



# Affiliated Service Providers of Indiana Navigator Program

ICCMHC Webinar

January 13, 2014

*"The mission of ASPIN is to provide innovative educational programs, resource management, program development, and network management in collaboration with all healthcare entities to address health disparities."*

# Goals of Project

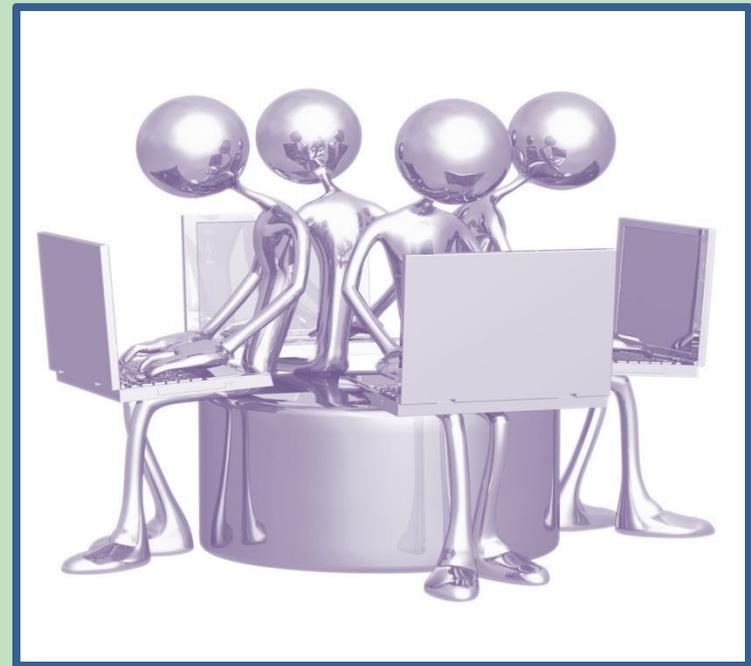
- To outreach and educate individuals, families and small businesses on Health Exchanges and to facilitate selection and enrollment in qualified health plans.
- To develop a navigator workforce consisting of Veterans, Certified Recovery Specialists, and Ivy Tech Community College students.

# Outreach Population

- **Consumers** of behavioral health in all 92 counties in Indiana served by the 25 Community Mental Health Centers
- **Students** in 31 Ivy Tech campuses, staff, friends, and families
- **Small businesses** with less than 50 employees not required to provide insurance for employees

# Outreach Strategies

- Onsite representation at college campuses and community mental health centers
- Mobile office
- 20 hours per week
- Local events
- Outreach materials
- Opportunities to contribute to announcements/communications



# Outreach Contact Targets

<b>Population</b>		<b>Outreach Goals</b>
<b>Consumers of mental health services</b>	Navigators at CMHCs	8,000
<b>Community College students</b>	Navigators at Ivy Tech campuses	80,000
<b>Small Business/Groups</b>	All navigators	23,200
<b>Total</b>		111,200

# Social Media and Website

- Check [www.aspinhealthnavigator.org](http://www.aspinhealthnavigator.org)
  - for updates, announcements, and listings of our navigators
- Like us on Facebook
- Join our Tweeter feed

# Data

- 130 Enrollment appointments
- Over 1700 visitors to the website
- 25 – 75 calls per week to ASPIN's Call Center
- Ave. appointment takes 1.5 hours – some up to 4 hours
- Navigators are meeting with consumers 3 - 4 times prior to a decision about a QHP

# Medicaid 2014

## State Medicaid and CHIP Income Eligibility Standards Effective January 1, 2014

*(For MAGI Groups, based on state decisions as of October 24, 2013) State Medicaid and CHIP Income Eligibility Standards Effective January 1, 2014<sup>1</sup> (For MAGI Groups, based on state decisions as of October 24, 2013)*

	Children				Pregnant Women		Adults		
	Medicaid Ages 0-1 <sub>2</sub>	Medicaid Ages 1-5 <sub>2</sub>	Medicaid Ages 6-18 <sub>2</sub>	Separate CHIP <sub>3</sub>	Medicaid	CHIP	Parents <sub>4</sub>	Other Adults	Medicaid Expansion
Indiana	208%	158%	158%	250%	208%	N/A	20% <sub>8</sub>	<sup>9</sup>	N

# Centers with MOUs



# Federal Marketplace

## [www.healthcare.gov](http://www.healthcare.gov)

- Enrollment process
  - Can be done by phone, Internet or mail
  - Can be done with a navigator or assister
  - Requires address, email (can create one on the site), income for 2013 and 2014 projection
  - Determines eligibility immediately

