

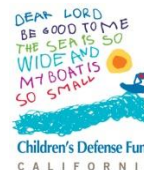
Statewide Guiding Principles for Consumer-Focused Navigators in California

October 11, 2011

Developed By:



CHILDREN NOW



In Collaboration With:



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Background: The intent of the Exchange navigator program in the Affordable Care Act (ACA) is to support the Exchange as a “no wrong door” access point for consumers, regardless of their income or eligibility for public programs, subsidized coverage, or non-subsidized coverage. Federal guidance to the Exchanges is in process, and the notice of proposed rulemaking outlines the basic standards for navigator programs and proposes flexibility to states in developing these programs.ⁱ Final federal regulations are expected later this year.

Purpose: California should use the flexibility granted in the ACA to develop a navigator program within the California Health Benefit Exchange (HBEX) that best protects and serves children, families, adults, small businesses (including self-employed consumers), and those eligible for public programs in California. To that end, we recommend the guiding principles below to ensure a program with consumer-focused navigators in California.

In developing these principles, we envision a robust HBEX navigator program in which a variety of entities could be eligible to receive navigator grants,ⁱⁱ including trade, industry, and professional associations, community and consumer-focused groups, chambers of commerce, unions, licensed insurance agents and brokers, schools, public health departments, hospitals and health centers, and other entities. It will be of particular importance to include as navigators those entities that have established relationships and trust in under-served communities.

As outlined in the ACA, navigator entities should:

- Be capable of carrying out required navigator duties;
- Meet the federal standards established by the Secretary (that will ensure any private or public entity that is selected as a navigator is qualified/licensed appropriately to engage in navigator activities and to avoid conflicts of interest);
- Provide information to consumers that is fair, accurate, and impartial; and
- Demonstrate existing relationships, or the ability to readily establish relationships, with employers and employees, consumers, or self-employed individuals likely to enroll in the Exchange.

Recommended Guiding Principles for Consumer-Focused Navigators:

1. **Duty to the Consumer.** Navigators have a duty to first serve the consumer in their role as navigator; this includes the prohibition against “steering” a consumer toward or away from any particular coverage option for the purpose of maximizing financial benefit to the navigator, and ensuring that navigators handle all sensitive and protected personal consumer health information in accordance with applicable privacy laws. As stipulated by the ACA, navigators may not receive any financial consideration directly or indirectly from a health insurance issuer for enrollment in a qualified health plan.
2. **Accountability and Oversight.** All navigators are required to provide “fair and impartial information” and will be accountable, through the navigator entity or otherwise, to the Exchange or another designated state entity, as appropriate. Appropriate procedures and processes will need to be developed to ensure navigators are subject to suitable accountability measures and that a consumer who is harmed by a navigator’s error or omission has sufficient recourse.
3. **Health Care Expertise Across the Full Range of Coverage Options.** All navigators must demonstrate competency with and knowledge of both qualified health plans and public health coverage programs, as well as the relevant enrollment processes and eligibility requirements, including proficiency with the income calculation(s) for determining eligibility for public programs and federal tax credits/subsidies. However, it may be desirable for some navigators to specialize their activities on specific functions or populations.

4. **Training and Certification.** All navigators must meet training and certification standards:
 - a. Initial training that covers both public and private health coverage options (e.g., qualified health plans in the Exchange, including the availability of premium tax credits and cost-sharing limits for those eligible; Medi-Cal; Healthy Families; Medicare; COBRA; ERISA; etc.).
 - b. An ongoing annual training requirement to ensure that navigators are up-to-date on programs, plans, and eligibility and enrollment systems.
 - c. Certification that ensures those providing navigator services meet specific quality and other standards.

5. **Independence and Disclosure.** All navigators must perform their navigation scope of work independently of any relationship they have with a health insurance issuer, impartially, and within professionally-accepted ethical standards. To avoid conflicts of interest, a navigator shall be required to provide to all consumers with whom they interact a clear and concise description both of the services they can perform for consumers and disclosure of how they will be paid for those services. Consumers should also be informed that they may select or change navigators at any time.

6. **Full Range of Services.** Navigator entities must provide the full range of services outlined in the Affordable Care Act to help consumers “navigate” the health care arena including, but not limited to:
 - a. Educating consumers about private and public health care options in plain language, including the value of the different “metal” tiers in the Exchange, the availability of premium tax credits and cost-sharing subsidies, the individual mandate including the penalties for failure to comply with it, and the availability of public programs for those at the lowest income levels.
 - b. Providing fair and impartial information about selection among the qualified health plans in the Exchange, including benefit level options, implications of cost-sharing, and the applicability of premium tax credits or subsidies, as well as eligibility for public programs.
 - c. Facilitating enrollment in qualified health plans through application assistance, which may include troubleshooting during the enrollment process, and verification of successful enrollment, as well as assistance during times of renewal or during coverage transitions that arise when income or other life circumstances change.
 - d. Providing consumer assistance in areas such as how to utilize health coverage benefits and offering referrals to the ombudsman program or to another appropriate agency for those with grievances, complaints, or questions about their health plans, coverage, or determinations.

7. **Cultural and Linguistic Competency.** Navigator entities must demonstrate expertise and cultural competency in assisting populations served by the Exchange or by public health coverage programs, including communities of color and vulnerable populations, such as low-income families, individuals who are not functionally literate or have low-English literacy, families of individuals with special health care needs, individuals with physical or mental disabilities, and individuals with substance-abuse issues.

A Note on Navigator Financing: Many unresolved questions and issues remain with respect to the financing of the navigator program. As such, the financing of the navigator program should be determined through the appropriate stakeholder process that will develop the navigator program. However, to best serve consumers, we propose that the navigator program should identify a **transparent compensation model** that provides a **fair market payment** to a navigator entity through a **formal grant process**, and that regardless of the plan design or health insurance issuer chosen by the consumer, **navigator compensation should not vary**. In addition, we support the exploration of **funding sources** for the navigator program, including funds to specifically support navigator activities related to public programs such as Medi-Cal and Healthy Families, and in under-served communities.

ⁱ Comments on the notice of proposed rulemaking must be submitted to the Office of Consumer Information and Insurance Oversight by October 31, 2011.

ⁱⁱ An important distinction must be made between the “navigators”, who are individuals that will perform the navigator functions and activities, and the “navigator entities” that will oversee the navigators and receive grants to support navigator activities.