Education, Outreach, Navigators, and Enrollment Assistance

Comment [MSOffice1]: Includes comments from E.O., C.O., R.W.

The ACA includes different mechanisms to inform and educate the public about new insurance options, and to help facilitate their enrollment into coverage. There are separate, but similar requirements for the HBE and Medicaid agency. At the very general level, the HBE and the Medicaid agency must engage in broad outreach efforts to educate the public and targeted populations about the availability of new insurance coverage options, insurance subsidies, and how to enroll. To make it easier for people to apply, the ACA and proposed regulations specify that people can apply online, in person, by telephone or by fax. [1] [2] Individuals can always seek informal help from family or friends. However, the ACA also envisions that there will be other sources of trained enrollment assistors, including trained navigators, DSS workers, and agents or brokers (at the state option). Further, the new law creates a "no wrong door" enrollment process. Individuals can apply directly to the HBE, and if eligible for Medicaid or CHIP, enroll directly into those programs, and conversely, people can apply for Medicaid or CHIP, and if ineligible, be screened and if eligible, enrolled into a QHP in the HBE.

The HBE workgroup created a subcommittee to consider education and outreach efforts; training for nonprofits and other groups who can refer individuals to appropriate assistance; navigator training, certification, compensation and accountability; the role of agents and brokers; and how to create the "no wrong door" eligibility and enrollment process. The subcommittee reported its recommendations to the full committee. [Note: I will change the language in this section to reference the HBE workgroup (instead of the subcommittee) after this has been discussed by the full HBE workgroup.]

Education and Outreach: The HBE is required to conduct education and outreach to inform the public about the HBE. [3] In addition, the HBE must provide for the operation of a toll-free hotline to answer questions and help people enroll.[4] The ACA also imposes new outreach requirements on state Medicaid agencies. The agency is required to conduct outreach to vulnerable populations "including children, unaccompanied homeless youth, children and youth with special health care needs, pregnant women, racial and ethnic minorities, rural populations, victims of abuse or trauma, individuals with mental health or substance-related disorders, and individuals with HIV/AIDS."[5]

The subcommittee recognized that the HBE might need to enlist the support of different groups to provide education and outreach to the nongroup market than those who will be effective in targeting the small group market. For example, while nonprofits, human services agencies, community-based organizations, and faith groups may be enlisted to provide education and outreach to individuals; the HBE may need to enlist the support of Chambers of Commerce,

[1] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(136):41866-41927. To be codified at 45 CFR §155.405.
[2] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(159):51148-51199. To be codified at 42 CFR §435.907.
[3] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(136):41866-41927. To be codified at 45 CFR §155.205(e).
[4] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(136):41866-41927. To be codified at 45 CFR §155.205.
[5] PPACA Sec. 2201, amending Sec. XIX of the Social Security Act, 42 USC 1396w-3(b)(1)(F).

professional associations, small business resource centers, community banks, or other organizations to reach small businesses.

Regardless of what organization or entity provides the education and outreach, the subcommittee recommended that these organizations receive similar information so that there is a consistent message about new potential insurance opportunities. The subcommittee recognized that these materials may need to be tailored somewhat to a specific target audience, but the underlying information should be similar regardless of the audience. **Therefore, the HBE subcommittee recommended that the HBE work with the North Carolina Department of Insurance (NCDOI), North Carolina Division of Medical Assistance (DMA), and other appropriate organizations to develop a standardized community outreach and education toolkit so that interested organizations and individuals can disseminate similar outreach and education materials. The toolkit should provide basic information about public insurance options (including Medicaid and North Carolina Health Choice), nongroup coverage available through the HBE, eligibility for the premium tax credit and cost sharing subsidies, different insurance options for small businesses, the small business tax credit, the eligibility and enrollment website, and appropriate referral sources where people can get individualized help with eligibility and enrollment.**

Informal assistance: As noted earlier, individuals can seek help in the enrollment process from many different sources. Individuals can obtain help from certified navigators, agents or brokers (discussed more fully below). However, an individual can seek help from other sources as well. The new proposed federal regulations state that the HBE must accept applications from the applicant, an authorized representative, or someone acting responsibly ~~from~~ on behalf of the applicant. [6]