# Federal Marketplace

- Can view choices of insurance on website in real time
- Can make buying decision
- Allows representatives to be present to assist with process
- Can be done anywhere with the mobile office
- All information is confidential
- No questions regarding health of any kind, the navigator informs consumer that they will not ask any health questions

# Working Together

1. Educate staff on ASPIN navigator's role
  - SCHEDULE a time for a 30 minute presentation
2. Identify groups or individuals for appointments
3. Provide an area that is private or semi-private for the navigator's mobile office
4. Put together statistics or lists of individuals who might be interested in the Marketplace

# Working Together cont.

5. Work with the navigator and their supervisor to schedule times for possible walk up appointments or questions
6. Inform navigator and their supervisor in advance of events, health fairs, enrollment sessions
7. Schedule an event specific for clients to learn about the Marketplace

# Benefits for Behavioral Health Organizations

- Can serve previously under or uninsured clients
- No pre-existing condition questions
- Flexible plans that must include behavioral health services
- Minimum essential benefits
- Premium tax credit eligibility based on income

# Benefits cont.

- Cost sharing for deductibles and out of pocket maximums based on income
- Drug co-pays may be reduced based on income eligibility
- Affordability for those who previously were in high premium, high risk pools
- Able to check to see if current doctors accept plan chosen

# Challenges

- Consumers willing to pay fines
- Lack of understanding about the Marketplace
- Medicaid and HIP eligibility
- Help for consumers whose enrollments are not progressing through the system
- Reaching individuals who need to sign up for insurance

# Appeals Process

- Seven step process – 90 days
- Three ways to appeal
  - Log in to “My Account”
  - Write letter
  - Send an appeal request form
    - Appeal Marketplace coverage
    - Insurance Affordability
    - Exemption for Individual Responsibility

# DISCUSSION

# Contact Information



Julia Holloway

Project Director

317-536-4683

[jholloway@aspin.org](mailto:jholloway@aspin.org)

[www.aspinhealthnavigator.org](http://www.aspinhealthnavigator.org)



# Health Benefit Exchange Navigators and Application Organizations – Public Policy Considerations

## ICCMHC Learning, Discussing, and Preparing Webinar Series

ICCMHC, Inc.  
101 W. Ohio Street, Suite 610  
Indianapolis, IN 46204  
317-684-3684

# Health Benefit Exchange Navigator Policy

In July, 2013, CMS issued its final rule (CMS–9955–F & CMS–2334–F2) to address requirements applicable for navigators and application counselors in Federally-facilitated exchanges (Indiana utilizes a federally run exchange)

CMS also issued rules to create conflict-of interest, training and certification, and meaningful access standards applicable to Navigators and non- Navigator assistance personnel in Federally-facilitated Exchanges.

If an entity or organization is awarded a navigator or non-navigator grant, conflict-of-interest rules apply to its entire staff.

CMS regulations (45 CFR 155.215) state that certain business arrangements or relationships are not necessarily a bar to serving as a navigator or a non-navigator, so long as they do not prevent an entity from providing information and services in a fair, accurate, and impartial manner.

To mitigate possible conflicts of interest, CMS will require covered navigators and non-navigators to reveal certain information regarding possible conflicts of interest to exchanges and consumers.

# Health Benefit Exchange Navigator Policy

The ACA gives states and exchanges the authority to impose additional licensing, certification, or other standards for navigators and application organizations.

HHS has determined that the ACA gives states authority to set additional standards, so long as they do not prevent implementation of Title I of the law, which includes the exchanges and navigator program.

The current regulations and responsibilities for health navigators and applications organizations apply to both the Medicaid program and the Healthcare Exchange product in Indiana.

The ACA requires exchanges to perform outreach to help consumers and small businesses make informed decisions about their insurance options, including the creation of navigator programs. Navigators are to carry out public education activities; provide information to prospective enrollees about insurance options and federal assistance; and examine enrollees' eligibility for other federal or state health care programs, **including Medicaid.**

Certified application counselors were created as assistance personnel to help individuals in each Exchange apply for enrollment in a qualified health plan (QHP) and in insurance affordability programs, **which include Medicaid.**

# Health Benefit Exchange Navigator Policy

Navigators may assist consumers in comparing insurance plans, but may not determine their eligibility for subsidies or enroll them in plans—functions that are left to the exchanges.

