



## Navigator and In-Person Assistance Programs: A Snapshot of State Programs

The Affordable Care Act (ACA) creates new opportunities for the states and the federal government to establish enrollment assistance programs to support the coverage expansions that are slated to take place in January 2014. Two of the new programs created through the ACA include Navigator programs that are required in every state Exchange as well as optional In-Person Assistance (IPA) programs that are intended to provide additional assistance options to states and to fill in the gaps in Navigator programs during the first open enrollment period. These Navigators and In-Person Assistants will provide outreach and education to consumers as well as direct assistance with submitting applications and enrolling into coverage. As we near the October 1<sup>st</sup> open enrollment deadline, state enrollment assistance programs are beginning to take shape.

Many of the 17 states and the District of Columbia that are running their own Exchanges are moving forward with establishing Navigator and IPA programs. Through policy documents and Requests for Proposals (RFPs) these states are articulating how these programs will be structured, who will be eligible to participate, what the roles and responsibilities and other participation requirements will be, and how these entities will be compensated and evaluated (Table 1). Although similar in many aspects, key differences are emerging across the programs reflecting the flexibility states have to tailor these programs to meet specific needs. This brief discusses some of the key policy decisions states are making and briefly describes these programs in a handful of states. This brief is not intended to offer comprehensive examination of all state activity, but rather provides a snapshot of key decisions in a few states. States were included in this snapshot if they had released a detailed RFP or other policy documents describing how these assistance programs would be structured.

### Policy and Design Issues

***Defining the roles of Navigators and IPAs.*** The roles and responsibilities of Navigators are defined in statute and regulation, and Navigators must meet those minimum requirements. Guidance provided to date on IPA programs suggests that these entities will perform the same or similar functions as Navigators; however, states will have some flexibility to define these roles. A number of states have chosen to define the roles similarly or the same. For example, Navigators and IPAs will perform the same roles in Arkansas, New York, and Washington. In other states, Navigators will conduct outreach and education as well as enrollment assistance, while IPAs will provide enrollment assistance only. This will be the case in California, Nevada, and Oregon. In Maryland, Navigators and IPAs will perform the same functions, except that only certified Navigators will be permitted to assist consumers with selecting a Qualified Health Plan (QHP) in the Exchange. This type of distinction in functions raises questions about how the state will ensure all consumers receive the full range of assistance they need. States granting more limited authority to IPAs will need to specify when and how hand-offs will occur between the IPAs and Navigators to ensure that consumers are able to complete the enrollment process.

States may also require these assistants to target different populations. In general, states specify that Navigators and IPAs must focus on potentially eligible populations, especially hard-to-reach and vulnerable populations. However, some states require either Navigators or IPAs to focus on different types of consumers. In Delaware, the state anticipates Navigators will focus on hard-to-reach populations while IPAs will serve a wider range of consumers. In Nevada, it is the IPAs who are required to target hard-to-reach populations, such as American Indians, rural residents, and those with limited English proficiency.

**Training, certification, and licensing requirements.** Adequate training will be essential to ensure Navigators and IPAs have the expertise they need to help consumers make informed coverage and enrollment decisions. Recently released proposed federal rules specify the training and certification requirements for Navigators in Partnership and Federally-facilitated Exchanges and for IPAs in Partnership Exchanges. These rules require 30 hours of training and certification after receiving a passing score on an HHS-approved exam. State-based Exchanges may adopt the federal standards or develop their own requirements that meet the federal standards. Many states do not specify the number of training hours that will be required, but of those that have, most are consistent with the federal standards. California will require completion of a 2-3 day training course and Connecticut will require a four-day training. Washington will require 40-50 hours of training, while Maryland mandates a more extensive 120 hours of training. Many states are also requiring Navigators and IPAs to pass background checks in order to receive certification due to the sensitive nature of the information assisters will collect from the consumers they help.

