

Health Insurance Exchange Navigator Program Overview

Minnesota Community Action Partnership

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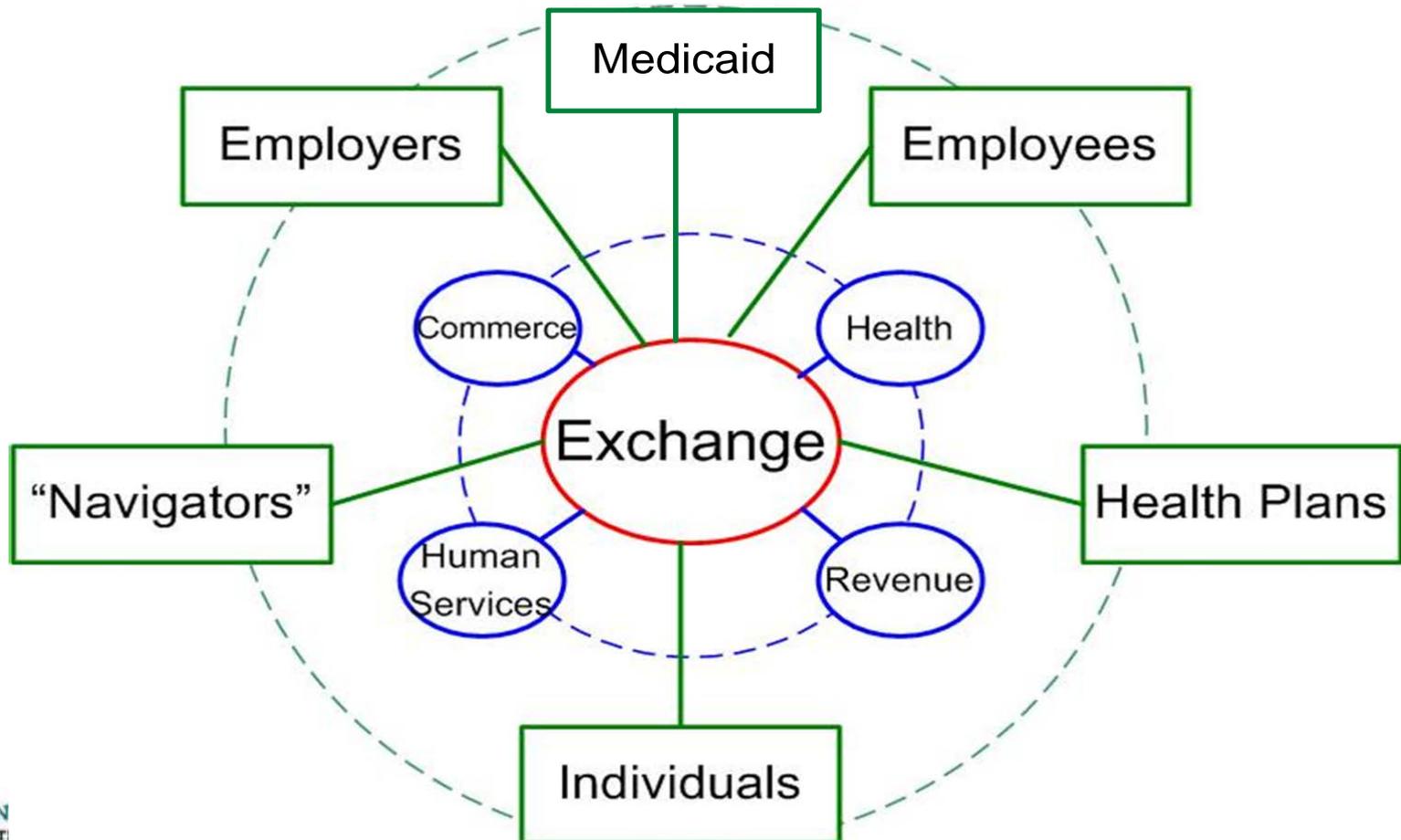


Overview

- What is an Exchange?
- Timeline
- Planning Grants
- Exchange Task Force
- Navigator Program

What is an Exchange?

An organized competitive marketplace (one stop shop) to facilitate and simplify the comparison, choice, enrollment, and purchase of health care coverage for individual consumers.



Why an Exchange?

To foster a more competitive and simplified marketplace for consumers to access health care coverage with greater market incentives for competition on quality and cost. To address some of the barriers to competition in the market:

- **Provide Transparent Comparison Information:** Price/cost, quality, benefit, and network/provider information not easily available today. Exchange provides the simplicity of a “one stop shop” and transparent comparative information.
- **Engage Consumers:** Most consumers are not responsible for insurance choice or cost today. In Exchange, individuals and employees are responsible for coverage choice and price differential from individual subsidy or employer defined contribution.
- **Facilitate Mobility and Portability:** Many consumers are not free to change or maintain a plan that they like or dislike. Exchange allows consumers to change or maintain plans and keep the tax benefits of employer-based coverage.
- **Determine Eligibility for Medicaid (Modified Adjusted Gross Income – MAGI):**Initial implementation will provide eligibility and enrollment functionality for MAGI Medicaid population.

