helping an individual or small group select a specific QHP, consistent with Sec. 155.210. We also clarify that the statute permits agents and brokers to assist with applications for advance payments of the premium tax credit and cost-sharing reductions.

To ensure that individuals and small groups have access to information about agents and brokers should they wish to use one, in paragraph (b) we propose to permit an Exchange to display information about agents and brokers on its Web site or in other publicly available materials.

We recognize that there are web-based entities and other entities with experience in health plan enrollment that are seeking to assist in QHP enrollment in several ways, including: by contracting with an Exchange to carry out outreach and enrollment functions, or by acting independently of an Exchange to perform similar outreach and enrollment functions to the Exchange. To the extent that an Exchange contracts with such an entity, the Exchange would need to adhere to the requirements proposed for eligible contracting entities at Sec. 155.110(a).

In the event that the Exchange contracts with such web-based entities, the Exchange would remain responsible for ensuring that the statutory and regulatory requirements pertinent to the relevant contracted functions are met. We understand that such entities may provide an additional avenue for the public to become aware of and access QHPs, but we also note that advance payments of the premium tax credit and cost-sharing reductions may only be accessed through an Exchange. We seek comment on the functions that such entities could perform, the potential scope of how these entities would interact with the Exchanges and what standards should apply to an entity performing functions in place of, or on behalf of, an Exchange. We also seek comment on the practical implications, costs, and benefits to an Exchange that coordinates with such entities, as well as any security- or privacy-related implications of such an arrangement.

Sec. 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 described in paragraph (b) of this section.

(b) Entities eligible to be a Navigator.

(1) To receive a Navigator grant, an entity must--

(i) Be capable of carrying out at least those duties described in paragraph (d) 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; and

(iv) Not have a conflict of interest during the term as Navigator.

(2) The Exchange must include entities from at least two of the 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 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.

(c) Prohibition on Navigator conduct. The Exchange must ensure that a Navigator must not--

(1) Be a health insurance issuer; or

(2) Receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any qualified individuals or qualified employees in a QHP.

(d) 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 enrollment in QHPs;

(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.

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

Sec. 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 choose to permit agents and brokers to--

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

(2) 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 Web site for the convenience of consumers seeking insurance through that Exchange.

## SECTION 1311 (i) of Affordable Care Act

### (i) NAVIGATORS.—

(1) IN GENERAL.—An Exchange shall establish a program under which it awards grants to entities described in paragraph (2) to carry out the duties described in paragraph (3).

#### (2) ELIGIBILITY.—

(A) IN GENERAL.—To be eligible to receive a grant under paragraph (1), an entity shall demonstrate to the Exchange involved 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 qualified to enroll in a qualified health plan.

(B) TYPES.—Entities described in subparagraph (A) may include trade, industry, and professional associations, commercial fishing industry organizations, ranching and farming organizations, community and consumer-focused nonprofit groups, chambers of commerce, unions, small business development centers, other licensed insurance agents and brokers, and other entities that—

(i) are capable of carrying out the duties described in paragraph (3);

(ii) meet the standards described in paragraph (4); and

(iii) provide information consistent with the standards developed under paragraph (5).

(3) DUTIES.—An entity that serves as a navigator under a grant under this subsection shall—

(A) conduct public education activities to raise awareness of the availability of qualified health plans;

(B) distribute fair and impartial information concerning enrollment in qualified health plans, and the availability

of premium tax credits under section 36B of the Internal Revenue Code of 1986 and cost-sharing reductions under section 1402;

(C) facilitate enrollment in qualified health plans;

(D) provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the Public Health Service Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or adetermination under such plan or coverage; and

(E) provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange or Exchanges.

#### (4) STANDARDS.—

(A) IN GENERAL.—The Secretary shall establish standards for navigators under this subsection, including provisions to ensure that any private or public entity that is selected as a navigator is qualified, and licensed if appropriate, to engage in the navigator activities described in this subsection and to avoid conflicts of interest. Under such standards, a navigator shall not—

(i) be a health insurance issuer; or

(ii) receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any qualified individuals or employees of a qualified employer in a qualified health plan.

(5) FAIR AND IMPARTIAL INFORMATION AND SERVICES.—The Secretary, in collaboration with States, shall develop standards to ensure that information made available by navigators is fair, accurate, and impartial.

(6) FUNDING.—Grants under this subsection shall be made from the operational funds of the Exchange and not Federal funds received by the State to establish the Exchange.

(j) APPLICABILITY OF MENTAL HEALTH PARITY.—Section 2726 of the Public Health Service Act shall apply to qualified health plans in the same manner and to the same extent as such section applies to health insurance issuers and group health plans.

(k) CONFLICT.—An Exchange may not establish rules that conflict with or prevent the application of regulations promulgated by the Secretary under this subtitle.