The subcommittee recognized that some individuals will first learn of the new insurance options through their health care providers or through other nonprofit or community based organizations. ~~Thus i~~It ~~was~~ is important to offer basic training to these organizations so that they understand the new insurance options and can make appropriate referrals. **Thus, the subcommittee recommended that the HBE, in conjunction with the North Carolina Department of Insurance and North Carolina Division of Medical Assistance, offer workshops or other training opportunities to provide basic information about public and private insurance options, the HBE website, subsidies available to individuals and small businesses, and appropriate referral sources where people can get individualized help with eligibility and enrollment.**

To implement the information, outreach, and assistance provisions of the ACA, the subcommittee recommended:

Recommendation HBE:XX. Outreach and Education

a) The Health Benefits Exchange (HBE), in conjunction with the NC Department of Insurance (NCDOI), and North Carolina Division of Medical Assistance (DMA),

[6] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(136):41866-41927. To be codified at 45 CFR §155.405.

and other appropriate organizations, should develop a standardized community outreach and education toolkit so that interested organizations and individuals can disseminate similar outreach and education materials. The toolkit should provide basic information about public insurance options (including Medicaid and North Carolina Health Choice), nongroup coverage available through the Health Benefit Exchange, eligibility for the premium tax credit and cost sharing subsidies, different insurance options for small businesses, the small business tax credit, the computerized eligibility and enrollment system, and appropriate referral sources where people can get individualized help with eligibility and enrollment.

b) **The HBE, in conjunction with the NCDOI and DMA, should offer workshops and other training opportunities to provide basic information about public and private insurance options, the HBE website, subsidies available to individuals and small businesses, and appropriate referral sources where people can get individualized help with eligibility and enrollment.**

Navigators: The ACA requires the HBE to provide grants to navigator *entities* to help people understand their insurance options and enroll into coverage in the HBE. To be eligible to receive a grant, the HBE entity must have existing relationships or show that they can establish relationships with individuals or small businesses likely to enroll in a QHP.[7] The regulations clarify that the HBE must contract with at least two of the following categories of eligible *navigator entities* to receive the navigator grants, including: consumer and consumer-focused nonprofit groups; trade, industry, and professional associations; commercial fishing industry organizations, ranching and farming organizations; chambers of commerce; unions; resource partners of the Small Business Administration; licensed agents and brokers (if they do not receive compensation directly or indirectly from insurers); and other public or private entities which may include Indian tribes, tribal organizations, and state or local human service agencies.[8]

The subcommittee recognized that there is a difference between "navigator entities" and individual navigators. Navigator entities are organizations that can serve as local coordinating bodies—working with and overseeing the work of individually trained navigators. For example, a community-based organization may serve as the navigator entity and receive a small navigator grant to help pay for operational expenses (see navigator compensation discussion, below). This entity would serve as the coordinating body for individuals who are trained and certified as navigators. The individual navigators may, or may not, work for the navigator entities. Navigators are best suited to work with individuals in the nongroup market. As discussed more fully below, the subcommittee recommended that small groups that seek information or enrollment assistance be channeled to licensed agents or brokers.

The state or HBE can establish licensure or certification requirements for individual navigators. Navigators must be able to provide impartial information about different health plans, and therefore, cannot have a conflict of interest.

Navigators must be able to perform specific responsibilities:

[7] Patient Protection and Affordable Care Act, Pub L No. 111-148, §1311(i)(2)(A).

[8] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(136):41866-41927. To be codified at 45 CFR §155.210(b)(2).