Exchange Components: Functions

- Certify which insurers and benefit plans are qualified for participation
- Operate a toll-free hotline and website for providing information
- Provide standardized comparative information on insurers and benefit plans
- Set up open enrollment and special enrollment periods
- Determine eligibility for individual and employer subsidies
- Determine eligibility for Medicaid and facilitate enrollment
- Facilitate eligibility and enrollment using a uniform format in “real-time”
- Make an electronic calculator available to display the cost of coverage
- Communicate with employers regarding employee subsidy eligibility, cancelation of coverage
- Use an electronic interchange to share information with state and federal agencies to determine eligibility, amount of subsidies, determine exemptions from coverage requirements, etc.
- Establish a “Navigator” program

Timeline

- **2011:** Receipt of federal Exchange planning grant funding in January and August.
- **2011 to January 1, 2013:** Timeframe to evaluate Exchange requirements and options and make significant progress on implementation
- **January 1, 2013:** State must prove to HHS that Exchange can be operational by January 1, 2014
- **Summer 2013:** Populate health plan products and ratings in Exchange
- **Fall 2013:** Open enrollment
- **January 1, 2014:** Coverage through Exchange starts

Exchange Planning Grant

In February 2011, Minnesota received a \$1 million planning grant from the federal government to fund the initial stages of planning a health insurance exchange.

In August 2011 Minnesota received a \$4.2 million grant to advance planning activities. Both grants are administered by the Minnesota Department of Commerce.

- **Purpose of planning grant for states is:**
 - Analyze the impact of Exchange requirements and options
 - Estimate the level of upfront and ongoing funding for implementation and operation
 - Determine whether to establish an Exchange or defer to federal government
 - Develop a work plan and budget for federal implementation funds if the state decides to establish an Exchange
- **Main components of planning grant include:**
 - Background Research
 - Stakeholder Engagement
 - Program Integration
 - Resources and Capabilities
 - Governance
 - Financing
 - Technical Infrastructure
 - Business Operations
 - Legal and Regulatory



Exchange Task Force

- The Health Insurance Exchange Advisory Task Force advises the Commissioner of Commerce on the design and development of a Minnesota Health Insurance Exchange.
- The task force consists of 15 members appointed by Commissioner to represent a balance of interests, including consumers, employers, labor, health care providers, health insurers, Medicaid, agents and those with experience navigating health plan enrollment, and experts in public and private health care markets and public health improvement.
- Task force receives technical assistance from work groups
 - Governance
 - Finance
 - IT and Operations
 - Individual Eligibility
 - Adverse Selection & Encouraging Market Competition/Value
 - Navigators and Agents/Brokers
 - Tribal Consultation
 - Small Employer and Employees
 - Measurement and Reporting
 - Outreach, Communications & Marketing



Exchange Task Force

- Four work groups (Governance, Finance, Adverse Selection, Navigators and Agents/Brokers) submitted technical input to task force in December 2011
- Task force created initial set of recommendations in January 2012
- Additional work groups will start work in 2012 and provide ongoing technical assistance

Navigator Program

- Workgroup initial topic areas for 2011
- ACA navigator program requirements
- Current landscape
- Exchange task force recommendations

Workgroup Initial Topic Areas for 2011

- Roles and responsibilities of navigators/brokers Should there be different levels?
- What certification/licensure should be required of navigators/brokers? Should there be different levels?
- How should navigators/brokers be compensated? Should there be different levels and types of compensation?

ACA navigator program requirements

- ACA requires insurance exchange to establish a program to provide funding to entities/individuals to:
 - Maintain expertise in eligibility, enrollment, and program specifications and conduct public education to raise awareness of the exchange
 - Distribute fair and impartial information
 - Facilitate enrollment in qualified health plans
 - Provide enrollee with referral to appropriate entity for grievance, complaint or question regarding health plan, coverage, or eligibility determination
 - Provide fair and impartial information to populations served by exchange in a culturally and linguistically appropriate manner

ACA navigator program requirements

- Must have existing relationship, or could readily establish relationship, with:
 - employers;
 - Employees;
 - Consumers (insured and uninsured); or
 - Self-employed
- Must meet licensing, certification or other standards established by the State or Exchange

ACA navigator program requirements

Types of entities eligible to participate:

- 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
- Licensed insurance agents and brokers
- Other public or private entities capable of meeting all requirements and standards established for navigators such as,
 - Indian tribes, tribal organizations, and urban Indian organizations
 - State or local Human Service Agencies