**Utah Health Exchange and Massachusetts Health Connector:  
Use of Navigators/Brokers  
Legislative Commission on Health Care Access – Exchange Work Group**

Presented on October 27, 2010  
Katie Cavanor, Senate Counsel

**Utah Health Exchange**

**Primary Functions:**

- Serves as a market organizer and distribution channel.
- Provides impartial information on health plans that are available in the market.
- Provides structure to the market to enable consumers to compare health plans and purchase coverage.
- Provides a standardized electronic application and enrollment system.

**General Description of Exchange:**

- Pilot exchange began in 2009 for small employers two to 50.
- Exchange is set up as a public agency (Office of Consumer Health Services) with two employees and an annual budget of \$600,000 (initial appropriation of \$600,000 used to develop software and the ongoing appropriation used to market the exchange and provide oversight). The office contracts with two vendors—one to market and enroll the employees from participating employers and one to collect the premiums from the employers and pay the insurance carriers and brokers.
- Employers sign up for the exchange by completing an online application. The application is then approved and the employer is notified of approval. The employer then determines the level of the contribution the employer will make towards the employees' health coverage. Once the employer has enrolled in a defined contribution plan, the employee uses the exchange to compare multiple health plans and pick the coverage that meets the employee's needs. The employee is instructed to complete an on-line individual health insurance application.
- Four health carriers are currently participating with 67 different health plans offered.

### **Broker Role:**

Brokers are used to educate the business community and their employees about the benefits of the defined compensation marketplace.

- In order to participate in the Health Exchange a broker must be registered with the Exchange. To be registered, a broker must:
  - Be a licensed health insurance producer – with the Utah Department of Insurance
  - Be appointed with the majority of health carriers supporting the Exchange
  - Register with Health Equity (vendor that pays the broker compensation for the exchange)
  - Complete producer training – classes approved by the Utah Department of Insurance
- Initially employers were required to designate a broker as part of the application, but this is no longer a requirement as of September 2010 for the upcoming plan year beginning January 1, 2011. Employers are encouraged to work with a broker.
- If a broker is used, the broker assists the employer in obtaining and completing the initial application form, and once the employer is approved to enter the exchange, the broker can assist the employees with the enrollment process and interact as much as the employer/employees feel necessary. Once the employer group is signed up, the broker serves the employer account just as they would any other account working as a customer service intermediary between the employer/employee and the exchange.
- Brokers selected by the participating employer receive as commission \$37 per participating employee per month. There is also an exchange fee of approximately \$6 to cover the cost of operating the exchange. If a small employer group decides not to use a broker they are still charged the \$37 but this amount goes to fund the customer interactive service center which is operated by one of the vendors and offers support 24/7 to groups participating in the exchange.

### **Massachusetts Health Connector**

#### **Primary Functions:**

- Serves as a selective contractor – contracts with a select group of health carriers and offers a limited number of health plans that meet the plan design parameters established by the administrators of the Health Connector

- Conducts outreach and advertising efforts to inform public of the opportunities and responsibilities
- Meets a number of regulatory responsibilities, including the operation of the two exchanges:
  - CommonwealthCare (an exclusive distribution channel for subsidy eligible adults)
  - CommonwealthChoice (an alternative distribution channel for individuals and small employer groups)

**General Description of the Exchanges Operated by the Health Connector:**

- The connector began in 2006 and is set up as a quasi-public agency with a public governing board established by the legislature and 45 employees. CommonwealthCare was first launched in late 2006 and CommonwealthChoice began for nongroups in 2007. A pilot program was started through the Health Connector in 2009 and offered small employers a broad range of products.
- CommonwealthCare is a subsidized program for adults who are not offered employer sponsored insurance, are not eligible for Medicare or Medicaid, and who earn up to 300 percent of FPG (\$32,084 for a family of four). Coverage is offered through five health plans. There are 185,000 members.
- CommonwealthChoice is an alternative distribution channel for unsubsidized nongroup and small employer groups connecting individuals and small employers. Coverage options are offered through seven participating health carriers. Together these plans represent about 90 percent of the commercial, licensed health insurance market. Each of the plans offered through the Health Connector by these carriers may be purchased directly from the individual carriers. There are 36,000 members—most of these are non-group members.
- Business Express program - small employers with 50 or fewer employees may purchase directly through the Health Connector's Business Express program and the Contributory Plan.

**Broker Role:**

- In Massachusetts approximately 90 percent of employers work through a broker. Most small employers purchase coverage outside of the connector.
- The Business Express program offers small employers the option of purchasing coverage through the use of a contributory plan option. This program may be purchased through a broker or the employer may access the program directly through

the Health Connector. Initially the connector limited the number of brokers who could offer this product. While this option is now available to all brokers less than 25 brokers have chosen to participate in the program. Through the program the employer sets a contribution amount and then the employees choose a health plan through the health plan options available through CommonwealthChoice.