- Conduct public education activities to educate the public about coverage offered through the HBE
- Distribute fair and impartial information about enrollment into QHPs, and the subsidies available through the HBE
- Help people ~~will~~ with enrollment into qualified health plans
- Provide referrals to applicable health insurance consumer assistance, ombudsman programs, or other appropriate state agency or agencies that can address consumer questions or complaints, and
- Provide information in a manner that is culturally and linguistically accessible. [9]

~~The regulations clarify that the HBE must contract with at least two of the following categories of eligible *navigator entities* to receive the navigator grants, including: consumer and consumer-focused nonprofit groups; trade, industry, and professional associations; commercial fishing industry organizations, ranching and farming organizations; chambers of commerce; unions; resource partners of the Small Business Administration; licensed agents and brokers (if they do not receive compensation directly or indirectly from insurers); and other public or private entities which may include Indian tribes, tribal organizations, and state or local human service agencies.~~ [10]

~~The subcommittee recognized that there is a difference between "navigator entities" and individual navigators. Navigator entities are organizations that can serve as local coordinating bodies – working with and overseeing the work of individually trained navigators. For example, a community-based organization may serve as the navigator entity and receive a small navigator grant to help pay for operational expenses (see navigator compensation discussion, below). This entity would serve as the coordinating body for individuals who are trained and certified as navigators. The individual navigators may, or may not, work for the navigator entities. Navigators are best suited to work with individuals in the nongroup market. As discussed more fully below, the subcommittee recommended that small groups that seek information or enrollment assistance be channeled to licensed agents or brokers.~~

The subcommittee used NCDOI's Seniors' Health Insurance Information Program (SHIIP) as a successful example of a navigator program. SHIIP counselors help provide information to older adults and people with disabilities about Medicare, Medicare Advantage plans, Medicare supplement plans, Medicare Prescription Drug Plans, and long-term care insurance. NCDOI contracts with ~~XX~~ 109 SHIIP coordinating organizations across the state. These organizations help coordinate the work of more than 800 volunteer SHIIP counselors. To serve as SHIIP counselor~~s~~, individuals must complete required training and pass a competency exam. Currently, the training is provided online, includes 13 different modules, and takes approximately 24 hours to complete. SHIIP counselors must also meet continuing education requirements, and be recertified annually. Individual SHIIP counselors must also report certain information to NCDOI and must meet minimum activity thresholds (such as providing a minimum number of

[9] Patient Protection and Affordable Care Act, Pub L No. 111-148, §1311(i)(3).

[10] ~~US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(136):41866-41927. To be codified at 45 CFR §155.210(b)(2).~~

one-on-one counseling sessions) to be recertified. SHIIP also has a complaint system so that people can provide feedback to NCDOI about specific SHIIP counselors, and individual volunteers can be terminated for cause. SHIIP counselors may not provide advice to individuals about plan selection, they only provide information so that individuals can make their own choice of Medicare Advantage, Medicare Prescription Drug Plans, Medicare supplement, or long-term care insurance plans.

Individual HBE navigators will play a similar role to SHIIP counselors. They will help individuals and families understand plan options, insurance concepts, and how to access and navigate the website (including sorting plans on the basis of premiums, cost sharing, providers, quality, or other factors important to the individual consumers). However, navigators—like SHIIP counselors—are not licensed to provide advice on plan selection. Thus, navigators can help individuals understand their plan choices, but should not offer advice or steer the individual or family to a particular health plan. If an individual or family needs help selecting a health plan, then that person should be referred to a licensed agent or broker.

In order to ensure that individual HBE navigators have the training and competency to assist individuals in understanding their plan choice, the HBE subcommittee recommended that the HBE contract with NCDOI to develop a process for training and certifying navigators, including the requirement to pass a competency exam. Navigators should be required to complete continuing education requirements, and meet minimum activity thresholds. In addition, navigators should be required to provide certain information to the state, including but not limited to information on the number of people served and types of services provided. Navigators should be required to meet these requirements—including continuing education, minimum activity thresholds, and reporting, to obtain their annual recertification. Navigator entities should have a designated person who serves as the navigator coordinator. These coordinators must also be certified as navigators, but will have additional responsibilities and training to serve as the coordinator and oversee the work of individual navigators.

As noted earlier, the ACA requires navigators to give impartial information and advice. To ensure that navigators can provide impartial information, the ACA directs the HBE to have procedures to avoid "conflicts of interest." Neither the ACA nor the draft regulations give additional detail about how to avoid conflicts of interest, except that individuals may not directly, or indirectly, receive compensation from health plans. Further, there are very specific rules about potential conflicts of interest for agents and brokers (discussed more fully below). Thus the subcommittee discussed mechanisms to prevent navigator conflicts of interest that could inappropriately steer people towards a specific health plan.