ACA navigator program requirements

- A Navigator shall not:
 - Be a health insurance issuer; or
 - Receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individual through the exchange
- Funding
 - Payments to navigators must come from Exchange operational funds, not federal funds used to establish the Exchange

Current Landscape

Segment	Uninsured	Public Programs	Commercial Individual	Commercial Group
	9 %	29 %	62 %	
<p>Percent of MN Market* 2009</p> <p><small>*Source: MDH Health Economics Program and University of Minnesota School of Public Health, Minnesota Health Access Survey 2009</small></p>	<p>Approximately 9% (~478,000) uninsured.</p> <ul style="list-style-type: none"> •Estimated that over half were potentially eligible for public coverage •Estimated 2/3 been w/o coverage \geq 1 year 	<p>Approximately 29% (~1,509,000) had coverage through public programs (e.g. Medicare or one of the state public programs.</p>	<p>Approximately 5% (~269,000) purchased coverage directly through the individual market.</p> <ul style="list-style-type: none"> •Estimated 30,000 on MCHA 	<p>Approximately 57% (~3,043,000) obtained health insurance coverage through an employer.</p>
<p>Percent of MN Market* 2008</p> <p><small>*Source: MDH Health Economics Program</small></p>	<p>Approximately 7% uninsured</p>	<p>Approximately 26% had coverage through public programs (14.4% Medicare; 8.4% Medical Assistance; 2.2% MinnesotaCare; 0.6% General Assistance Medical Care)</p>	<p>Approximately 5% purchased coverage directly through the individual market.</p>	<p>Approximately 62% obtained health insurance coverage through an employer.</p> <ul style="list-style-type: none"> •54% Large group •8% Small group
<p>Entities Providing Services</p>	<ul style="list-style-type: none"> •Non-profits •MN Community Application Agent (MNCAA) -Human Services Agencies -Schools -Tribal Organizations -Providers -Human Services Agencies -Insurance brokers -Providers 	<ul style="list-style-type: none"> •County Human Services Agencies •Tribal Governments •MN Community Application Agent (MNCAA) 	<ul style="list-style-type: none"> •Brokers •Agents <p>There are 52,103 individuals with MN license to assist individuals in the purchase of Medical Insurance. The level of participation in the Licensed Producers is unknown.</p>	<ul style="list-style-type: none"> •Brokers •Agents



Task Force Recommendations

- The Navigator program should support the creation of different Navigator roles, with appropriate responsibilities, designed to address the specific needs of the particular populations served by the Exchange. The Navigator program should be structured to support different Navigator roles designed to address the specific needs of diverse populations, in particular those experiencing the highest levels of uninsurance and the worst health disparities. This set of roles includes the role played by agents/brokers.

Task Force Recommendations

- The Navigator program should develop certification/training requirements that align with the defined Navigator roles and level of service provided. This process should support sufficient Navigator capacity and allow for different entities to serve in any of the Navigator roles, based on ability to meet the established requirements
- The Navigator program should leverage existing infrastructure and current relationships while also seeking to fill significant “gaps” in the current system

Task Force Recommendations

- Because of their existing relationships with populations that experience health disparities, Navigator services should include those available in community-based organizations such as, but not limited to, neighborhood and ethnic organizations, faith-based organizations, community health clinics, community mental health care centers, Indian health care centers, consumer advocacy groups, and culturally-specific human service providers
- Compensation levels for Navigators should align with the different types of services being offered within each Navigator role and provide flexibility for performance based compensation models

Task Force Recommendations

- The Navigator program should ensure that consumers are seamlessly transitioned between different Navigator roles, if needed, to prevent gaps in service delivery. The Exchange will serve a diverse group of consumers in different eligibility groups and insurance markets such as Medicaid, the individual market (with and without premium tax credits), and the small group market. Some individuals may shift eligibility between Medicaid, the individual market (with or without premium tax credits), and the small group market. Navigators should provide services that support individuals whose circumstances and eligibility may change over time. Due to the unique needs of consumers, employers, and communities using the Exchange, the Navigator program should utilize Navigators with the expertise to meet the needs of each group and ensure a seamless experience to ensure no one falls through the cracks.

Task Force Recommendations

- Funding decisions for the Navigator program should be made in a timely manner to allow for an evaluation of the amount of resources available and the appropriate allocation of those funds to meet program priorities.
- The Navigator program should be consumer focused and determine program priorities based on the needs of consumers, including those who are most likely to face barriers to successful enrollment.

Task Force Recommendations

- The Navigator program must be developed to ensure that Navigators do not directly or indirectly benefit from enrolling individuals or small employers in one insurer over another.
- Outreach is a critical function of Navigators, and development of the Navigator program should be undertaken in close concert with planning for outreach and marketing.