Some states also require Navigators and IPAs to be licensed in order to assist consumers with enrolling in QHPs. Nevada requires Navigators and IPAs to obtain an Exchange Enrollment Facilitator license or a Producer license to provide enrollment assistance. Maryland does not require Navigators to obtain a license to enroll consumers into QHPs; however, only certified Navigators can assist with enrollment in a QHP, and in certain circumstances, Navigators are required to refer consumers to brokers. In some cases, these licensing and other requirements are intended to limit the ability of Navigators and other assisters to perform, while in other cases, they reflect state goals of complying with longstanding laws governing agents and brokers. Proposed federal regulations state that any licensing or other requirements that impede Navigators from fulfilling the requirements specified by the ACA are preempted, though more specificity on the kinds of requirements that will be prohibited will likely be needed.

**Compensating and assessing Navigator and IPA performance.** Most states are using performance-based competitive grants to pay Navigators and IPAs, though some are considering per application payments for IPAs. Across most states, the performance metrics are based on enrollment targets that will be developed as part of the contracting process. Most states will be providing Navigator and IPAs with unique ID numbers as a way to monitor performance in meeting application and enrollment goals. Some states are also developing performance measures related to Navigator and IPA outreach and education activities. Arkansas, for example, will base payments to IPA Guides in part on meeting targets related to completed outreach and education activities.

California and Minnesota will compensate IPAs for each successful enrollment into a QHP. California will also provide payment for renewals and has set the payment rates at \$58 for each successful new enrollment and \$25 for each renewal.

**Coordinating with other consumer assistance efforts.** Another important consideration for states as they develop their programs is how Navigators and IPAs will interact with other entities providing consumer assistance, such as those providing outreach and enrollment assistance to Medicaid and CHIP beneficiaries and the staff of Exchange Call Centers, among others. Navigators and IPAs are expressly funded through Exchanges and federal Exchange grants. As such, these entities are primarily responsible for assisting consumers with enrollment into coverage through Exchanges. At the same time they are required to maintain expertise in the eligibility and enrollment procedures for all insurance affordability programs, which include Medicaid and CHIP. States have the option of requiring Navigators and/or IPAs

to also provide outreach and enrollment assistance to consumers who may be eligible for Medicaid; however, they are not required to do so. Some states, such as Arkansas and Washington, include Medicaid enrollment targets in their performance metrics, assuring that assisters will focus on these populations as well as those eligible for enrollment into QHPs. Other states provide less guidance on whether or how coordination will occur.

Some states are developing comprehensive programs that include direct coordination with the Medicaid agency or are building on existing consumer outreach and assistance programs in Medicaid and CHIP. Cover Oregon, Oregon's Health Insurance Exchange, is partnering with the state's Medicaid agency to develop the Community Partners Program to provide outreach and application assistance for hard-to-reach and underserved populations. The program will include assisters funded through the Exchange as well as outreach workers and outstationed eligibility workers funded through Medicaid. In New York, the Navigator/IPA program is expected to replace an existing Facilitated Enrollment Program for Medicaid and CHIP, and the state specifically encourages entities participating in that program to apply to participate as Navigators/IPAs.

***Funding Navigator and IPA programs.*** An important difference between Navigator and IPA programs is how they are funded. Navigator programs must be funded as part of Exchange operations, although planning and start-up costs can be financed through federal Exchange grants. IPA programs, in contrast, can be funded entirely through federal Exchange grants for the first year of Exchange operations. States appear to be setting aside varying amounts of funding for these programs, likely reflecting different assessments as to the need for direct enrollment assistance across states and possibly some uncertainty over how federal funding can be used to support these programs. Although California has not yet released the RFP for its Assisters program, the state has estimated it will need to contract with as many as 21,000 Individual Assisters to reach its target population. Maryland has allocated nearly \$25 million (\$8.8 million for Navigators and \$16 million for IPAs) and Arkansas has set aside \$17 million to finance over 500 IPA Guides during the first open enrollment period. Other states are envisioning much smaller programs. Nevada and Connecticut, for example, have allocated just over \$2 million for their Navigator and IPA programs.

### **Looking Ahead**

Providing enrollment assistance will be a key component of successful implementation of the coverage components of the ACA. This snapshot of state activity highlights the progress made to date in a number of states to develop Navigator and IPA programs that will provide direct enrollment assistance and also shows the variation in state approaches to developing these programs. It emphasizes the flexibility states have in designing their programs, but also underscores the difficult deadlines state face as they work to develop these programs and train and certify the individual assisters who will need to be in place before open enrollment for the Exchanges begins in October.