Both the safety net workgroup (see Safety Net Chapter, recommendation XX), and members of the HBE subcommittee, recognized the important role that safety net organizations could play in helping the uninsured enroll in appropriate health plans. Thus, the subcommittee was concerned about creating too strict a definition of conflict of interest that could preclude staff from safety net organizations from serving as ~~patient~~ certified navigators. **Thus, the subcommittee recommended that the HBE create conflict of interest rules that would preclude an *entity* from serving as a coordinating navigator entity if they would derive financial benefit from**

steering an individual to a particular health plan or health insurer. Under this definition, any health care provider that receives differential reimbursement from different insurers would not be eligible to serve as a navigator entity. **However, employees of these organizations or other individuals can serve as individual navigators as long as the individual, and his or her immediate family members, do not receive compensation directly or indirectly from an insurer, and as long as their wages, salary, or job performance is not based on the health plans which individuals select.**

While the HBE is required to provide grants to navigator entities, the HBE may not use federal funds that the state received to establish the HBE for that purpose.[11] The prohibition on the use of federal funds will cause difficulties in the first few years of HBE operations. The HBE will begin to accept applications in October 2013, for initial enrollment on January 1, 2014. The proposed federal regulations specified that the initial enrollment period will run from October 1, 2013 to February 28, 2014.[12] The Level II federal HBE grant will be used to pay for all of the initial HBE set up and operational costs through 2014. Depending on the funding source, the HBE may not have separate operational funds until 2014 (at the earliest) or 2015. Thus, while the ACA and accompanying regulations require the HBE to provide grants to navigator entities, it restricts the use of federal funds for this purpose.

The subcommittee discussed possible funding sources for the first two years, as well as ways of structuring grants to navigator entities. Although the HBE cannot use federal funds to pay for navigator services, it can use Level II federal funds to develop the navigator training and certification. In addition, outreach and educational expenses are legitimate uses of HBE funding. **Thus the subcommittee recommended that the HBE use federal funds to pay for training, continuing education, and certification. In addition, the HBE should provide small grants to community-based organizations, social services agencies, professional associations, navigator entities and other appropriate organizations to provide education and outreach about new insurance options to targeted individuals and small employers. The HBE Board should also seek funding from state philanthropic organizations or other sources to help pay small grants to navigator entities to help offset the administrative costs to coordinate and oversee the work of local navigators. Initially, the HBE should pay each navigator coordinating entity a flat rate, based on size of the targeted population. After the first year, however, the navigator grants should be based, in part, on outcomes so that navigator entities are rewarded for doing a good job with education, outreach, and enrollment facilitation. The subcommittee suggested that the HBE Board explore the question about whether individual navigators should receive any compensation for their services.**

Thus, to ensure that the state operate an effective navigator system, the subcommittee recommended:

Recommendation HBE.XX. Role, Training, Certification, Oversight, and Compensation of Navigators

[11] Patient Protection and Affordable Care Act, Pub L No. 111-148, §1311(i)(6).
[12] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(136):41866-41927. To be codified at 45 CFR §155.410.

