

## Navigator, Agent & Broker Workgroup

Non-SHOP Experience: Levels of Service Recommendations - **DRAFT**

09042012 v4

### 1. Outreach, Inreach and Education

Provide services in a wide variety of organizational settings across Minnesota in culturally and linguistically appropriate contexts to targeted populations and establish trusted relationships within the community. (Specific populations TBD – i.e. uninsured, underinsured, under-resourced, highest disparity, part-time and full-time employees without insurance, etc.)

#### 1.1 **Connect**

- **Attend** community events, health fairs, sporting events, corporate and non-profit events (i.e. National Night Out); Share and provide on-site assistance.
- **Network** within organization and with other organizations to provide assistance information – schools, providers, faith organizations, etc.
- Establish **referral** relationships within organizations
- Display / utilize/share/distribute “**marketing materials**” / information about exchange /coverage options, PSA, Public Awareness Campaigns (TBD)

#### 1.2 **Inform**

- Availability of coverage
- Value of coverage
- Where and how to apply

#### 1.3 **Educate**

- Coverage options (Qualified Health Plans and Medicaid/CHIP)
- Application processes required (actual help with application is covered in number 3)
- Mandate requirements and exemption criteria

### 2. Assessment of Need

Administer utilizing an “intake tool” to assess needs for all individuals, including all persons who reside in a household. Provide “soft” referrals with appropriate data sent to receiving agency or party. Assessments are optional – the challenge for the HIX is to avoid using what may be perceived as stigmatizing language. Process will be used to assess additional service options or needs. *(Isn't this or should this be part of the guiding principle of the Exchange?). There will be a screening tool in the HIX to help identify possible eligibility for additional public health care eligibility. There will be an evolution of functionality to provide internal assessment tools and/or direct links to other resources (i.e. “Bridge to Benefits”)*

#### 2.1 **Eligibility for the Exchange**

- Refer non-eligible consumers to appropriate support services/programs for further assistance (e.g. free health clinics)

#### 2.2 **Needs Criteria / Input**

- Individual Needs:
  - *Income*
  - *Health Risks*
  - *Dependents*
  - *Demographics / Physical Location*
  - *Provider*

- *Timeline*
- *Process*
- Household Needs: (are there unique needs other than those listed above?)
  - “Mixed-status” on immigration (i.e. a parent is undocumented but the child is citizen and eligible for Medicaid)

**2.3** ***Non-medical Referrals*** (Note: conflict of interest issues with referral for specific services) Determine what will be minimum information requested during screening; can we develop 3 – 4 possible questions which based upon answer, would refer to successful programs or services versus attempting to cover and make soft referrals for all non-health related social programs?

- Life Insurance
- Disability
- Long-term Care
- Liability Insurance
- SNAP
- Housing
- Cash Assistance
- Residency

**2.4** ***Data Gathering***

- Information / verification needs

### **3. Enrollment Assistance (3) & Application Assistance (5)**

Directly collect individual information required to determine eligibility for QHP subsidies or Medicaid. Assist with entering, assisting the entry or overseeing the entry of information into enrollment tools and resources, including final submission of information. (“Enrolling” is intended to focus activity on the physical mechanics of enrolling individuals, including properly utilizing the appropriate decision support tools, resources and data to perform this function).

Plan Selection may also occur depending upon the individual or group being serviced. Active/passive referral and information for assistance options for those not eligible to use the exchange (e.g. citizenship, residency, barriers). Consider adding: Retention for post enrollment and renewal activities; follow up to ensure successful enrollment, determine utilization status, identify barriers and work with them to resolve issues.

**3.1** ***Functional Capacity***

- On-line decision support tools
- Needs (e.g. distance to provider, medical specialty)
- Levels of Support
  - Explanation of quality indicators
  - Cost-sharing differences
  - Assistance with locating current doctors within plan options
  - Explanation of how to access care once enrolled
  - Soft referral to expert if potential utilization requires more in-depth, personalized advice

**3.2(5.1)** ***Gather Data***

- Documentation necessary for verification (i.e. pregnancy, reasonable compatibility)

**3.3(5.2)** ***Confirm***

- Application submission
- Required information/documentation submitted

**3.4(5.3)** ***Document*** (online, paper, etc.)

- Information
- Processes

#### 4. Plan Selection Support

##### 4.1 **Advise**

- Utilize decision tools within the Exchange

##### 4.2 **Cost Sharing**

- Plan deductibles
- Co-insurance
- Copays
- Out of pocket maximum

##### 4.3 **Utilization** (how often the client utilizes their health care (e.g. number of co-pays) which impacts overall cost)

- Drug Formularies
- Provider Network Participation
- Specific Treatment Needs
- Quality and Financial Ratings
- Other Policy Provisions

#### 4. **Plan Comparison**

- Provide / view specific plan details, i.e. benefit variations
- Filter Options (customize plan comparison based upon individual priorities)
  - Metal Tier levels (platinum, gold, silver, bronze)
  - Quality ranges
  - Providers – specialty care, pharmaceutical, dental, eye care
- Total Cost Estimation
  - Utilization
  - Health Status

#### Questions to consider:

- What are the different needs and levels of support between enrollment selection for Medicaid ManagedCare options and QHPs? What level of functional capacity will the HIX contain that addresses this need (e.g. on-line decision support tools)?
- Which population to target (or possibly prioritize) within each area – uninsured, MA/Public Programs, Individuals, etc.?
- What are the decision points delineating the differences between service activities of Enrollment Assistance and Plan Selection Advice?
- Should the Exchange determine or evaluate eligibility of consumers for non-health related programs / services OR refer to various programs that may seem appropriate? Perhaps this could be a future enhancement of the HIX?
- Where does ‘follow-up’ fit into this matrix? For example – not enough information is provided or the information is inconsistent or it is discovered through the Exchange more follow up or information is needed?

- Small business versus individual – are there enough differences to warrant using different levels of Navigators (bifurcated tiers of the Navigator role)? Keep in mind – the role of the “Navigator” is to provide information about all coverage options available within the Exchange. It is a goal of the HIX to present information about Medicaid and QHPs in a manner that does not create silos information between public and commercial plans, thus allowing consumers to enroll in whatever program for which they, and members of their household are eligible.
- Enrollment versus Education: should these LOS’s be separated to address the differences in knowledge and /or expertise (as well as potential differing levels of outreach/inreach support) to conduct successfully?
- Should we create a baseline of knowledge or expertise of the ‘Navigator’ enabling them to at minimum, direct the consumer to programs such as ‘Bridge to Benefits’? What constitutes that baseline knowledge?
- If it is reasonable to consider the possibility of two entities coming together and presenting a business plan to the State for offering Navigator, agent, broker services to the Exchange, how do we incorporate this into the plan? Would this be included in the application / grant process?

### Considerations:

Types of Outreach, specific roles, tools utilized, knowledge and expertise, types of information, etc. will be different per targeted population in each area - e.g. uninsured, Medicaid/Public Programs, Individuals and Small Groups. Propose that the HIX determine ‘basic’ tools for everyone for October 2013, and then develop further for the next phase of Exchange development? Or define per area to increase success rate?