**Table 1: Key Components of State Navigator and In-Person Assistance Programs, as of April 16, 2013**

	Status	Program Model	Roles	Eligible Entities	Certification and Training	Compensation and Funding
<b>AR</b>	RFQ for IPA Guide Program issued on March 5, 2013; bids due beginning April 11, 2013	IPA Guide entities and IPA Guides will conduct targeted outreach and provide assistance to consumers with enrolling in private insurance and Medicaid through the Arkansas Partnership Exchange.  The states estimates 535 IPA Guides will be needed during the initial open enrollment period.	IPA Guides will conduct targeted community outreach and education and enrollment assistance, with a special emphasis on vulnerable populations and others who may face barriers to receiving assistance.	Entities eligible to participate include those specified for Navigators in the final Exchange regulations issued by HHS (45 CFR 155.210).  Agents and brokers can participate as IPA Guides but cannot receive compensation from insurers.	IPA Guides must complete training provided by the Arkansas Department of Insurance and must pass a background check.	IPA Entities compensated through a performance-based grant tied to attainment of 85% of agreed upon monthly goals.  The state has allocated \$17 million in funding for the first year of the program.
<b>CA</b>	IPA Program application release scheduled for early April 2013; Navigator program application release scheduled for June 2013	Assisters program, consisting of Navigators and In-Person Assisters, will engage organizations to help consumers learn about and apply for coverage.  The state expects to contract with over 3,600 Assister Entities and over 21,000 Individual Assisters.	Navigators will provide outreach, education and enrollment assistance; IPAs will provide enrollment assistance only.	In addition to ACA required entities, other groups including attorneys, faith-based organizations, school districts, tax preparers, city government agencies, and county social services offices.  Agents and brokers, County health departments, hospitals, and other providers may participate in the Assisters program but are not eligible for compensation.	Individuals must complete a 2-3 day instructor-led or computer-based training program. Upon completion of training and testing, Individual Assisters will be certified and receive a unique Assister number. A background check may be required for certification.	Navigators compensated through a performance-based block grant tied to grantees' Covered California QHP enrollment targets. IPAs will be compensated on a fee-for-enrollment basis-paid \$58 per successful application and \$25 per successful annual renewal.  Program funding will be available for In-Person Assisters beginning before October 1, 2013 and for Navigators beginning December 2013.

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CO	RFP issued 2/22/13; applications due 4/19/13	“Connect for Health Assistance Network” combines Navigator and IPA programs into one. Exchange will contract with Assistance Sites, including 5 or 6 “regional hubs” that will receive enhanced awards and assume additional responsibility. Assistance Sites will hire Health Coverage Guides (individual assisters).	No distinction between Navigators and IPAs; “Health Coverage Guides” will perform all in-person assistance services, including educating consumers on health coverage options, assisting with application completion, and providing post-enrollment support.	Minimum eligibility requirements consistent with final Exchange regulations issued by HHS (45 CFR 155.210).  Only organizations/entities may apply for funding; individuals ineligible to apply. Membership associations may apply on behalf of their members.	COHBE will certify Assistance Sites and develop training curriculum. Health Coverage Guides must complete COHBE Health Coverage Guide training program and receive assignment from a certified Assistance Site, including passing a background check and signing a security statement, to achieve certification.	Funding will begin July 1, 2013 and disbursements made monthly through December 31, 2014, provided that the grantee is making progress towards enrollment goals and adhering to reporting requirements.  Program will be funded through federal and private grants in 2013 and 2014 and through private grants and COHBE operational revenue in 2015 and beyond.
CT	Navigator program design approved by Board of Directors 11/29/12	The Exchange is partnering with the Office of the Healthcare Advocate to administer the Navigator and In Person Assistance Programs (NIPA).  The Exchange estimates 91 IPAs will be needed during the open enrollment period.	Navigators will specialize in educating and enrolling underserved populations; IPAs will enhance existing networks that provide eligibility/enrollment assistance, like FQHC providers and the Department of Social Services.	Eligible entities include those specified in the final Exchange regulations issued by HHS (45 CFR 155.210).  Agents and brokers can participate as Navigators/IPAs but cannot receive compensation from insurers.	Navigators must complete a 4-day in-person training, score 80% or better on a certification test, and pass a background check. The annual recertification process consists of 15 hours of training and a test.	Navigators compensated through a performance-based grant tied to meeting pre-established metrics.  The Exchange has designated \$500,000+ in Navigator grants per fiscal year. Exchange was awarded \$2.1 million grant from HHS to establish IPA program.
DE	RFP issued 2/5/13; applications were due 3/6/13	Marketplace Assister entities will be managed by the Department of Insurance Consumer Services Division and the Division of Medicaid and Medical Assistance. Marketplace Assister entities will hire, train, and monitor individual Marketplace Assisters (MPAs).	MPAs and Navigators will provide the same general services, including conducting outreach, educating consumers about the Exchange and enrollment requirements, and assisting with application completion and coverage renewal. Navigators will target hard-to-reach populations, while MPAs will serve a wider range of consumers.	Any entity with a valid Delaware Business License is eligible to apply, with the exception of health insurance carriers, their subsidiaries, and any association that lobbies on behalf of the insurance industry.	MPAs must complete a training program, provide three letters of reference from members of the community, pass a background check, and agree to a number of ethical and conflict of interest standards to become certified.	Marketplace Assister entities will compensate individual MPAs using grant funding.

