

ASSISTERS PROGRAM DRAFT STATE REGULATIONS STAKEHOLDERS' WEBINAR

California Health Benefit Exchange | May 3, 2013 | 9:30am – 11:00am



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California Health Benefit Exchange Vision, Mission and Values

The vision of the California Health Benefit Exchange is to improve the health of all Californians by assuring their access to affordable, high quality care.

The mission of the California Health Benefit Exchange is to increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

The California Health Benefit Exchange is **guided by the following values:**

- **Consumer-focused:** At the center of the Exchange’s efforts are the people it serves, including patients and their families, and small business owners and their employees. The Exchange will offer a consumer-friendly experience that is accessible to all Californians, recognizing the diverse cultural, language, economic, educational and health status needs of those we serve.
- **Affordability:** The Exchange will provide affordable health insurance while assuring quality and access.
- **Catalyst:** The Exchange will be a catalyst for change in California’s health care system, using its market role to stimulate new strategies for providing high-quality, affordable health care, promoting prevention and wellness, and reducing health disparities.
- **Integrity:** The Exchange will earn the public’s trust through its commitment to accountability, responsiveness, transparency, speed, agility, reliability, and cooperation.
- **Partnership:** The Exchange welcomes partnerships, and its efforts will be guided by working with consumers, providers, health plans, employers and other purchasers, government partners, and other stakeholders.
- **Results:** The impact of the Exchange will be measured by its contributions to expanding coverage and access, improving health care quality, promoting better health and health equity, and lowering costs for all Californians.

Assisters Program Guiding Principles

- Promote **maximum enrollment** of individuals into coverage;
- **Build on and leverage existing resources, networks and channels** to maximize enrollment into health care coverage, including close collaboration with state and local agencies, community organizations, businesses and other stakeholders with common missions and visions;
- Consider where eligible populations **live, work, and play**. Select tactics and channels that are based on research and evidence of how **different populations can best be reached** and encouraged to enroll and, once enrolled, retain coverage;
- Marketing and outreach strategies will reflect and target the **mix and diversity of those eligible for coverage**;
- Establish a **trusted statewide Assisters Program that reflects the cultural and linguistic diversity of the target audiences and results in successful relationship and partnerships**;
- Ensure that **Assisters are knowledgeable** of both subsidized and non-subsidized health coverage and qualified health plans and that Assisters are **equipped with the information and expertise needed to successfully enroll individuals into coverage**; and
- Continue to learn and adjust strategies and tactics based on input from our national partners, California stakeholders, on-going research, **evaluation and measurement of the programs' impact on awareness and enrollment**.

Key Components to Success



Assisters Program

Draft Proposed State Regulations

- Were guided by the:
 - ✓ Affordable Care Act
 - ✓ Interim final Federal Regulations (published March 27, 2012)
 - ✓ Federal Blueprint activities issued by the Center for Consumer Information and Insurance Oversight (CCIIO)
 - ✓ Recently proposed Federal Regulations (published on April 5, 2013)

Assisters Program Proposed Regulations

Article and Sections of the Assisters Program Draft Proposed State Regulations:

Article 8: Assisters Program	
Sections:	Table of Contents:
§ 6570	Definitions
§ 6572	Assister Enrollment Entities
§ 6574	In-Person Assistance Program
§ 6576	Navigator Program
§ 6578	Individual Assisters
§ 6580	Assister Fingerprinting and Criminal Record Checks
§ 6582	Training Standards [Reserved]
§ 6584	Appeals Process
§ 6586	Roles & Responsibilities
§ 6588	Code of Conduct [Reserved]
§ 6590	Compensation

Assisters Program Proposed Regulations

Selected Definitions from § 6570

Assister Enrollment Entities: Organizations eligible to be trained and registered by the Exchange in order to provide one-on-one consumer assistance. Assister Enrollment Entities shall be registered either in the Navigator Program or the In-Person Assistance Program, but not both.

Consumer: A person or entity seeking information on eligibility and enrollment or seeking application assistance with a health insurance or health related product available through the Exchange. The term consumer includes, but is not limited to, an applicant, an application filer, authorized representative, employer, qualified employee, qualified employer, qualified individual, small employer, or enrollee as defined in Section 6410 of Title 10 of the California Code of Regulations.

In-Person Assistance Program (IPA Program): The Program whereby Assister Enrollment Entities (AEE) may be compensated for successful enrollment of consumers in the Exchange.