A variety of organizations are eligible to become navigators, including labor unions, trade associations, chambers of commerce, and other entities.

Navigators may not be health insurers or take compensation from insurers for selling health policies.

Navigators are required to have 20-30 hours of training on consumer privacy, exchanged-based insurance offerings, and other issues (education and exam requirements for Indiana are contained within Indiana Department of Insurance regulations and Indiana navigators are also required to take 2 hours of continuing education (CE) annually).

In August, 2013 HHS allocated \$67 million in 12-month grants for navigators at federally facilitated and partnership exchanges, including ASPIN.

Exchanges must also certify certified application counselors to help with outreach and enrollment, though no new ACA funds are available for such programs.

# Health Benefit Exchange Navigator Policy

A navigator and an application organization are subject to regulation by the commissioner and the secretary.

Under IC 27-19-2-1 navigator is defined as an individual who:

(1) is described in Section 1311(i) of PPACA (42 U.S.C. 18031(i));

(2) assists other individuals with application for and enrollment in a health benefit exchange or public health insurance program;

Or

(3) performs the functions of a navigator with respect to a health benefit exchange as established by the commissioner.

**(b) In the commissioner's discretion**, the term does not include an individual who does one (1) or more of the following:

**(1) Provides assistance with application for and enrollment in Medicaid** to other individuals who, based on preliminary information obtained by the individual, may be eligible for Medicaid without respect to the other individuals' income or assets.

# Health Benefit Exchange Navigator Policy

(2) Provides other individuals with general information concerning the application process for enrollment in a public health insurance program, but does not participate with the other individuals in making application for the other individuals' enrollment in a public health insurance program.

(c) The term does not include an individual who makes presumptive eligibility determinations concerning other individuals' eligibility for enrollment in a public health insurance program.

**(d) The term does not include a representative authorized by an individual to perform functions on behalf of the individual in connection with Medicaid.**

*As added by P.L.278-2013, SEC.27.*

# Health Benefit Exchange Navigator Policy

Sec. 3. (a) Subject to subsections (b) and (c), "application organization" means an entity that:

(1) is a navigator described in Section 1311(i) of PPACA (42 U.S.C. 18031(i));

(2) assists individuals with application for and enrollment in a health benefit exchange or public health insurance program; or

(3) performs the functions of a navigator with respect to a health benefit exchange as established by the commissioner.

## **IC 27-19-4-1 Application of chapter**

Sec. 1. (a) This chapter applies to a person that acts as a navigator or an application organization for a health benefit exchange in Indiana. **This chapter must be applied in conformity with PPACA.**

(b) An individual who intends to act as a navigator shall obtain certification under this chapter before acting as a navigator.

(c) An entity that intends to act as an application organization shall obtain registration under this chapter before acting as an application organization.

# Health Benefit Exchange Navigator Policy

**IC 27-19-4-8**

## **Navigator appointment by application organization**

Sec. 8. (a) A navigator who works for an application organization must be appointed by the application organization in writing.

(b) If an application organization, because of a violation described in section 3 of this chapter, revokes the appointment of a navigator described in subsection (a) who works for the application organization, the application organization shall, not more than thirty (30) days after the revocation occurs:

(1) submit a written report to the commissioner concerning the revocation; and (2) provide a copy of the report to the navigator at the navigator's last known address by:

(A) certified mail, return receipt requested, postage prepaid;

or

(B) overnight delivery using a nationally recognized carrier.

*As added by P.L.278-2013, SEC.27.*

# Health Benefit Exchange Navigator Policy

There remains uncertainty as to the applicability of navigators and application organizations related to certain types of Medicaid assistance activities.

Under federal rules, Navigator and application organization activities include Medicaid. The rules state.....“examine enrollees’ eligibility for other federal or state health care programs, including Medicaid.”

**However, under IC 27-19-2-1 the Insurance Commissioner has the “discretion” to determine the applicability of the term “navigator” as it applies the activities under Medicaid.**

Clearly, community mental health centers (CMHCs) have a critical role to play in assisting our consumers in navigating the Medicaid program, especially in light of recent changes in eligibility requirements.

However, its important that CMHCs utilizing navigators follow established federal and state rules with respect to the regulations and responsibilities of navigators and application organizations.

The failure to comply with these changes could result in a conflict of interest for the individual employee and the CMHC if not handled appropriately.

# Questions



For further information, please contact Matt Brooks at 317-684-3684  
or [mbrooks@iccmhc.org](mailto:mbrooks@iccmhc.org)