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<b>MD</b>	Grant solicitation for connector entities released 1/17/13; applications were due 2/28/13	Regional “Connector Entities,” with one entity in each of six regions, will provide services through Individual Exchange Navigators, Assisters, and possibly SHOP Exchange Navigators.  MHBE will supplement regional entities with state-wide services, such as sign language interpreters, a 24/7 language line, and TTY/TTD capabilities.	Navigators and Assisters will provide ongoing support with outreach and education, eligibility determinations, and enrollment in Medicaid and CHIP. Only certified Navigators may facilitate enrollment in a QHP.	Eligible entities include those specified in the final Exchange regulations issued by HHS (45 CFR 155.210).  Authorized producers will not participate as Navigators, but are permitted to sell on both the Individual and SHOP Exchanges.	Navigators must complete a training program, expected to take 120 hours, and pass a final exam to receive certification. Navigators can choose to become licensed SHOP Navigators.  Assisters will receive more limited training (20-60 hours) and will not be certified.	Each connector entity will be eligible for a maximum grant award, contingent upon meeting requirements and performance targets. Connector entities will also be eligible for a performance-based bonus based on new enrollment in the region.  MHBE estimates \$8.8 M in operating funds to support Navigators, and \$16 M in federal grant funds to support Assisters, program start-up, and other functions in 2013.
<b>MN</b>	Proposed rules for entities delivering consumer assistance issued on April 1, 2013; comments are due April 21, 2013	Consumer assistance partners, including Navigators, In-Person Assisters, and Certified Application Counselors, along with Producers will work together to facilitate enrollment of eligible individuals into coverage.	Consumer assistance partners will guide consumers through the application and enrollment process and facilitate access to the range of health coverage options available through MNsure. However, consumers needing additional QHP enrollment assistance must be referred to a Producer.	Eligible entities include those specified in the final Exchange regulations issued by HHS (45 CFR 155.210).	Consumer assistance partners must complete a web-based training program, pass a certification exam, and comply with conflict of interest and privacy and security standards.	IPAs will be eligible to receive infrastructure and outreach grants and will receive payment for each successful enrollment into a QHP.  Certified Application Counselors will not receive payment from the Exchange.