- For brokers who participate in the program the commission was initially 2.5 percent of the total premium amount. This has since been changed to \$10 per employee per month for employers with 1 to 5 employees and 2.5 percent of the total premium amount for employers with 6 to 50 employees. Commissions for these same plans sold outside of the connector tend to be higher, in the 3-5 percent of total premium range.
- There is no difference in the premiums in terms of whether a broker is used or not, but if a broker is not used then the amount of the premium that is contributed to the broker's commission is used by the connector for administrative costs.
- Brokers who participate in the program are provided with approximately four days of training on the program.

# **Minnesota Community Application Assistance Program (MNCAA)**

Presented on October 27, 2010

Randall Chun, House Research Department

*Note: most of the information in this section is adapted from presentation slides prepared by DHS.*

## **1. General description**

- Overall goal is to help people enroll in Minnesota health care programs by providing outreach and application assistance through participating community organizations. The program is authorized under Minn. Stat. § 256.962, subd. 5.
- A community organization can be nonprofit or for-profit, must have ongoing contact with an uninsured population, and must not already receive state or federal funding for application assistance.
- Insurance brokers are allowed to participate in the program, and must meet the same requirements as community organizations.
- Individuals can obtain assistance through any community organization that serves the county in which they live.

## **2. Levels of participation**

- An organization can participate at one of three levels, with level 1 organizations subject to the most requirements and level 3 the fewest (see table that follows).
- A level 1 organization is referred to as a Minnesota Community Application Agent. A level 1 organization must, among other things, serve as an application site, assist individuals in completing the health care programs application form and in collecting all necessary documentation, offer the use of fax and copy services, and provide follow-up as needed until an eligibility decision is reached.
- A level 1 organization receives a \$25 application bonus for each applicant who is enrolled in a Minnesota health care program. The organization is allowed to provide an applicant with a gift certificate or other incentive upon enrollment.
- A level 2 organization provides information and referrals for application assistance, and may help with a portion of the application form, but usually does not assist with the entire application process, and is not eligible for the application bonus.
- A level 3 organization helps with outreach and raising awareness in the community about Minnesota health care programs (e.g. through health fairs and group presentations), but does not assist with applications, and is not eligible for the application bonus.

### **3. Requirements for staff of level 1 organizations**

- Staff members of a level 1 organization who assist with applications must be certified by DHS as an agent by completing one day of training. The term “agent” in this context does not mean an insurance agent or broker.
- Agents are required to submit completed applications by fax to the Resource Center (described below) within 25 days of the date of application, along with other required materials and verifications. Agents enter a three digit MNCAA identification number on each application that is submitted.

### **4. MNCAA Resource Center**

- Provides various levels of support to community organizations participating in the program, with the most support being provided to level 1 organizations (see table that follows).
- Level 1 organizations, for example, receive the following support: training and presentations, site visits and technical assistance, access to a call center, outreach materials, and access to the MNCAA web site.

### **5. Program statistics (as of October 2010)**

- 120 MNCAA partners providing application assistance (level 1 organizations). One insurance broker is enrolled in the program and has been participating since 2008.
- 200 community organizations provide information and referral (level 2 organizations).
- Since 2008: participating organizations have submitted 22,839 applications for 33,286 individuals; 14,771 applicants have been successfully enrolled in a Minnesota health care program; and \$369,275 has been paid in application bonus payments to 80 organizations.

### **6. Program funding**

- Funding for the application bonuses is limited to the available appropriation.
- Funding appropriated for the 2010 to 2011 biennium was: \$160,000 from the health care access fund and \$360,000 from the general fund.
- The 2010 Legislature voided the governor’s unallotment of the \$360,000 general fund appropriation and instead eliminated the \$360,000 FY 2010 to 2011 general fund appropriation for application bonuses.
- The current FY 2011 application for application bonuses is \$160,000 from the health care access fund. This funding is being used only to provide application bonuses for new MinnesotaCare enrollees.



## Minnesota Community Application Agent (MNCAA) Program

The Minnesota Department of Human Services (DHS) works in partnership with community organizations. There are many ways for organizations to participate in reducing the number of uninsured Minnesotans.

Outlined below are the three levels of participation for community organizations. Each level of participation is defined by the amount of support provided by DHS and the resources dedicated by a community organization.