a) **The Health Benefit Exchange (HBE) should contract with the North Carolina Department of Insurance (NCDOI) to develop and oversee the navigator program.**
    i. **The NCDOI, in conjunction with the HBE, should create a standardized training curriculum along with a competency exam to certify individual navigators.**
    ii. **Individual navigators should be recertified annually. To be recertified, the navigator must:**
        A. **Complete continuing education requirements and meet minimum activity thresholds, as specified by the NCDOI in conjunction with the HBE.**
        B. **Provide data to the state to ensure the overall functioning of the navigator system. Such data may include, but not be limited to, information on the number of people served and types of services provided.**
        C. **Be connected to a specific navigator entity.**
    iii. **Individual navigators can be terminated for cause.**
    iv. **Navigator entities should have a designated person who serves as the navigator coordinator. These coordinators must also be certified as navigators, but will have additional responsibilities and training to serve as the coordinator and oversee the work of individual navigators in their community.**
b) **The HBE Board should create conflict of interest rules for individual navigators and navigator entities. The conflict of interest rules should:**
    i. **Preclude navigator entities from serving as a coordinating entity if they would derive financial benefit from steering an individual to a particular health plan or health insurer.**
    ii. **Allow employees of these organizations or other individuals to serve as individual navigators as long as the individual, and his or her immediate family, do not receive compensation directly or indirectly from an insurer, and as long as their wages, salary, or job performance is not directly or indirectly based on the health plans which the individual selects.**
c) If allowed by the federal government, the HBE should use Level II federal funds to help pay for training, continuing education, and certification of individual navigator and navigator entities. In addition, the HBE should provide small grants to community-based organizations, social services agencies, professional associations, navigator entities and other appropriate organizations to provide education and outreach about new insurance options to targeted individuals and small employers.
d) The HBE Board should seek funding from state philanthropic organizations or other sources to help pay small grants to navigator entities to help offset the administrative costs to coordinate and oversee the work of local navigators.
    i. **In 2013, the HBE should pay each navigator coordinating entity a flat rate, based on size of the targeted population.**
    ii. **Thereafter, the navigator grants should be based, in part, on outcomes so that navigator entities are rewarded for doing a good job with education, outreach, and enrollment facilitation.**

iii. The HBE Board should explore the option of compensating individual navigators for their services.

Agents and brokers: Agents, brokers, or other people who receive compensation directly or indirectly from insurers may not serve as navigators, although the state or HBE can allow agents or brokers to enroll individuals, small businesses, or eligible employees into QHPs offered through the HBE. [13] However, agents and brokers also need training to help enroll individuals, small businesses, or their employees into a qualified health plan offered through the HBE. Agents and brokers need to understand the different insurance affordability programs (including Medicaid, CHIP, and the insurance subsidies offered through the HBE). In addition, agents and brokers need to understand the small business tax credit available through the HBE. **Thus, the subcommittee recommended that agents and brokers receive training, be certified, and subject to continuing education requirements in order to be allowed to enroll individuals or small businesses into coverage offered through the HBE.**

Agents and brokers are in the best position to provide information and advice to small employers as employers need to weigh many factors in deciding whether to offer health insurance coverage and what type of coverage to offer. For example, businesses need to understand the financial implications of offering group health insurance coverage in terms of tax deductibility. Businesses also need to consider whether to offer health insurance through a Section 125 plan. (need to explain). And businesses need to understand the implications of whether to offer their employees one plan or a choice of plans in a particular metal level. Navigators will not be trained to provide this level of information. **Thus, the subcommittee recommended that small employers who need more information or advice should be funneled to an agent or broker rather than a navigator.**

While the ACA was very specific on reducing conflicts of interest among navigators, the federal law does not prohibit conflicts of interest if the agent/broker is not compensated as a navigator Currently, agents can be "captive" to a particular insurer or group of insurers. Agents who are captive can only sell products for those specific insurers. Other agents are independent, but may still have a financial incentive to steer clients to a specific insurer. For example, some insurers pay higher commissions after an agent or broker places a certain level of business in that company. Give other examples. Further, typical compensation arrangements make it financially prohibitive for agents and brokers to service the smallest employer groups (ie, those with <10 employees). Small groups generally lack human resource staff, so look to agents and brokers to handle many of the functions that larger organizations handle internally. If agents or brokers are paid a flat commission per covered life, the aggregate fee may be insufficient to cover the costs of servicing these small groups. To make it more difficult, some insurers pay agents or brokers progressively higher commissions, depending on the size of the group. Subcommittee members also noted other current barriers which prevent some small businesses from offering coverage to their employees, including minimum participation rates. Under current law, insurers set minimum participation rates—for example, that 75% of eligible employees must enroll in the insurance coverage—to prevent adverse selection into the plan. However, beginning in 2014,

[13] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(136):41866-41927. To be codified at 45 CFR §155.220.

there will be less likelihood of adverse selection given that the ACA requires most people to have insurance coverage or pay a penalty.