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NV	RFA for Navigators and Enrollment Assistors released on March 1, 2013; applications were due April 4, 2013	Navigators, Enrollment Assistors, Certified Application Counselors, and Producers will work together to facilitate enrollment of eligible individuals into coverage.	Navigators will provide outreach, education and enrollment assistance; Enrollment Assistors will provide enrollment assistance only with a focus on hard-to-reach populations.	Eligible entities include those specified in the final Exchange regulations issued by HHS (45 CFR 155.210).	Navigators must complete training provided by the Department of Insurance based on model federal standards and pass a certification exam. Navigators and Enrollment Assistors must obtain an Exchange Enrollment Facilitator (EEF) license or a Producer license in order to enroll eligible individuals and employers into QHPs.	Navigators and Enrollment Assistors will be compensated through a competitive grant process awarded in a block amount and paid on a reimbursement basis. The state has allocated funding of \$370,000 for SFY 2014 for the Navigator program and \$1,826,000 for SFY 2014 for Enrollment Assistors.
NY	RFA issued 2/13/13; applications due 4/8/13	Exchange will contract with IPA/Navigator entities and Lead Organizations that subcontract with one or more organizations; entities may apply to serve a single or multiple counties/boroughs.	Navigators and IPAs will provide the same services, including educating consumers on health plans available to them, assisting with application completion, and providing renewal assistance.	Eligible entities include those specified in the final Exchange regulations issued by HHS (45 CFR 155.210). Health care providers may participate if they meet certain requirements. Local Social Service Departments are ineligible. Producers may participate as IPA/Navigators but cannot receive compensation from insurers.	The Department of Health and its training contractor will finalize the IPA/Navigator program training curriculum by April 2013. IPAs and Navigators must complete training and receive certification prior to providing services.	Maximum annual award for entities dependent on county/borough. DOH plans to make a total of \$27.2 million/year available to IPA/Navigator entities for five years.

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<b>OR</b>	RFP for community partners released April 11, 2013; grantees to be announced in July 2013	Exchange will partner with OHA to expand OHA's existing outreach and application assistance program. The state will use community partners, which are local organizations that are cultural experts on their community. Staff at these organizations will be known as application assisters.	Oregon uses the term "application assister" to encompass Navigators, IPAs, and application counselors. Application assisters will conduct eligibility and enrollment for public and private health coverage. Application assisters may help consumers with enrolling in a QHP; however, if consumers need information on QHPs beyond what is available through the website, assisters must refer the consumers to an agent.	The assisters program will build on an existing network of providers who offer enrollment assistance in public programs. Agents and brokers will not participate as Navigators, but will be involved in a separate Agent Management program.	Training and certification is required for all application assisters, including paid staff and volunteers, and must be renewed annually. In-person and web-based training will be provided free of charge. Application assisters must pass a background check and will receive an identification number.	Community partners will be eligible to receive performance-based grants, though funding will not be available to support all community partners. Community partners not receiving a grant will be permitted to provide application assistance as long as they sign an agreement with OHA.
<b>WA</b>	RFP for IPA Lead Orgs issued 3/8/13; applications due 4/22/13. Tribal RFP released 4/5/13; applications due 6/28/13.	Lead Organizations (organized by county service areas or targeted populations) will contract with the Exchange and will be responsible for building, training, funding, and monitoring local Navigator networks comprised of IPA organizations and individual IPAs. An estimated 170 assisters working 6 hours/day will be needed for the initial open enrollment period.	Navigators and IPAs will perform the same services, including providing enrollment assistance to consumers maintaining ongoing relationships with consumers. Lead Organizations may elect to utilize some Navigators/IPAs for community outreach and awareness only. IPAs will be phased out of the Navigator program in 2015.	Eligible entities include those specified in the final Exchange regulations issued by HHS (45 CFR 155.210). Agents/brokers are not expected to participate in the Navigator program but will collaborate with Navigator/IPAs. The Exchange is currently developing a business model for agents/brokers.	The Exchange will develop training materials and train designated staff at Lead Organizations who will educate Navigators/IPAs in their networks. Individuals will be required to complete 40-50 hours of training, pass a certification examination, acknowledge a Code of Ethics, and have a background check on file to be certified. Assisters require certification only if they are designated to provide application-through-enrollment services.	Allocation of funding will be determined geographically, using a needs-based index. Lead organizations compensated through performance-based grants, with 50% of compensation tied to meeting established enrollment goals. Lead Organizations will adopt a similar approach to compensating entities in their networks. The Exchange has allocated \$6 million for IPA Lead Organization contracts from a federal exchange establishment grant.

Source: KFF review and analysis of state policy documents and Requests for Proposals (RFPs).

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