Individual Assister: An individual employed, trained, certified and linked to an Assistance Assister Enrollment Entity to provide consumers with one-on-one assistance.

Individual Navigator: An individual who is employed, trained, certified, and linked to an Assister Enrollment Entity in order to provide one-on-one consumer assistance. Navigators must meet the standards established in Section 1311(i) of the Affordable Care Act and any accompanying regulations promulgated by the Secretary of Health and Human Services.

Navigator Program: The Program whereby Assister Enrollment Entities are awarded grants for conducting outreach, education, and enrollment assistance to consumers on a one-on-one basis. The Navigator Program must meet the standards established in Section 1311(i) of the Affordable Care Act and any accompanying regulations promulgated by the Secretary of Health and Human Services.

Outreach & Education: The programs and activities associated with targeting and increasing awareness of potential consumers about the Exchange.

Assisters Program Proposed Regulations

Entities Eligible to be Assisters per § 6572	Eligible for Compensation per § 6572 (Yes/No)
Agents and Brokers as defined in Section 6410 of Title 10 of the California Code of Regulations	No
American Indian Tribe or Tribal Organizations	Yes
Attorneys (e.g., family law attorneys who have clients that are experiencing life transitions)	Yes
Chambers of Commerce	Yes
City Government Agencies	Yes
Commercial fishing, industry organizations	Yes
Community Clinics	Yes
Community Colleges and Universities	Yes
County Health Department that provide health care services to consumers	No
Faith-Based Organizations	Yes
Hospitals	No
Indian Health Facilities Services	Yes
Labor Unions	Yes
Non-Profit Community Organizations	Yes
Providers	No

Assisters Program Proposed Regulations

Entities Eligible to be Assisters per § 6572	Eligible for Compensation per § 6572 (Yes/No)
Ranching and farming organizations	Yes
Resource partners of small businesses	Yes
School Districts	Yes
Tax Preparers	Yes
Trade, industry, and professional organizations	Yes
Other public or private entities or individuals that meet the requirements of Section 6574 and 6576 of this article	TBD

Assisters Program Proposed Regulations

Summary of § 6574 In-Person Assistance Program

(a) Types of Organizations Ineligible for Compensation by the Exchange

- 1) Health insurance issuers or stop loss insurance issuers;
- 2) Subsidiaries of health insurance issuers or stop loss insurance issuers;
- 3) Associations that include members of, or lobby on behalf of, the insurance industry;
- 4) Recipients of any direct or indirect consideration from any health insurance issuer or stop loss insurance issuer in connection with the enrollment of any individuals or employees in a QHP or non-QHP; or
- 5) Providers, including, but not limited to, Hospitals, Clinics, and County Health Departments that provide health care services.

Assisters Program Proposed Regulations

Summary of § 6574 In-Person Assistance Program (continued):

(b) Eligible organizations may apply to register for the In-Person Assistance Program according to the following process:

1. The organization must submit a completed Assister Enrollment Entity (AEE) Application for the In-Person Assistance Program which will be incorporated by reference to the State Regulations.
2. The Exchange shall review the Application according to the Criteria Considerations identified in the proposed State Regulations. If applicable, the Exchange shall request any additional or missing information necessary to determine the status of the organization's AEE Application.
3. Organizations which meet the Criteria Considerations shall be notified of available times by the Exchange to complete the training requirements described in Section 6582 Training Standards.
4. Organizations which complete and pass the training requirements established by the Exchange shall be registered as an Assister Enrollment Entities by the Exchange.

Assisters Program Proposed Regulations

Summary of § 6574 In-Person Assistance Program (continued):

(c) Applications for the In-Person Assistance Program will be reviewed according to the following Criteria Considerations:

1. Type of entity and description of communities served.
2. Applicant's proposed scope of activities including and not limited to:
 - Ability to provide and distribute information in a fair and impartial manner including information about all other insurance affordability programs (i.e., Medicaid and Children's Health Insurance Programs).
 - Ability to ensure that all staff and volunteers complete any required training in order to become a certified Individual Assister.
 - Ability to facilitate enrollment into Qualified Health Plans.
 - Ability to assist any consumer seeking assistance, including those who are not members of the target population the Assister expects to serve.
 - Access to targeted eligible populations.
 - Ability to provide information that is culturally and linguistically appropriate.
 - Ability to make referrals to the appropriate State agencies to assist enrollees with grievances, complaints or questions about their health plan, coverage or an eligibility determination.
 - Ability to comply with privacy and security standards described in 45 CFR 155.260