Just as the subcommittee wanted to minimize the potential conflict of individual navigators or navigator entities, the group wanted to also minimize the potential conflict of interest among agents who place business in the HBE. In addition, the subcommittee wanted to ensure that agents and brokers are adequately compensated for working with the smallest employers, as these groups are the least likely to currently offer coverage and often need more help in understanding their different insurance options operating inside and outside the HBE. The subcommittee made a number of recommendations to address these potential problems. **First, the HBE should not refer small businesses to agents or brokers who are "captive" agents, or who are restricted to selling certain limited number of plans. In addition, the subcommittee recommended that agents disclose if they receive differential commissions from different insurers.**

In addition, the subcommittee wanted to ensure that agents and brokers have no disincentive to place business in the HBE. **Thus, the subcommittee recommended that the NCDOI require insurers to pay agents/brokers the same commission, whether placing business inside or outside the HBE. The subcommittee also recommended that the NCDOI, in conjunction with the HBE, examine other options to reduce potential conflicts of interest—such as paying agents or brokers a flat amount per enrollee regardless of the insurer, and paying the same rate for individuals enrolled in nongroup coverage as for employees enrolled in a group health plan.** This is the model currently used in Utah and XXX. To encourage agents and brokers to educate and enroll small businesses that had not previously offered insurance coverage, **the subcommittee recommended that NCDOI and the HBE examine whether agents should be paid differentially for enrolling small businesses who have not offered health insurance coverage within the last six months. The subcommittee also recommended that the NCDOI and HBE examine whether agents/brokers should be paid a higher rate per person for the smallest groups, and lower rate per person as the size of the employer increases. The subcommittee also recommended that the NCDOI Technical Advisory Group consider whether the state should eliminate minimum participation requirements.**

To address these concerns, the subcommittee recommended:

Recommendation HBE.XX. Requirements for Agents and Brokers Selling Coverage in the HBE

a) **The Health Benefits Exchange Board should set policies allowing properly trained and certified agents and brokers to sell qualified health plans offered through the HBE.**
    i. **The HBE should contract with the North Carolina Department of Insurance (NCDOI) to create specialized training, certification, and continuing education requirements for agents and brokers. The training and certification should include, but not be limited to, information about the different insurance affordability programs (including Medicaid, CHIP, and**

insurance subsidies offered through the HBE), how to use the HBE website, and the small business tax credit.

ii. Small businesses that contact the HBE or call center, that need additional information and advice, should be directed to an agent or broker rather than an individual navigator. However, the HBE should only refer small businesses to independent agents or brokers who are able to sell any of the qualified health plans offered in the HBE.

b) Agents or brokers who place business in the HBE must disclose to their individual and small business clients if they receive differential commissions from different insurers.

b) The North Carolina Department of Insurance, in conjunction with the HBE, should examine different ways to prevent conflicts of interest, reduce the incentive to steer individuals or businesses outside the HBE, encourage agents and brokers to work with the smallest employers (with 10 or fewer employees), and encourage agents and brokers to reach out to small businesses that had not recently provided employer sponsored insurance coverage. As part of this analysis, NCDOI and the HBE should consider whether to:

a. Require insurers to pay agents/brokers the same commission, whether placing business inside or outside the HBE.

b. Pay agents and brokers a flat rate per enrollee regardless of the insurer.

c. Pay agents and brokers the same rate for each individual whether enrolling in a non-group plan or group plan.

d. Pay agents and brokers a higher per person rate for small groups, and smaller per person rate as the size of the employer increases.

e. Pay higher rates for small businesses that had not offered health insurance in the last six months.

c) The NCDOI Technical Advisory Group should consider whether the state should eliminate minimum participation rates in the small group insurance market.

No wrong door: The ACA created a "no wrong door" approach for eligibility and enrollment into any of the insurance affordability programs (ie, Medicaid, CHIP, or subsidized insurance coverage offered through the HBE). For example, the HBE and Medicaid must both use the same streamlined application form. [14] [15] The state must also create an eligibility and enrollment system that allows individuals to apply for any insurance affordability program to which they are entitled without delay.[16] [17] In North Carolina, NC FAST will serve as the eligibility system for Medicaid, NC Health Choice, and subsidized coverage through the HBE.