	Overview	Community Organization Role	DHS Support
<b>Level I</b>	A Level I organization is referred to as a Minnesota Community Application Agent (MNCAA) and must satisfy the highest level of expectations. A MNCAA's role in the community is to serve as an application site for those uninsured and needing assistance with the Minnesota Health Care Programs Application (HCAPP).	<ul style="list-style-type: none"> <li>• Identify the uninsured</li> <li>• Assist potentially eligible uninsured with HCAPP</li> <li>• Assist applicant to collect all documentation needed</li> <li>• Offer use of fax and copy services</li> <li>• Follow-up as needed until an eligibility decision is reached</li> </ul>	<ul style="list-style-type: none"> <li>• \$25 bonus for each applicant successfully enrolled</li> <li>• Training and presentations</li> <li>• Site visits and technical assistance</li> <li>• Call center for questions</li> <li>• Outreach materials</li> <li>• Access to best practices</li> <li>• MNCAA web site at <a href="http://www.dhs.state.mn.us/mncaa">www.dhs.state.mn.us/mncaa</a></li> </ul>
<b>Level II</b>	A Level II organization provides materials and referrals for application assistance to any suspected or identified uninsured person they encounter. Some organizations may choose to help with a portion of the HCAPP, but usually do not assist with the entire application process.	<ul style="list-style-type: none"> <li>• Supply uninsured with the HCAPP</li> <li>• Offer referrals to application sites in the community</li> <li>• Display materials about insurance options</li> </ul>	<ul style="list-style-type: none"> <li>• Presentations and site visits</li> <li>• Outreach materials</li> <li>• Access to best practices</li> <li>• Some call center support</li> <li>• MNCAA web site at <a href="http://www.dhs.state.mn.us/mncaa">www.dhs.state.mn.us/mncaa</a></li> </ul>
<b>Level III</b>	A Level III organization helps to raise awareness in the community but does not assist with applications. These are people or agencies that spread information about Minnesota Health Care Programs through periodic awareness events in the community, health fairs and group presentations.	<ul style="list-style-type: none"> <li>• Conduct periodic awareness events</li> <li>• Offer referrals to application sites in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Presentations and site visits</li> <li>• Outreach materials</li> <li>• MNCAA web site at <a href="http://www.dhs.state.mn.us/mncaa">www.dhs.state.mn.us/mncaa</a></li> </ul>

For more information about the MNCAA program or the three levels of participation:

### Minnesota Department of Human Services – MNCAA Resource Center

Phone: (651) 431-4448  
 Toll Free: (866) 468-6648  
 Fax: (651) 431-7572  
 MN Relay: 711 or (800) 627-3529  
 E-mail: [dhs.mncaa@state.mn.us](mailto:dhs.mncaa@state.mn.us)

## **Other Enrollment Assistance Available to Minnesota Health Care Program Applicants**

### **1. Minnesota Senior LinkAge Line**

- A free statewide information and assistance phone service operated in all 87 counties by the Area Agencies on Aging.
- The program provides assistance in planning for and accessing long-term care services, including but not limited to, help in applying for Medicare and MA, and health insurance counseling.
- The program is also required to provide application assistance to Medicare enrollees who apply for a Medicare prescription drug program low-income subsidy, and who allow the Social Security Administration to transfer application information to DHS in order to allow DHS to determine eligibility for Medicare Savings Programs (under which MA pays for certain Medicare cost-sharing) or the regular MA program. Applicant information is also provided to the Senior LinkAge Line. Senior LinkAge Line staff attempt to call these individuals and provide assistance with completing the Minnesota health care programs application.

### **2. County human services agencies**

- Counties administer MA and GAMC under the supervision of DHS, and have the option of also processing MinnesotaCare applications.
- Counties are required to accept and process applications, and periodically re-evaluate recipient eligibility. Counties are also required to assist applicants who have difficulty completing an application or obtaining required documentation.

### **3. Authorized representatives**

- Applicants and enrollees may designate an authorized representative, such as a family member, friend, attorney, or health care provider, to act on behalf of the applicant or enrollee. An authorized representative, could, for example, provide assistance in completing a Minnesota health care programs application or renewal and obtaining required verifications.

## Pros and Cons of Possible Exchange Options Regarding Navigators

Presented on October 27, 2010

Tom Pender, House Research Department

Option	Pros	Cons
Permit navigators to specialize in certain types of enrollees or certain types of products, such as in subsidized or unsubsidized enrollees, or in individual or group products	<ul style="list-style-type: none"><li>• Could lead to more competent advice based on specialized expertise.</li><li>• Might attract more potential navigators.</li></ul>	<ul style="list-style-type: none"><li>• Could lead to a fragmented hard-to-navigate system.</li><li>• Eliminates the one-stop shopping concept.</li></ul>
Structure grant payments to reward high performance, high-volume of assistance, or successful outreach to potential enrollees	<ul style="list-style-type: none"><li>• Could provide beneficial incentives to navigators</li></ul>	<ul style="list-style-type: none"><li>• Could lead to complex grant negotiations and limit participation by navigators.</li></ul>
Limit the number of navigators	<ul style="list-style-type: none"><li>• Would reduce costs of supervision, especially of low-volume navigators</li></ul>	<ul style="list-style-type: none"><li>• The selection criteria would be controversial</li></ul>