Assisters Program Proposed Regulations

Summary of § 6576 Navigator Program

(a) Types of Organizations Ineligible for the Navigator Program

- 1) Health insurance issuers or stop loss insurance issuers;
- 2) Subsidiaries of health insurance issuers or stop loss insurance issuers;
- 3) Associations that include members of, or lobby on behalf of, the insurance industry;
- 4) Recipients of any direct or indirect consideration from any health insurance issuer or stop loss insurance issuer in connection with the enrollment of any individuals or employees in a QHP or non-QHP; or
- 5) Providers, including, but not limited to, Hospitals, Clinics, and County Health Departments that provide health care services.

Assisters Program Proposed Regulations

Summary of § 6576 Navigator Program (continued):

- (b) Eligible organizations may apply to register for the Navigator Program according to the following process:
1. The organization must submit a completed Request For Application for the Navigator Program explaining and demonstrating its plan and strategy to participate in accordance with Section 6576 (c).
 2. The Exchange shall review the Application according to the Criteria Considerations in subsection (c).
 3. Organizations which meet the Criteria Considerations and are awarded a Navigator grant shall be notified of available times by the Exchange to complete the training requirements described in Section 6582.
 4. Organizations which complete and pass the training requirements established by the Exchange shall be registered as Assister Enrollment Entities by the Exchange.

Assisters Program Proposed Regulations

Summary of § 6576 Navigator Program (continued):

(c) Applications for the Navigator Program will be reviewed according to the following Criteria Considerations:

1. The plan described for conducting public education and enrollment activities to a target audience(s) likely to be eligible for Covered California Health Plans;
2. The strategy described of how the applicant will drive eligible consumers to enroll and retain coverage in Covered California Health Plans;
3. The overall quality of the proposal;
4. The strength of the participating organization(s);
5. Cost-effectiveness, including number of individuals reached and projected enrollments;
6. Access to target markets including, but not limited to, factors such as geography, ethnicity, language, employment sector, income, age, limited English proficiency; and
7. Alignment with Exchange's mission and complementary programs.

Assisters Program Proposed Regulations

Summary of § 6578 Individual Assisters

Individuals may apply to become Individual Assisters according to the following process:

- 1) Affiliate with a registered Assister Enrollment Entity.
- 2) Submit a completed Individual Assister Application (Rev. 13/XX), hereby incorporated by reference, to the Exchange.
- 3) Pass the Assister Fingerprinting and Criminal Record Check described in Section 6580.
- 4) Complete the required training established described in Section 6582.
- 5) Pass the required certification exam administered by the Exchange.
- 6) Applicants who have been rejected for reasons other than failure to pass the Assister fingerprinting and criminal record check may appeal the rejection of their Individual Assister Application through the process established by Section 6584.

Assisters Program Proposed Regulations

Summary of § 6580 Assister Fingerprinting and Criminal Record Checks

Roles Requiring Fingerprinting

Section 6580 (a)

Except for Agents and Brokers with a current and valid license from the California Department of Insurance, all Individual Assisters must submit fingerprint images and associated criminal history information pursuant to Title 10, California Code of Regulations, Section 6456.

Interim Fitness Determination

Section 6580 (b)

- Before any final disqualification or certification decision is made based on the criminal record, the Exchange shall comply with the requirements of Title 10, California Code of Regulations, Section 6456(d)-(e).
- If the Exchange finds that an individual whose duties require fingerprinting under paragraph (a) has a potentially disqualifying criminal record under Title 10, California Code of Regulations, Section 6456, the Exchange shall promptly provide the individual with a copy of his or her criminal record pursuant to Penal Code Section 11105(t), notify the individual of the reasons for the interim determination, and provide the individual information on how to request an appeal to dispute the accuracy and relevancy of the criminal record.

Assisters Program Proposed Regulations

Summary of § 6580 Assister Fingerprinting and Criminal Record Checks (continued):

Fingerprinting Appeals

Section 6580 (c)

An individual applicant may appeal to the Exchange the results of the fingerprint-based background check as follows:

- If the applicant determines that the information is inaccurate or incomplete, the applicant can provide the Exchange additional information to correct or complete his/her record within 60 days;
- May seek to correct or complete the response through processes established by the California Department of Justice (DOJ), the Federal Bureau of Investigation (FBI), or agencies reporting information to the California Department of Justice or Federal Bureau of Investigation;
- May request a new fingerprinting re-evaluation, if successful in rectifying the record;
- May dispute the relevancy of a disqualifying offense:
 - (i) The age, nature and gravity of the offense;
 - (ii) Whether the individual has a history of prior discipline for the same or similar type of conduct; and
 - (iii) Any evidence of rehabilitation or participation in treatment programs.
- Absent good cause for late filing, the interim fitness determination is final.