[14] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(159):51148-51199. To be codified at 42 CFR §435.907.
[15] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(136):41866-41927. To be codified at 45 CFR §155.405
[16] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(159):51202-51237. To be codified at 45 CFR §155.345.
[17] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(159):51148-51199. To be codified at 42 CFR §435.1200.

In addition to the specific role of navigators, both the HBE and Medicaid agency have a responsibility to assist people in applying for and enrolling into appropriate public or private health insurance coverage. The HBE must first determine whether an individual is eligible for Medicaid or CHIP before they can be considered for the insurance subsidies in the HBE. (45 CFR 155.320, 155.345) If the HBE identifies people who are eligible for Medicaid or CHIP, the HBE must enroll them into those programs. [18]

The subcommittee recognized that many of the low-income uninsured will first seek information about insurance options through their local department of social services. DSS has a responsibility to provide assistance to anyone seeking to apply for or be recertified for Medicaid or NC Health Choice.[19] In addition, if the person is determined to be ineligible for Medicaid, they must be screened to enroll into a qualified health plan, and if eligible, must be able to enroll "without delay." [20] [21] **Thus, the subcommittee recommended that DSS workers be trained and certified as navigators so that DSS workers can assist people who are ineligible for Medicaid or CHIP to enroll into a qualified health plan offered through the HBE. To make it easier for DSS offices to serve as navigator entities, the subcommittee recommended that the state develop data capture mechanisms so that all or most of the data needed for reporting and accountability to the state would be captured through the NCFAST system. Further, the HBE Board should examine options to help offset some of the administrative costs for DSS workers in providing enrollment assistance to individuals who have been determined to be ineligible for Medicaid or NC Health Choice.**

The subcommittee recognized that not every DSS office would want to, or have the resources, to take on the additional workload that could be created by providing advice to people about HBE insurance options. Thus, the subcommittee wanted further clarification on what the federal government meant by ensuring that a person was eligible to enroll "without delay." The subcommittee members were concerned that absent immediate assistance, many of the people who seek services from the local social services office might fall through the cracks if they were directed to another agency for care. **Assuming that there is some flexibility, the subcommittee recommended that the HBE Board create other mechanisms to ensure a "warm hand-off" so that people who are determined to be ineligible for Medicaid or CHIP, can receive immediate assistance from a trained navigator or other trained staff outside of the local social services office.**

Recommendation HBE.XX: "No wrong door" eligibility and enrollment

a) Local departments of social services (DSS) should ensure that their Medicaid and NC Health Choice eligibility workers are cross-trained and certified as navigators so that DSS workers can assist people who are ineligible for Medicaid or CHIP to

[18] Patient Protection and Affordable Care Act, Pub L No. 111-148, §1311(d)(4). (Add regulatory cite).
[19] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(159):51148-51199. To be codified at 42 CFR §435.908.
[20] Patient Protection and Affordable Care Act, Pub L No. 111-148, §2201, enacting §1943(b)(1)(C) of the Social Security Act, 42 USC 1396w-3(b)(1)(C).
[21] US Department of Health and Human Services. Proposed Rule. *Fed Regist.* 76(159):51148-51199. To be codified at 42 CFR §435.1200(g).

enroll into a qualified health plan offered through the Health Benefits Exchange (HBE).

   a. NCFAST should design the eligibility and enrollment system to electronically capture data needed for oversight of navigators.

b) If allowed under federal law, the HBE Board, working with the North Carolina Division of Social Services, North Carolina Division of Medical Assistance, and Social Services Directors Association, should create other mechanisms to ensure that people who seek in-person services from local DSS, who are determined to be ineligible for Medicaid or CHIP, can receive immediate assistance from trained navigators or other trained staff outside of the local DSS offices.

c) The HBE Board should examine options to help offset some of the administrative costs for DSS workers in providing enrollment assistance to individuals who have been determined to be ineligible for Medicaid or NC Health Choice.