Assisters Program Proposed Regulations

§ 6582 Training Standards **[Reserved]**

§ 6588 Code of Conduct **[Reserved]**

Summary of § 6584 Appeals Process

(a) Other Than Fingerprinting Appeals

The following program decisions may be appealed to the Exchange:

- 1) A decision that an individual or entity is not eligible to participate in the program.
- 2) A decision that an individual or entity is not qualified to participate or continue to participate in the program.

(b) An appeal shall be filed in writing with the program within thirty (60) calendar days of the date of the notice of the decision being appealed.

The receipt of an appeal shall result in the following actions performed by the Exchange:

- 1) Informal resolution process; and
- 2) Formal adjudication of an appeal.

Assisters Program Proposed Regulations

Summary of § 6586 Roles & Responsibilities

(a) Assister Enrollment Entities shall perform the following functions:

1. Maintain expertise in eligibility, enrollment, and program specifications; Entities registered under the Navigator Program must also conduct public education activities to raise awareness about the Exchange;
2. Provide information and services in a fair, accurate and impartial manner. Such information and services must include assistance with all other insurance affordability programs (i.e., Medicaid and Children's Health Insurance Programs).
3. Facilitate selection of a Covered California Health Plan;
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 Assister/or consumer assistance tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

Assisters Program Proposed Regulations

Summary of § 6586 Roles & Responsibilities (continued):

- (b) Assister Enrollment Entities and all affiliated Individual Assisters must ensure that, they:
1. Do not have a conflict of interest as defined in federal regulations in 45 CFR Part 155.
 2. Comply with the privacy and security standards established by 45 CFR 155.260.
 3. Comply with any applicable federal or state laws and regulations.

Assisters Program Proposed Regulations

Summary of § 6590 Compensation

Assisters Program Compensation for In-Person Assistance Program:

Scenarios – Continues to be refined and additions made	New Enrollment (\$58)	Annual Renewal (\$25)	No Compensation (\$0)
Initial enrollment into Covered CA QHP - Open Enrollment	X		
MAGI Medi-Cal eligibility re-determination results in consumer now qualifying for Covered CA QHP	X		
Annual renewal into Covered CA QHP		X	
Annual renewal into Covered CA QHP <u>and</u> adding new dependents		X	
Initial enrollment into Covered CA QHP – Special Enrollment	X		
Member currently enrolled in Covered CA QHP and adds new dependent during Special Enrollment	X		
Individual disenrolls from Covered CA QHP later re-enrolls back into the program	X		
Case management (e.g., report income changes, changes to APTC amount taken, plan transfers, referrals to Consumer Assistance Programs, etc.)			X

PROJECTED ASSISTERS TIMELINE

In-Person Assistance Program	Date
Assister Enrollment Entity Application Release	Summer 2013
Assister Enrollment Entity Training Begins	Summer 2013
In-Person Assister Training and Certification Begins	August 2013
Open Enrollment Begins	Fall 2013

Navigator Program	Date
Navigator Grant Application Release	Late-June
Navigator Grant Application Submission Due	Mid-August
Navigator Grant Award	Early -October 2013
Navigator Training and Certification Begins	Mid-November 2013
Navigator Entities begin Enrollment Assistance	Early -December 2013

Next Steps

Activity	Proposed Timeline
Stakeholders Webinar	May 3, 2013
Board Meeting (first viewing)	May 7, 2013
Stakeholders feedback due (second round)	May 14, 2013
Board Meeting (second viewing)	May 23, 2013
Board Meeting (approval of Proposed Assisters Regulations)	June 20, 2013
Notice Regulations	June 21, 2013
File Regulations with Office of Administrative Law	June 28, 2013
Regulations Effective	July 8, 2013

To view the Assisters Program Draft State Regulations,
please click [here](#).

QUESTIONS and SUGGESTIONS?

Submit written comments/suggestions to:

info@covered.ca.gov

by Tuesday, May 14, 2013